

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

- ▶ 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).

**2015**  
Open to Public Inspection

**A For the 2015 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</b> Name of organization <b>PATIENT ACCESS NETWORK FOUNDATION</b>		<b>D</b> Employer identification number <b>20-1184743</b>	
	Doing business as		<b>E</b> Telephone number <b>202-347-9272</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,594,290,611.</b>	
	<b>1331 F STREET</b>	<b>975</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20004</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>DANIEL KLEIN</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.PANFOUNDATION.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2004</b> <b>M</b> State of legal domicile: <b>DC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO HELP UNDERINSURED PEOPLE WITH LIFE-THREATENING, CHRONIC AND RARE DISEASES GET THE MEDICATIONS AND</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>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</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>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>659,128,125.</b>	<b>801,155,793.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>14,065,775.</b>	<b>18,270,217.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>673,193,900.</b>	<b>819,426,010.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>496,427,781.</b>	<b>942,172,470.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,081,589.</b>	<b>2,972,248.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,045,538.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>12,866,965.</b>	<b>22,783,959.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>511,376,335.</b>	<b>967,928,677.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>161,817,565.</b>	<b>-148,502,667.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>586,880,848.</b>	<b>556,249,581.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>93,515,280.</b>	<b>233,201,037.</b>
		<b>493,365,568.</b>	<b>323,048,544.</b>

**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>				<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</b> <b>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 \$ 961,054,673. including grants of \$ 942,172,470. ) (Revenue \$ ) AT THE PAN FOUNDATION, WE ENVISION A NATION IN WHICH EVERYONE CAN GET THE HEALTH CARE THEY NEED. WE WORK TOWARD THIS GOAL BY HELPING UNDERINSURED PEOPLE WITH LIFE-THREATENING, CHRONIC AND RARE DISEASES GET ACCESS TO NECESSARY MEDICATIONS AND TREATMENT. PARTNERING WITH GENEROUS DONORS, HEALTHCARE PROVIDERS AND PHARMACIES, PAN COVERS OUT-OF-POCKET COSTS FOR UNDERINSURED PATIENTS, PROVIDING ACCESS TO THE THERAPIES THEY NEED TO BEST MANAGE THEIR CONDITIONS AND IMPROVE THEIR QUALITY OF LIFE. IN 2015, THE PAN FOUNDATION ASSISTED A TOTAL OF 289,876 PATIENTS. OF THAT TOTAL, 219,461 WERE PATIENTS SEEKING AND RECEIVING ASSISTANCE FROM THE PAN FOUNDATION FOR THE FIRST TIME. IN THE SAME YEAR, PAN PAID MORE THAN 1,500,000 CLAIMS RELATED TO PATIENTS' OUT-OF-POCKET PRESCRIPTION DRUG EXPENSES AND RECEIVED OVER 700,000

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 961,054,673.

**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> .....	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....	<input checked="" type="checkbox"/>	
<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> .....	<input checked="" type="checkbox"/>	
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....	<input checked="" type="checkbox"/>	
<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> .....	<input checked="" type="checkbox"/>	
<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> .....	<input checked="" type="checkbox"/>	
<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> .....		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>
<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> .....		<input checked="" type="checkbox"/>

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

	Yes	No
<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? .....		
<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> .....	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> .....	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> .....	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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<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> .....		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> .....		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> .....		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> .....		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> .....	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> .....		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> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		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> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		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>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> .....		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> .....		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 .....	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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096 (3596), Form W-2G (0), Form W-3 (15), and various tax compliance questions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SCOTT SCHLENOFF - 202-661-8080 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) MARTIN BIEBER BOARD OF DIRECTORS	3.00	X					9,000.	0.	0.	
(2) KENNETH WELLS BOARD OF DIRECTORS	3.00	X					4,000.	0.	0.	
(3) IAN SPATZ BOARD OF DIRECTORS	3.00	X					11,000.	0.	0.	
(4) MICHAEL O'GRADY BOARD OF DIRECTORS	3.00	X					9,500.	0.	0.	
(5) FRED SCHNELL BOARD OF DIRECTORS	3.00	X					11,000.	0.	0.	
(6) DONALD BARONE BOARD OF DIRECTORS	3.00	X					11,000.	0.	0.	
(7) NORRIE THOMAS BOARD OF DIRECTORS	3.00	X					11,000.	0.	0.	
(8) DAVID BORENSTEIN BOARD OF DIRECTORS	3.00	X					5,000.	0.	0.	
(9) GRANT LAWLESS BOARD OF DIRECTORS	3.00	X					11,000.	0.	0.	
(10) CONSTANCE GARCIA BOARD OF DIRECTORS	3.00	X					11,000.	0.	0.	
(11) KIM SCHWARTZ CHAIR OF BOARD OF DIRECTOR	5.00	X		X			15,000.	0.	0.	
(12) DANIEL KLEIN PRESIDENT & CEO	40.00			X			301,212.	0.	24,324.	
(13) RICHARD GOLDSTEIN CFO & TREASURER (THRU 12/31/15)	40.00			X			196,400.	0.	57,436.	
(14) SCOTT SCHLENOFF CFO & TREASURER (START 9/24/15)	40.00			X			40,341.	0.	4,858.	
(15) JOHN CROUT COO & GENERAL COUNSEL (START 4.6.15)	40.00					X	136,648.	0.	46,283.	
(16) SVETLANA DURKOVIC DIRECTOR OF OPERATIONS	40.00					X	157,570.	0.	29,486.	
(17) AMY NILES DIRECTOR OF ALLIANCE DEVELOPMENT	40.00					X	154,500.	0.	34,530.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM JOHNSON DIRECTOR OF PROVIDER RELATIONS	40.00					X		140,000.	0.	53,204.
(19) DREW SAELENS VP DEVELOPMENT	40.00					X		143,500.	0.	28,442.
<b>1b Sub-total</b>								1,378,671.	0.	278,563.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,378,671.	0.	278,563.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
LASH GROUP AMERISOURCE BERGEN CONSULTING SE 3735 GLEN LAKE DRIVE, CHARLOTTE, NC 28208	PATIENT SERVICES	15,720,100.
MILLIMAN, 111 MONUMENT CIRCLE, SUITE 601, INDIANAPOLIS, IN 46204	ACTUARIES	364,757.
EJC F STREET LLC 23346 NETWORK PLACE, CHICAGO, IL 60673	RENT	183,989.
HEALTH ADVANCES, LLC 9 RIVERSIDE ROAD, WESTON, MA 02493	HEALTHCARE CONSULTANTS	180,944.
INFORMATION CONCEPTS 503 CARLISLE DRIVE, HERNDON, VA 20170	IT SERVICES	177,503.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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> 801,155,793.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		801,155,793.				
<b>Program Service Revenue</b>	<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 Total.</b> Add lines 2a-2f .....						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			11,741,797.		11,741,797.
<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				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		781,393,021.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		774,864,601.					
<b>c</b> Gain or (loss) .....		6,528,420.					
<b>d</b> Net gain or (loss) .....				6,528,420.		6,528,420.	
<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>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</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>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			819,426,010.	0.	0.	18,270,217.	

**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	936,452,745.	936,452,745.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,719,725.	5,719,725.		
<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	639,571.	128,562.	406,754.	104,255.
<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	1,803,303.	341,847.	830,732.	630,724.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,253.	9,753.	25,031.	16,469.
<b>9</b> Other employee benefits	336,967.	22,208.	218,935.	95,824.
<b>10</b> Payroll taxes	141,154.	27,935.	70,440.	42,779.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	15,552,788.	15,552,788.		
<b>b</b> Legal	222,230.	105,009.	67,046.	50,175.
<b>c</b> Accounting	897,330.	714,503.	182,827.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,640,460.		1,640,460.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,518,548.	459,768.	1,035,076.	23,704.
<b>12</b> Advertising and promotion	42,375.	42,375.		
<b>13</b> Office expenses	334,856.	156,570.	117,404.	60,882.
<b>14</b> Information technology	93,731.	19,830.	73,901.	
<b>15</b> Royalties				
<b>16</b> Occupancy	199,789.		199,789.	
<b>17</b> Travel	144,431.	28,282.	96,583.	19,566.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	40,234.	6,963.	33,713.	-442.
<b>20</b> Interest	716,504.		716,504.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	28,651.		28,651.	
<b>23</b> Insurance	81,785.	899.	79,284.	1,602.
<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> PROGRAM ENHANCEMENTS	833,420.	833,420.		
<b>b</b> ACTUARIAL EXPENSES	431,697.	431,491.	206.	0.
<b>c</b> TRAINING	5,130.		5,130.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	967,928,677.	961,054,673.	5,828,466.	1,045,538.
<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 .....	70,454,531.	<b>2</b>	134,791,856.
	<b>3</b> Pledges and grants receivable, net .....	110,015,000.	<b>3</b>	53,205,000.
	<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 .....	123,173.	<b>9</b>	147,977.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 160,874.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 61,736.	95,309.	<b>10c</b> 99,138.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	406,192,835.	<b>12</b>	368,005,610.
	<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) .....	586,880,848.	<b>16</b>	556,249,581.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,586,050.	<b>17</b>	16,001,132.
	<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 .....	82,929,230.	<b>25</b>	217,199,905.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	93,515,280.	<b>26</b>	233,201,037.
<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 .....	31,979,100.	<b>27</b>	17,488,105.
	<b>28</b> Temporarily restricted net assets .....	461,386,468.	<b>28</b>	305,560,439.
	<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 .....	493,365,568.	<b>33</b>	323,048,544.	
<b>34</b> Total liabilities and net assets/fund balances .....	586,880,848.	<b>34</b>	556,249,581.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	819,426,010.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	967,928,677.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-148,502,667.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	493,365,568.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,814,357.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	323,048,544.

**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
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	83632322.	179458330	313390449	659303125	801155793	2036940019.
<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 .....	83632322.	179458330	313390449	659303125	801155793	2036940019.
<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) .....						1391281604.
<b>6 Public support.</b> Subtract line 5 from line 4.						645658415

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	83632322.	179458330	313390449	659303125	801155793	2036940019.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3798553.	4656432.	7150342.	11816149.	11741797.	39163273.
<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						2076103292.
<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 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	31.10	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	30.38	%
<b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 - 2014.</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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 or 990-EZ).</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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		(A) Prior Year	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).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
<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 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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.

OMB No. 1545-0047

2015

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[ ] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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) (2015)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>9,937,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>245,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>79,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>35,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,100,000.</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
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>48,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>625,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>143,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>970,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>750,000.</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
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>121,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>535,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>217,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>7,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>19,700,000.</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
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ <u>1,670,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>14,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>11,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>125,000.</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>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 35,520,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 500,000.	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
31		\$ 23,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 29,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 675,000.	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 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>
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**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.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**  
**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? .....

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" on 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 on 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 on 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" on 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 on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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 on 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" on line 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" on 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		29,375.	19,350.	10,025.
d Equipment		131,499.	42,386.	89,113.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				99,138.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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>	148,951,471.	END-OF-YEAR MARKET VALUE
(B) <b>MUTUAL FUNDS</b>	89,233,015.	END-OF-YEAR MARKET VALUE
(C) <b>GOV. &amp; AGENCY SECURITIES</b>	52,924,040.	END-OF-YEAR MARKET VALUE
(D) <b>CORPORATE BONDS</b>	76,796,666.	END-OF-YEAR MARKET VALUE
(E) <b>COMMON STOCK</b>	100,418.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	368,005,610.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on 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" on 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" on 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>	217,199,905.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	217,199,905.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	795,971,194.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-21,814,356.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-21,814,356.	
3	Subtract line 2e from line 1	3	817,785,550.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,640,460.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	1,640,460.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	819,426,010.	

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

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

1	Total expenses and losses per audited financial statements		1	966,288,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	966,288,217.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,640,460.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	1,640,460.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	967,928,677.	

**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 TAX EXEMPT 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 UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS BY PRESCRIBING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION'S POLICY IS TO RECORD

**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, 2015 AND 2014 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED. THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2011.

**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" on 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

**2015**

**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" on 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
ALASKA UROLOGICAL INSTITUTE PO BOX 241487 ANCHORAGE, AK 99524	92-0056608		7,417.	0.			PATIENT ASSISTANCE
GENEVA WOODS PHARMACY INC 501 W INTERNATIONAL AIRPORT RD ANCHORAGE, AK 99518	92-0074555		13,171.	0.			PATIENT ASSISTANCE
ALASKA ONCOLOGY AND HEMATOLOGY LLC PO BOX 196618 ANCHORAGE, AK 99519	92-0175249		5,137.	0.			PATIENT ASSISTANCE
COMMUNITY CANCER CENTER OF N FL PO BOX 830941 BIRMINGHAM, AL 35283	03-0452526		5,186.	0.			PATIENT ASSISTANCE
CANCER CTR OF HUNTVILLE 201 GOVERNORS DR HUNTSVILLE, AL 35801	20-0546686		138,867.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF ALABAMA, INC PO BOX 8008 DOTHAN, AL 36304	20-2354132		10,126.	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 ▶ 2,022.

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY CANCER CENTER 4145 CARMICHAEL RD MONTGOMERY, AL 36106	20-3204949		74,479.	0.			PATIENT ASSISTANCE
SOUTHERN CANCER CENTER 29653 ANCHOR CROSS BLVD DAPHNE, AL 36526	20-8097639		735,353.	0.			PATIENT ASSISTANCE
ALABAMA CANCER CARE 355 S 2ND ST GADSDEN, AL 35901	27-2458311		41,983.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER P.C. 1310 14TH AVE SE DECATUR, AL 35601	27-4384748		6,527.	0.			PATIENT ASSISTANCE
BHC-WOMEN'S HEALTH CARE PO BOX 13128 BIRMINGHAM, AL 35202	36-4629697		7,057.	0.			PATIENT ASSISTANCE
JEFFREY J. FULLER, MD PC 250 STATE FARM PKWY BIRMINGHAM, AL 35209	45-1222579		24,060.	0.			PATIENT ASSISTANCE
ORLANDO PHYSICIAN SPECIALISTS LLC PO BOX 11984 BIRMINGHAM, AL 35202	45-2601183		14,476.	0.			PATIENT ASSISTANCE
ALABAMA PROVIDENCE HEALTHCARE PO BOX 850489 MOBILE, AL 36685	46-2847744		14,932.	0.			PATIENT ASSISTANCE
DALE BROWN, MD 250 STATE FARM PKWY BIRMINGHAM, AL 35209	46-3351170		25,376.	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
BIRMINGHAM HEMATOLOGY ONCOLOGY 500 OFFICE PARK DR BIRMINGHAM, AL 35223	52-2170293		185,549.	0.			PATIENT ASSISTANCE
INFUSION PARTNERS 2151 HIGHLAND AVE BIRMINGHAM, AL 35205	58-2102954		11,140.	0.			PATIENT ASSISTANCE
CONRAD PEARSON CLINIC PO BOX 760 MONTGOMERY, AL 38101	62-1634103		24,257.	0.			PATIENT ASSISTANCE
WEST TN NEUROLOGY PO BOX 2153 BIRMINGHAM, AL 35287	62-1634512		16,793.	0.			PATIENT ASSISTANCE
HELEN KELLER HOSPITAL PO BOX 830810 BIRMINGHAM, AL 35283	63-0288825		13,117.	0.			PATIENT ASSISTANCE
RUSSELL HOSPITAL PO BOX 939 ALEXANDER CITY, AL 35011	63-0385130		11,971.	0.			PATIENT ASSISTANCE
MONROE COUNTY HOSPITAL 2016 S ALABAMA AVE MONROEVILLE, AL 36460	63-0438739		9,490.	0.			PATIENT ASSISTANCE
UNIVERSITY OF S AL MEDICAL CTR PO BOX 40010 MOBILE, AL 36640	63-0477348		8,470.	0.			PATIENT ASSISTANCE
UROLOGY CENTERS OF ALABAMA PO BOX 59867 HOMEWOOD, AL 35259	63-0581180		42,387.	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
DRS LAWACZECK, MCKINNON & GEE 1009 MONTGOMERY HWY BIRMINGHAM, AL 35216	63-0581243		5,140.	0.			PATIENT ASSISTANCE
SIMON WILLIAMSON CLINIC PC PO BOX 12366 BIRMINGHAM, AL 35202	63-0693892		25,445.	0.			PATIENT ASSISTANCE
SPRINGHILL MEMORIAL HOSP 3719 DAUPHIN ST MOBILE, AL 36608	63-0784458		6,268.	0.			PATIENT ASSISTANCE
PULMONARY ASSOCIATES OF MOBILE, PC 100 MEMORIAL HOSPITAL DR MOBILE, AL 36608	63-0799312		6,049.	0.			PATIENT ASSISTANCE
HUNTSVILLE HOSPITAL DEPT 1561 PO BOX 11407 BIRMINGHAM, AL 35246	63-0845288		5,205.	0.			PATIENT ASSISTANCE
CLEARVIEW CANCER INSTITUTE 3601 CCI DR HUNTSVILLE, AL 35805	63-0897317		594,853.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC OF N AL 201 SIVLEY RD HUNTSVILLE, AL 35802	63-0907980		8,892.	0.			PATIENT ASSISTANCE
DOTHAN MEDICAL ASSOCIATES PA 1118 ROSS CLARK CIR DOTHAN, AL 36301	63-0991466		5,196.	0.			PATIENT ASSISTANCE
NEUROLOGY CONSULTANTS OF MONTGOMERY - PO BOX 242848 - MONTGOMERY, AL 36124	63-1002723		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
DOTHAN HEMATOLOGY & ONCOLOGY 4300 W MAIN ST DOTHAN, AL 36305	63-1012171		184,295.	0.			PATIENT ASSISTANCE
IMC-DIAGNOSTIC & MEDICAL CLINIC PO BOX 40677 MOBILE, AL 36640	63-1012832		10,464.	0.			PATIENT ASSISTANCE
NW AL CANCER CTR 101 DOCTOR WH BLAKE JR DR MUSCLE SHOALS, AL 35661	63-1100088		14,850.	0.			PATIENT ASSISTANCE
RETINA CONSULTANT OF AL PO BOX 830740 BIRMINGHAM, AL 35283	63-1120285		126,013.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC LLC DEPARTMENT 3162 - PO BOX 2153 - BIRMINGHAM, AL 35287	63-1137578		226,032.	0.			PATIENT ASSISTANCE
ANNISTON ONCOLOGY 901 LEIGHTON AVE ANNISTON, AL 36207	63-1138001		53,642.	0.			PATIENT ASSISTANCE
SE CANCER NETWORK PO BOX 2092 BIRMINGHAM, AL 35201	63-1171068		10,069.	0.			PATIENT ASSISTANCE
ALABAMA SOUTH FAMILY PODIATRY 256 HONEYSUCKLE RD DOTHAN, AL 36305	63-1197147		6,666.	0.			PATIENT ASSISTANCE
NORTH CENTRAL NEUROLOGY A. PO BOX 870 CULLMAN, AL 35056	63-1231749		316,849.	0.			PATIENT ASSISTANCE

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EYE CTR 2800 S ROSS CLARK CIR DOTHAN, AL 36301	63-1232935		15,021.	0.			PATIENT ASSISTANCE
CLINIC FOR RHEUMATIC DISEASES 100 TOWNCENTER BLVD TUSCALOOSA, AL 35406	63-1243197		12,735.	0.			PATIENT ASSISTANCE
RETINAL SPECIALISTS OF NORTH AL PO BOX 830529 BIRMINGHAM, AL 35283	63-1248340		5,099.	0.			PATIENT ASSISTANCE
UROLOGICAL ASSOC OF DOTHAN 1118 ROSS CLARK CIR DOTHAN, AL 36301	63-6004476		6,831.	0.			PATIENT ASSISTANCE
UNIVERSITY OF AL HOSPITAL PO BOX 11407 BIRMINGHAM, AL 35246	63-6005396		27,441.	0.			PATIENT ASSISTANCE
PREMIER HEALTH MANAGEMENT INC 2880 DAUPHIN ST MOBILE, AL 36606	72-1356450		21,710.	0.			PATIENT ASSISTANCE
WEST JEFFERSON MEDICAL CENTER HMTLGY - PO BOX 2153 - BIRMINGHAM, AL 35287	72-6014898		6,438.	0.			PATIENT ASSISTANCE
CULLMAN ONCOLOGY PO BOX 2126 CULLMAN, AL 35055	76-0717780		7,345.	0.			PATIENT ASSISTANCE
NORTHWEST ARKANSAS RETINA 601 W MAPLE AVE SPRINGDALE, AR 72764	26-2209307		139,983.	0.			PATIENT ASSISTANCE

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SPARKS REGIONAL MEDICAL CENTER 1001 TOWSON AVE FORT SMITH, AR 72901	27-1013889		102,341.	0.			PATIENT ASSISTANCE
ST BERNARDS HEALTHCARE 225 E JACKSON JONESBORO, AR 72401	71-0290019		121,350.	0.			PATIENT ASSISTANCE
WHITE RIVER HEALTH SYSTEM PO BOX 2197 BATESVILLE, AR 72503	71-0411459		11,381.	0.			PATIENT ASSISTANCE
LITTLE ROCK DIAGNOSTIC CLINIC 10001 LILE DR LITTLE ROCK, AR 72205	71-0412630		10,768.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY SERVICES OF ARKANSAS - 9101 KANIS RD - LITTLE ROCK, AR 72205	71-0437657		575,557.	0.			PATIENT ASSISTANCE
COOPER CLINIC 6801 ROGERS AVE FORT SMITH, AR 72903	71-0445686		44,912.	0.			PATIENT ASSISTANCE
MAGIE MABREY EYE CLINIC 924 MAIN ST CONWAY, AR 72032	71-0474074		111,959.	0.			PATIENT ASSISTANCE
CENTRAL AR HEMATOLOGY & ONCOLOGY 133 HARMONY PARK CIR HOT SPGS NATIONAL PARK, AR 71913	71-0627544		124,894.	0.			PATIENT ASSISTANCE
ARKANSAS CANCER INSTITUTE PA 7200 S HAZEL STREET PNE BLUFF, AR 71603	71-0705436		82,159.	0.			PATIENT ASSISTANCE

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TWIN LAKES MEDICAL SPECIALISTS PA 628 HOSPITAL DR GROUND FLOOR MOUNTAIN HOME, AR 72653	71-0706465		45,980.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES, PA 9800 LILE DR LITTLE ROCK, AR 72205	71-0706742		27,864.	0.			PATIENT ASSISTANCE
KILGORE VISION CENTER PO BOX 444 MOUNTAIN HOME, AR 72653	71-0718397		8,123.	0.			PATIENT ASSISTANCE
OZARK CANCER CLINIC 715 W SHERMAN AVE HARRISON, AR 72601	71-0776466		33,377.	0.			PATIENT ASSISTANCE
HIGHLANDS ONCOLOGY GRP 3232 N NORTH HILLS BLVD FAYETTEVILLE, AR 72703	71-0788742		206,538.	0.			PATIENT ASSISTANCE
CONWAY HEMATOLOGY / ONCOLOGY 2605 COLLEGE AVE CONWAY, AR 72034	71-0817941		62,373.	0.			PATIENT ASSISTANCE
NORTHEAST ARKANSAS BAPTIST CLINIC PO BOX 7502 JONESBORO, AR 72403	71-0850123		113,956.	0.			PATIENT ASSISTANCE
MS CLINIC OF ARKANSAS 2215 WILDWOOD AVE SHERWOOD, AR 72120	80-0198496		5,952.	0.			PATIENT ASSISTANCE
DIEGO CALONJE MD 1951 N WILMOT RD TUCSON, AZ 85712	20-0089506		5,395.	0.			PATIENT ASSISTANCE

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COCHISE ONCOLOGY 5151 E HWY 90 SIERRA VISTA, AZ 85635	20-2022023		9,300.	0.			PATIENT ASSISTANCE
CATALINA POINTE ARTHRITIS & RHEU SPECIALIST - 7520 N ORACLE RD - TUCSON, AZ 85704	20-2335169		29,517.	0.			PATIENT ASSISTANCE
HAVASU REGIONAL MEDICAL CENTER PO BOX 3030 LAKE HAVASU, AZ 86405	20-5220956		9,878.	0.			PATIENT ASSISTANCE
SONORAN HEMATOLOGY & ONCOLOGY PO BOX 29338 PHOENIX, AZ 85038	20-8391890		137,291.	0.			PATIENT ASSISTANCE
ARIZONA INSTITUTE OF UROLOGY, PLLC 1106 N EL DORADO PL TUCSON, AZ 85715	20-8551867		24,802.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES OF N JERSEY - 3990 STOCKTON HILL RD - KINGMAN, AZ 86401	22-3746905		13,383.	0.			PATIENT ASSISTANCE
ARIZONA UROLOGY SPECIALIST DEPT CODE 902 - PO BOX 52004 - PHOENIX, AZ 85072	26-2944556		45,292.	0.			PATIENT ASSISTANCE
BANNER GOOD SAMARITAN MED CTR PO BOX 2978 PHOENIX, AZ 85062	27-0036499		5,000.	0.			PATIENT ASSISTANCE
THE RETINA GROUP OPHTHAMOLOGY 6262 E BROADWAY RD MESA, AZ 85206	35-2192294		6,048.	0.			PATIENT ASSISTANCE

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BARNET DULANEY PERKINS EYE CENTER 4800 N 22ND ST PHOENIX, AZ 85016	56-2589722		32,563.	0.			PATIENT ASSISTANCE
IRONWOOD CANCER AND RESEARCH CTR - CHANDLER - PO BOX 29901 - PHOENIX, AZ 85038	73-1636831		1,193,457.	0.			PATIENT ASSISTANCE
NEW MEXICO ONCOLOGY HEMATOLOGY - ALBUQUERQUE - PO BOX 52163 - PHOENIX, AZ 85072	85-0367056		70,776.	0.			PATIENT ASSISTANCE
YAVAPAI REGIONAL MEDICAL CENTER PO BOX 53565 PHOENIX, AZ 85072	86-0098923		5,000.	0.			PATIENT ASSISTANCE
TUCSON MEDICAL CTR PO BOX 31267 TUCSON, AZ 85712	86-0137567		10,942.	0.			PATIENT ASSISTANCE
UROLOGICAL ASSOC OF SOUTHERN ARIZONA - 6325 E TANQUE VERDE RD - TUCSON, AZ 85715	86-0221210		10,689.	0.			PATIENT ASSISTANCE
NEUROLOGICAL PHYSICIAN OF AZ 726 GREENFIELD RD GILBERT, AZ 85234	86-0265760		10,530.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINA CONSULTANTS 7600 N 15TH ST PHOENIX, AZ 85020	86-0285158		252,889.	0.			PATIENT ASSISTANCE
PALO VERDE HEMATOLOGY ONCOLOGY 5601 W EUGIE AVE GLENDALE, AZ 85304	86-0416050		615,138.	0.			PATIENT ASSISTANCE

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SOUTHWESTERN EYE CENTER PO BOX 29856 PHOENIX, AZ 85038	86-0423068		6,312.	0.			PATIENT ASSISTANCE
CARONDELET ST MARYS PO BOX 29657 PHOENIX, AZ 85038	86-0455920		5,534.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS OF AZ PO BOX 32530 PHOENIX, AZ 85064	86-0708606		321,251.	0.			PATIENT ASSISTANCE
AZ ARTHRITIS & RHEUMATOLOGY 10599 N TATUM BLVD PARADISE VALLEY, AZ 85253	86-0765242		16,737.	0.			PATIENT ASSISTANCE
INTEGRATED MEDICAL SERVICES, INC PO BOX 9004 PHOENIX, AZ 85068	86-0783428		19,680.	0.			PATIENT ASSISTANCE
RASW PC 6561 E CARONDELET DR TUCSON, AZ 85710	86-0891570		157,292.	0.			PATIENT ASSISTANCE
FOUNDERS HEALTHCARE PO BOX 40700 MESA, AZ 85274	86-0898663		6,510.	0.			PATIENT ASSISTANCE
GORDON GRADO, MD INC 2926 N CIVIC CENTER PLZ SCOTTSDALE, AZ 85251	86-0927588		20,423.	0.			PATIENT ASSISTANCE
ARIZONA CTR FOR HEMOTOLOGY ONCOLOGY - 5750 W THUNDERBIRD RD - GLENDALE, AZ 85306	86-0930581		316,317.	0.			PATIENT ASSISTANCE

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VALLEY ARTHRITIS CARE 13943 N 91ST AVE PEORIA, AZ 85381	86-1010503		8,303.	0.			PATIENT ASSISTANCE
BANNER DESERT CANCER CENTER PO BOX 2978 PHOENIX, AZ 85062	90-0054201		7,397.	0.			PATIENT ASSISTANCE
BANNER GATEWAY MEDICAL CENTER PO BOX 2978 PHOENIX, AZ 85062	90-0220728		235,808.	0.			PATIENT ASSISTANCE
BANNER ARIZONA MEDICAL CENTER 13640 N PLAZA DEL RIO BLVD PEORIA, AZ 85381	90-0730397		134,034.	0.			PATIENT ASSISTANCE
BANNER UMC 3838 N CAMPBELL AVE TUCSON, AZ 85715	90-1074557		32,290.	0.			PATIENT ASSISTANCE
RETINA VITREOUS CONSULTANTS 8920 WILSHIRE BLVD BEVERLY HILLS, CA 90211	05-9449594		8,927.	0.			PATIENT ASSISTANCE
AUSTIN J MA, MD 2100 SOLAR DR OXNARD, CA 93036	10-0004227		6,173.	0.			PATIENT ASSISTANCE
CAREMORE MEDICAL GRP INC PO BOX 51238 LOS ANGELES, CA 90051	14-1943214		11,780.	0.			PATIENT ASSISTANCE
DENISE L KAYSER 3536 MENDOCINO AVE LARKFIELD, CA 95403	18-5507703		15,041.	0.			PATIENT ASSISTANCE

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DENISE L KAYSER 3536 MENDOCINO AVE LARKFIELD, CA 95403	18-5507703		13,513.	0.			PATIENT ASSISTANCE
KENT W. SMALL MD 501 N ORANGE ST GLENDALE, CA 91203	20-1561834		92,033.	0.			PATIENT ASSISTANCE
MICHAEL P SHERMAN MD, PHD 500 LENNON LN WALNUT CREEK, CA 94598	20-2298787		45,322.	0.			PATIENT ASSISTANCE
UROLOGY SPECIALISTS OF SOUTHERN CA FILE - PO BOX 749267 - LOS ANGELES, CA 90074	20-3177408		21,056.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA CANCER SPECIALISTS - PO BOX 537 - JACKSON, CA 95642	20-3774667		17,803.	0.			PATIENT ASSISTANCE
STOCKTON HEMATOLOGY ONCOLOGY MED GRP - 2626 N CALIFORNIA ST - STOCKTON, CA 95204	20-3850829		75,712.	0.			PATIENT ASSISTANCE
VMR INSTITUTE A MEDICAL CORPORATION - 7677 CENTER AVE - HUNTINGTN BCH, CA 92647	20-4532718		11,835.	0.			PATIENT ASSISTANCE
COMMUNITY ONCOLOGY ASSOCIATES 7257 N FRESNO ST FRESNO, CA 93720	20-5740728		18,695.	0.			PATIENT ASSISTANCE
SHASTA EYE CARE CENTER 3190 CHURN CREEK RD REDDING, CA 96002	20-5756962		15,573.	0.			PATIENT ASSISTANCE

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RETINA INSTITUTE OF CALIFORNIA - PALM DESERT - 100 E CALIFORNIA BLVD - PASADENA, CA 91105	20-5944918		6,634.	0.			PATIENT ASSISTANCE
ONCOLOGY INSTITUTE OF HOPE AND INNOVATION - 101 E BEVERLY BLVD - MONTEBELLO, CA 90640	20-8366709		50,065.	0.			PATIENT ASSISTANCE
CALIFORNIA RETINA CONSULTANTS 515 E MICHELTORENA ST SANTA BARBARA, CA 93103	22-3697030		85,471.	0.			PATIENT ASSISTANCE
MERLA PURAY MD 424 E YOSEMITE AVE MERCED, CA 95340	26-0630959		6,874.	0.			PATIENT ASSISTANCE
OMID S SHAYE MD 7320 WOODLAKE AVE WEST HILLS, CA 91307	26-2750472		9,633.	0.			PATIENT ASSISTANCE
JACK F JACOUB MD INC 9940 TALBERT AVE FOUNTAIN VALLEY, CA 92708	26-2878401		34,261.	0.			PATIENT ASSISTANCE
CANCER AND BLOOD SPECIALTY CLINIC 1760 TERMINO AVE LONG BEACH, CA 90804	26-4394436		7,631.	0.			PATIENT ASSISTANCE
COMMUNITY FOUNDATION MEDICAL PO BOX 28949 FRESNO, CA 93729	27-0271872		5,517.	0.			PATIENT ASSISTANCE
GLOBAL ONCOLOGY 600 N GARFIELD AVE MONTEREY PARK, CA 91754	27-1426142		32,820.	0.			PATIENT ASSISTANCE

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SOLANO HEMATOLOGY ONCOLOGY 100 HOSPITAL DR VALLEJO, CA 94589	27-2776275		9,681.	0.			PATIENT ASSISTANCE
FIRST CHOICE PHYSICIAN PARTNERS PO BOX 748263 LOS ANGELES, CA 90074	27-3597066		7,637.	0.			PATIENT ASSISTANCE
GENESIS HEALTHCARE PARTNERS PC PO BOX 33865 SAN DIEGO, CA 92163	27-4002793		16,182.	0.			PATIENT ASSISTANCE
MT DIABLO SOLANO ONCOLOGY GROUP 2571 PARK AVE CONCORD, CA 94520	27-4038116		43,555.	0.			PATIENT ASSISTANCE
UC SAN DIEGO CANCER CTR PO BOX 749733 LOS ANGELES, CA 90074	27-4440873		9,518.	0.			PATIENT ASSISTANCE
CITY OF HOPE/ GLENORA 1502 ARROW HWY LA VERNE, CA 91750	27-4803222		23,260.	0.			PATIENT ASSISTANCE
VALLEY RETINA ASSOCIATES MEDICAL GROUP - 16500 VENTURA BLVD - ENCINO, CA 91436	32-0364437		41,072.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES 514 N PROSPECT AVE REDONDO BEACH, CA 90277	33-0004735		50,278.	0.			PATIENT ASSISTANCE
TORRANCE MEMORIAL PHY NETWORK 514 N PROSPECT AVE REDONDO BEACH, CA 90277	33-0073515		171,436.	0.			PATIENT ASSISTANCE

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SHARP-REES STEALY MEDICAL CENTER PO BOX 939087 SAN DIEGO, CA 92123	33-0106028		15,992.	0.			PATIENT ASSISTANCE
KOUSAY AL-KOURAINY, MD 480 4TH AVE CHULA VISTA, CA 91910	33-0108259		55,656.	0.			PATIENT ASSISTANCE
KULJINDER S GREWAL MD 8881 FLETCHER PKWY LA MESA, CA 91942	33-0121267		5,985.	0.			PATIENT ASSISTANCE
ST JUDE MEDICAL GROUP PO BOX 31001-1920 PASADENA, CA 91110	33-0185031		120,613.	0.			PATIENT ASSISTANCE
CALIFORNIA EYE PROFESSIONALS 2390 E FLORIDA AVE HEMET, CA 92544	33-0196888		48,932.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF ORANGE CO 301 W BASTANCHURY RD FULLERTON, CA 92835	33-0200279		14,800.	0.			PATIENT ASSISTANCE
SOUTHLAND HEMATOLOGY ONCOLOGY 25485 MEDICAL CENTER DR MURRIETA, CA 92562	33-0340291		11,150.	0.			PATIENT ASSISTANCE
PACIFIC SHORES MEDICAL GROUP 1043 ELM AVE LONG BEACH, CA 90813	33-0553940		136,163.	0.			PATIENT ASSISTANCE
CANCER CENTER ONCOLOGY MEDICAL GROUP - 5555 GROSSMONT CTR - LA MESA, CA 91942	33-0565963		203,968.	0.			PATIENT ASSISTANCE

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RIVERSIDE MEDICAL CLINIC 3660 ARLINGTON AVE RIVERSIDE, CA 92506	33-0587303		98,357.	0.			PATIENT ASSISTANCE
PACIFIC CANCER MEDICAL CTR 1801 W ROMNEYA ANAHEIM, CA 92801	33-0588910		29,113.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC OF SAN DIEGO - 3075 HEALTH CENTER DR - SAN DIEGO, CA 92123	33-0590652		144,338.	0.			PATIENT ASSISTANCE
SOUTHERN CA DESERT RETINA CONSULTANTS - 340 S FARRELL DR - PALM SPRINGS, CA 92262	33-0592019		18,355.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 301 N SAN JACINTO ST HEMET, CA 92543	33-0643850		233,028.	0.			PATIENT ASSISTANCE
BEAVER MEDICAL GROUP PO BOX 2200 REDLANDS, CA 92373	33-0645967		58,048.	0.			PATIENT ASSISTANCE
ORANGE COUNTY RETINA 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653	33-0688181		29,968.	0.			PATIENT ASSISTANCE
ATLANTIS EYECARE 7777 EDINGER AVE HUNTINGTN BCH, CA 92647	33-0877936		7,375.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SOUTHERN CA 6840 INDIANA AVE RIVERSIDE, CA 92506	33-0926562		45,350.	0.			PATIENT ASSISTANCE

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MINCH . FONG, MD., INC 24953 PASEO DE VALENCIA 25B LAGUNA HILLS, CA 92653	33-0942301		5,550.	0.			PATIENT ASSISTANCE
COMPASSIONATE CANCER CARE - FOUNTAIN VALLEY - 18111 BROOKHURST ST - FOUNTAIN VALLEY, CA 92708	38-3650060		42,281.	0.			PATIENT ASSISTANCE
ST ANTHONY HOSPITAL PO BOX 911400 PASADENA, CA 91110	38-3769889		6,133.	0.			PATIENT ASSISTANCE
BAKERSFIELDS HEMATOLOGY ONCOLOGY 9800 BRIMHALL RD BAKERSFIELD, CA 93312	42-1727030		23,503.	0.			PATIENT ASSISTANCE
S CO HEMATOLOGY & ONCOLOGY PO BOX 210337 CHULA VISTA, CA 91921	43-1986447		86,552.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA CANCER CENTER 1541 FLORIDA AVE MODESTO, CA 95350	45-2897904		14,352.	0.			PATIENT ASSISTANCE
DCHS MEDICAL FOUNDATION DEPT 34931 PO BOX 39000 SAN FRANCISCO, CA 94139	45-3691852		28,425.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY SERVICES OFFICE 3737 SAN DIMAS ST BAKERSFIELD, CA 93301	46-0910853		12,174.	0.			PATIENT ASSISTANCE
COACHELLA VALLEY RETINA 72-301 COUNTRY CLUB DR RANCHO MIRAGE, CA 92270	46-3598712		5,213.	0.			PATIENT ASSISTANCE

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

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ARTHRITIS ASSOC OF SOUTHERN CALIFORNIA - PO BOX 843742 - LOS ANGELES, CA 90084	46-5412032		10,430.	0.			PATIENT ASSISTANCE
STEPHEN MEFFERT 3536 MENDOCINO AVE LARKFIELD, CA 95403	48-0844445		16,505.	0.			PATIENT ASSISTANCE
PATRICK J CASKEY MD 3536 MEDOCINO AVE SANTA ROSA, CA 95403	52-0584319		10,930.	0.			PATIENT ASSISTANCE
THOMAS SCHLESINGER MD 3536 MENDOCINO AVE SANTA ROSA, CA 95403	52-2085054		16,156.	0.			PATIENT ASSISTANCE
NORTH BAY VITREORETINAL CONSULTANTS - 3536 MENDOCINO AVE - SANTA ROSA, CA 95403	52-2085054		8,056.	0.			PATIENT ASSISTANCE
EDWARD WAGNER MD 25500 RANCHO NIGUEL RD LAGUNA NIGUEL, CA 92677	55-7297661		60,476.	0.			PATIENT ASSISTANCE
VALLEY PODIATRY GROUP 3031 W MARCH LN STOCKTON, CA 95219	61-1435771		5,365.	0.			PATIENT ASSISTANCE
W CRAIG LANNIN DO 1950 COURT ST REDDING, CA 96001	68-0226927		5,678.	0.			PATIENT ASSISTANCE
NUTRISHARE INC 9850 KENT ST ELK GROVE, CA 95624	68-0250542		38,834.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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SIERRA HEMATOLOGY ONCOLOGY 6555 COYLE AVE CARMICHAEL, CA 95608	68-0305843		140,252.	0.			PATIENT ASSISTANCE
EYE SPECIALISTS MEDICAL GROUP 800 TRANCAS ST NAPA VALLEY, CA 94558	68-0408137		9,979.	0.			PATIENT ASSISTANCE
CAPITAL ALLERGY AND RESPIRATORY DISEASE CENTE - 1451 SECRET RAVINE PKWY - ROSEVILLE, CA 95661	68-0423032		11,420.	0.			PATIENT ASSISTANCE
DIABLO VALLEY ONCOLOGY 400 TAYLOR BLVD PLEASANT HILL, CA 94523	68-0462651		45,016.	0.			PATIENT ASSISTANCE
SOUTHLAND HEMATOLOGY ONCOLOGY 201 N LAURSEN ST HEMET, CA 92543	68-0581175		9,448.	0.			PATIENT ASSISTANCE
ST JOSEPHS HOSPITAL AND MEDICAL CENTER FILE - PO BOX 55845 - LOS ANGELES, CA 90074	72-1561134		10,594.	0.			PATIENT ASSISTANCE
PMK MEDICAL GROUP INC PO BOX 51034 LOS ANGELES, CA 90051	77-0311552		58,773.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES PO BOX 25100 FRESNO, CA 93729	77-0324589		277,814.	0.			PATIENT ASSISTANCE
PHYSICIANS PLAZA CORPORATION PO BOX 3628 BAKERSFIELD, CA 93385	77-0333077		106,885.	0.			PATIENT ASSISTANCE

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RAVI PATEL MD 6501 TRUXTUN AVE BAKERSFIELD, CA 93309	77-0356364		13,049.	0.			PATIENT ASSISTANCE
DAVID L PALCHAK PO BOX 579 PISMO BEACH, CA 93448	77-0368079		5,878.	0.			PATIENT ASSISTANCE
SAN LUIS OBISPO EYE ASSOCIATES PO BOX 14038 SAN LUIS OBISPO, CA 93406	77-0410120		9,872.	0.			PATIENT ASSISTANCE
CA CANCER CARE MEDICAL GROUP 1325 MELROSE AVE MODESTO, CA 95350	77-0417435		28,551.	0.			PATIENT ASSISTANCE
EYE SURGICAL AND MEDICAL ASSOC 5021 W NOBLE AVE VISALIA, CA 93277	77-0511727		35,862.	0.			PATIENT ASSISTANCE
KENNETH S YAMAMOTO MD 2645 OCEAN AVE SAN FRANCISCO, CA 94132	77-0674251		8,254.	0.			PATIENT ASSISTANCE
SEQUOIA ONCOLOGY MEDICAL ASSOC 4945 W CYPRESS AVE VISALIA, CA 93277	81-0555508		136,254.	0.			PATIENT ASSISTANCE
ST ALPHONSUS MED CTR NAMPA PO BOX 31001-1274 PASADENA, CA 91110	82-0200896		7,477.	0.			PATIENT ASSISTANCE
NORTHRIDGE HOSPITAL MEDICAL FILE PO BOX 8874 LOS ANGELES, CA 90074	87-0692258		7,258.	0.			PATIENT ASSISTANCE

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UNIVERSITY OF UT PO BOX 511258 LOS ANGELES, CA 90051	87-6000525		39,831.	0.			PATIENT ASSISTANCE
CENTRAL HEMATOLOGY & ONCOLOGY MEDICAL GROUP FILE - 55737 LOS - ANGELES, CA 90074	90-0943683		6,099.	0.			PATIENT ASSISTANCE
ST FRANCIS HOSPITAL PO BOX 31001 PASADENA, CA 91110	91-1267921		8,076.	0.			PATIENT ASSISTANCE
ST CLARE HOSPITAL PO BOX 31001 PASADENA, CA 91110	91-1487485		9,335.	0.			PATIENT ASSISTANCE
ZEITER EYE MEDICAL GROUP INC 225 E WEBER AVE STOCKTON, CA 95202	91-1854979		7,011.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOC OF OREGON PO BOX 79045 CITY INDUSTRY, CA 91716	93-0746296		118,956.	0.			PATIENT ASSISTANCE
NORTHWEST CANCER SPECIALISTS PO BOX 79308 CITY OF INDUSTRY, CA 91716	93-1280206		149,420.	0.			PATIENT ASSISTANCE
CA PACIFIC MEDICAL CENTER PO BOX 742412 LOS ANGELES, CA 90074	94-0562680		5,682.	0.			PATIENT ASSISTANCE
PALO ALTO MEDICAL FOUNDATION PO BOX 742791 LOS ANGELES, CA 90074	94-1156581		12,404.	0.			PATIENT ASSISTANCE

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ST JOSEPH HOSPITAL PO BOX 3101-1982 PASADENA, CA 91110	94-1156596		17,994.	0.			PATIENT ASSISTANCE
SUTTER HEALTH SACRAMENTO SIERRA REGION - PO BOX 160100 - SACRAMENTO, CA 95816	94-1156621		6,739.	0.			PATIENT ASSISTANCE
KAISER FOUNDATION HEALTH PLAN INC FILE - PO BOX 50295 - LOS ANGELES, CA 90074	94-1340523		113,763.	0.			PATIENT ASSISTANCE
ENLOE MEDICAL CTR PO BOX 60000 FILE 74008 SAN FRANCISCO, CA 94160	94-1603784		25,127.	0.			PATIENT ASSISTANCE
SUTTER GOULD MEDICAL FOUNDATION PO BOX 255458 SACRAMENTO, CA 95865	94-1682256		10,836.	0.			PATIENT ASSISTANCE
EYE Q VISION CARE 7075 N SHARON FRESNO, CA 93720	94-1717441		70,321.	0.			PATIENT ASSISTANCE
EYE MEDICAL CLINIC OF FRESNO 1360 E HERDOIN FRESNO, CA 93650	94-2179577		6,804.	0.			PATIENT ASSISTANCE
WEST COAST RETINA MEDICAL GROUP INC. - 1445 BUSH ST - SAN FRANCISCO, CA 94109	94-2275625		135,731.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS MED GRP-SACRAMENTO J ST - 3939 J ST - SACRAMENTO, CA 95819	94-2442567		501,719.	0.			PATIENT ASSISTANCE

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PACIFIC HEMATOLOGY ONCOLOGY ASSOCIATES - 2100 WEBSTER ST - SAN FRANCISCO, CA 94115	94-2547219		10,839.	0.			PATIENT ASSISTANCE
VALLEY MEDICAL ONCOLOGY CONSULTANTS - 5725 W LAS POSITAS - PLEASANTON, CA 94588	94-2599392		15,696.	0.			PATIENT ASSISTANCE
DAVID S CHENG, MD 39275 MISSION BLVD FREMONT, CA 94539	94-2614791		6,296.	0.			PATIENT ASSISTANCE
SUTTER EAST BAY MEDICAL FOUNDATION PO BOX 255789 SACRAMENTO, CA 95865	94-2690415		8,223.	0.			PATIENT ASSISTANCE
RETINAL DIAGNOSTIC CENTER 3395 S BASCOM AVE CAMPBELL, CA 95008	94-2711267		6,731.	0.			PATIENT ASSISTANCE
NORTHERN CALIFORNIA RETINA VITREOUS ASS - 2512 SAMARITAN CT - SAN JOSE, CA 95124	94-2906234		40,056.	0.			PATIENT ASSISTANCE
VALLEY MEDICAL ONCOLOGY CONSUL. 5725 W LAS POSITAS BLVD PLEASANTON, CA 94588	94-2950378		51,115.	0.			PATIENT ASSISTANCE
BAY AREA RETINA ASSOC 122 LA CASA VIA WALNUT CREEK, CA 94598	94-3064464		76,538.	0.			PATIENT ASSISTANCE
PACIFIC RHEUMATOLOGY ASSOC 2100 WEBSTER ST SAN FRANCISCO, CA 94115	94-3166656		6,840.	0.			PATIENT ASSISTANCE

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PACIFIC EYE ASSOCIATES 2100 WEBSTER ST SAN FRANCISCO, CA 94115	94-3228329		17,023.	0.			PATIENT ASSISTANCE
MONTEREY BAY ONCOLOGY 5 HARRIS CT MONTEREY, CA 93940	94-3246234		74,969.	0.			PATIENT ASSISTANCE
EAST BAY MEDICAL ONC-HEMA 4721 DALLAS RANCH RD ANTIOCH, CA 94531	94-3306655		132,112.	0.			PATIENT ASSISTANCE
CITY OF HOPE HOSPITAL PO BOX 30219 LOS ANGELES, CA 90030	95-1683875		8,861.	0.			PATIENT ASSISTANCE
BAKERSFIELD MEMORIAL HOSPITAL FILE PO BOX 55653 LOS ANGELES, CA 90074	95-1802779		49,898.	0.			PATIENT ASSISTANCE
TRI CITY MEDICAL CENTER 3617 VISTA WAY OCEANSIDE, CA 92056	95-2126937		56,024.	0.			PATIENT ASSISTANCE
SHARP CHULA VISTA HOSPITAL FILE PO BOX 55453 LOS ANGELES, CA 90074	95-2367304		7,275.	0.			PATIENT ASSISTANCE
SADDLEBACK MEMORIAL MEDICAL CTR PO BOX 21789 LONG BEACH, CA 90801	95-2585792		6,390.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY MEDICAL GROUP OF ORANGE C - 1010 W LA VETA AVE - ORANGE, CA 92868	95-2665069		76,623.	0.			PATIENT ASSISTANCE

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WILSHIRE ONCOLOGY MEDICAL GROUP INC - 1502 ARROW HWY - LA VERNE, CA 91750	95-2754041		7,614.	0.			PATIENT ASSISTANCE
CARSON, MCBEATH & BOSWELL INC 4300 LONGBEACH BLVD LONG BEACH, CA 90807	95-2785489		12,796.	0.			PATIENT ASSISTANCE
ONCO HEMA CONSULTANTS PO BOX 2870 LONG BEACH, CA 90801	95-2933071		9,833.	0.			PATIENT ASSISTANCE
SHAPIRO STAFFORD AND YEE MD 622 W DUARTE RD ARCADIA, CA 91007	95-3036706		30,991.	0.			PATIENT ASSISTANCE
FAMILY PHARMACY 1400 ATLANTIC AVE LONG BEACH, CA 90813	95-3051620		6,686.	0.			PATIENT ASSISTANCE
NORTH COUNTY ONCOLOGY MEDICAL CLINIC - 3617 VISTA WAY - OCEANSIDE, CA 92056	95-3083886		53,987.	0.			PATIENT ASSISTANCE
LOS ALAMITOS HEMATOLOGY ONCOLOGY ROBERT A MINNOW, MARK JANIS AND MARIO CURTI M - 3801 KATELLA AVE - LOS ALAMITOS, CA 90720	95-3184731		8,889.	0.			PATIENT ASSISTANCE
ANTELOPE VALLEY CANCER CENTER 44105 15TH ST W LANCASTER, CA 93534	95-3275524		11,445.	0.			PATIENT ASSISTANCE
INLAND HEMATOLOGY ONCOLOGY MED GRP INC - 401 C E HIGHLAND AVE - SAN BERNARDINO, CA 92404	95-3285720		31,500.	0.			PATIENT ASSISTANCE

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DESERT HEMATOLOGY ONCOLOGY MED GROUP - 39800 BOB HOPE DR - RANCHO MIRAGE, CA 92270	95-3300691		39,012.	0.			PATIENT ASSISTANCE
SAN DIEGO ONCOLOGY MEDICAL CLINIC 7930 FROST ST SAN DIEGO, CA 92123	95-3302834		7,365.	0.			PATIENT ASSISTANCE
EDWARD R ALEXSON MD 1100 N TUSTIN AVE NORTH TUSTIN, CA 92705	95-3416703		11,712.	0.			PATIENT ASSISTANCE
PACIFIC COAST HEMATOLOGY ONCOLOGY MED GRP - 18111 BROOKHURST ST - FOUNTAIN VALLEY, CA 92708	95-3431486		6,701.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF SAN DIEGO 12630 MONTE VISTA RD POWAY, CA 92064	95-3511595		67,199.	0.			PATIENT ASSISTANCE
UROLOGY ASSOC OF SAN LUIS OBISPO 3599 SUELDO ST SAN LUIS OBISPO, CA 93401	95-3652616		5,419.	0.			PATIENT ASSISTANCE
ENCINITAS PODIATRY GROUP 2 501 N EL CAMOINO REAL 201 ENCINITAS, CA 92024	95-3674218		5,152.	0.			PATIENT ASSISTANCE
RETINA VITREOUS MEDICAL GROUP FILE PO BOX 51006 LOS ANGELES, CA 90074	95-3699305		39,930.	0.			PATIENT ASSISTANCE
EAST VALLEY HEMATOLOGY/ONCOLOGY 2601 W ALAMEDA AVE BURBANK, CA 91505	95-3738680		6,582.	0.			PATIENT ASSISTANCE

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SHARP MEMORIAL HOSP FILE PO BOX 55440 LOS ANGELES, CA 90074	95-3782169		12,672.	0.			PATIENT ASSISTANCE
DESERT MEDICAL GRP 275 N EL CIELO RD PALM SPRINGS, CA 92262	95-3898275		27,526.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 7301 MEDICAL CENTER DR WEST HILLS, CA 91307	95-4193121		11,757.	0.			PATIENT ASSISTANCE
FACEY MEDICAL GROUP FILE PO BOX 50670 LOS ANGELES, CA 90074	95-4322584		76,668.	0.			PATIENT ASSISTANCE
LOS ANGELES HEMATOLOGY ONCOLOGY MED GROUP - 1245 WILSHIRE BLVD - LOS ANGELES, CA 90017	95-4332724		62,709.	0.			PATIENT ASSISTANCE
UC REGENTS OF LOS ANGELES FILE #55737 LOS ANGELES, CA 90074	95-4373071		32,823.	0.			PATIENT ASSISTANCE
CALIFORNIA HEMATOLOGY ONCOLOGY MED. - 3440 W LOMITA BLVD - TORRANCE, CA 90505	95-4400055		21,657.	0.			PATIENT ASSISTANCE
UCLA UROLOGY CLINIC 200 MEDICAL PLZ LOS ANGELES, CA 90024	95-4544776		41,981.	0.			PATIENT ASSISTANCE
IV LEAGUE, INC 6076 BRISTOL PKWY CULVER CITY, CA 90230	95-4713173		6,014.	0.			PATIENT ASSISTANCE

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SANTA MONICA HEMATOLOGY ONCOLOGY 2021 SANTA MONICA BLVD SANTA MONICA, CA 90404	95-4734195		21,128.	0.			PATIENT ASSISTANCE
SANSUM CLINIC PO BOX 62106 SANTA BARBARA, CA 93160	95-6419205		34,859.	0.			PATIENT ASSISTANCE
FORT COLLINS NEUROLOGY PC 2121 E HARMONY RD FORT COLLINS, CO 80528	01-0756615		30,059.	0.			PATIENT ASSISTANCE
MEDICAL CENTER OF THE ROCKIES PO BOX 20060 FORT COLLINS, CO 80522	04-3730045		17,107.	0.			PATIENT ASSISTANCE
INSIGHT RETINA CONSULTANTS 125 INVERNESS DR E ENGLEWOOD, CO 80112	14-1891602		37,037.	0.			PATIENT ASSISTANCE
FRONT RANGE CANCER SPECIALISTS 2315 E HARMONY RD FORT COLLINS, CO 80528	20-1989197		35,151.	0.			PATIENT ASSISTANCE
COLORADO RETINA ASSOCIATES PC PO BOX 17949 DENVER, CO 80217	20-3288374		556,030.	0.			PATIENT ASSISTANCE
MOUNTAIN BLUE CANCER CARE CENTER 400 INDIANA ST GOLDEN, CO 80401	27-0834513		7,104.	0.			PATIENT ASSISTANCE
CCCRIC LLC 799 E HAMPDEN AVE ENGLEWOOD, CO 80113	46-3256586		18,520.	0.			PATIENT ASSISTANCE

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DENVER NEUROLOGICAL CLINIC PROFESSIONAL - 950 E HARVARD AVE - DENVER, CO 80210	59-3810010		5,656.	0.			PATIENT ASSISTANCE
ADVANCED NEUROLOGICAL OF COLORADO LLC - 2121 E HARMONY RD - FORT COLLINS, CO 80528	68-0562419		21,555.	0.			PATIENT ASSISTANCE
NATIONAL JEWISH HEALTH HOSPITAL PO BOX 17379 DENVER, CO 80217	74-2044647		63,136.	0.			PATIENT ASSISTANCE
OMNI EYE SPECIALISTS 55 MADISON ST DENVER, CO 80206	76-0762560		35,017.	0.			PATIENT ASSISTANCE
SAN LUIS REGIONAL VALLEY MEDICAL CENTER - 106 BLANCA AVE - ALAMOSA, CO 81101	84-0255530		8,310.	0.			PATIENT ASSISTANCE
ST MARY'S HOSPITAL & MEDICAL CTR PO BOX 62 GRAND JCT, CO 81502	84-0425720		7,589.	0.			PATIENT ASSISTANCE
CYPRESS HEMATOLOGY & ONCOLOGY 9399 CROWN CREST BLVD PARKER, CO 80138	84-0438224		64,305.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 2500 S HAVANA ST AURORA, CO 80014	84-0591617		110,073.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 1375 E 20TH AVE DENVER, CO 80205	84-0591917		25,293.	0.			PATIENT ASSISTANCE

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UROLOGICAL ASSOCIATES 75 PRINTERS PKWY COLORADO SPRINGS, CO 80910	84-0594105		5,277.	0.			PATIENT ASSISTANCE
COLORADO SPRINGS NEUROLOGY 2312 N NEVADA AVE COLORADO SPRINGS, CO 80907	84-0595576		24,122.	0.			PATIENT ASSISTANCE
DENVER EYE SURGEONS PC 13772 DENVER W PKWY LAKEWOOD, CO 80401	84-0611079		24,315.	0.			PATIENT ASSISTANCE
THE UROLOGY CTR OF COLORADO PO BOX 172626 DENVER, CO 80217	84-0611814		14,120.	0.			PATIENT ASSISTANCE
EYE CENTER OF N COLORADO 1725 E PROSPECT RD FORT COLLINS, CO 80525	84-0675076		15,927.	0.			PATIENT ASSISTANCE
DENVER ARTHRITIS CLINIC 200 SPRUCE ST DENVER, CO 80230	84-0717541		9,082.	0.			PATIENT ASSISTANCE
MCKEE MEDICAL CENTER PO BOX 2148 GREELEY, CO 80632	84-0826332		9,950.	0.			PATIENT ASSISTANCE
KAISER FOUNDATION HEALTH PLAN PO BOX 1603 DENVER, CO 80271	84-0832336		30,263.	0.			PATIENT ASSISTANCE
COLORADO WEST OPHTHALMOLOGY 1800 E PAVILION PL MONTROSE, CO 81401	84-0851676		11,046.	0.			PATIENT ASSISTANCE

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SOUTHERN CO CLINIC PO BOX 9000 PUEBLO, CO 81008	84-1074070		9,374.	0.			PATIENT ASSISTANCE
EXEMPLA LUTHEREN MEDICAL CENTER ATTN: PEGGY SCHMITZER - 8300 W 38TH AVE - WHEAT RIDGE, CO 80033	84-1103606		5,377.	0.			PATIENT ASSISTANCE
FRONT RANGE RADIATION ONCOLOGY 3464 S WILLOW ST DENVER, CO 80231	84-1110776		10,191.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 2770 N UNION BLVD COLORADO SPRINGS, CO 80909	84-1145709		156,566.	0.			PATIENT ASSISTANCE
KIRK EYE CENTER 3650 E 15TH ST LOVELAND, CO 80538	84-1171475		7,648.	0.			PATIENT ASSISTANCE
POUDRE VALLEY HOSPITAL PO BOX 20060 FORT COLLINS, CO 80522	84-1262971		42,238.	0.			PATIENT ASSISTANCE
MILE-HI NEUROLOGY SERVICES PC 9399 CROWN CRESCENT BLVD PARKER, CO 80138	84-1301126		7,684.	0.			PATIENT ASSISTANCE
EYE CARE CENTER OF NORTHERN CO, PC 1400 DRY CREEK DR LONGMONT, CO 80503	84-1355429		88,258.	0.			PATIENT ASSISTANCE
JAMES SINGLETON, MD 206 W COUNTY LINE RD HIGHLANDS RANCH, CO 80129	84-1438179		5,238.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUR CORNERS EYE 4 CORNERS EYE CLINIC 575 RIVERGATE DURANGO, CO 81122	84-1444226		5,491.	0.			PATIENT ASSISTANCE
PRESBYTERIAN HOSPITAL DEPT 1570 DENVER, CO 80291	85-0105601		31,574.	0.			PATIENT ASSISTANCE
ROBERT A. WIZNIA, MD 850 HOWARD AVE NEW HAVEN, CT 06519	04-2343389		6,280.	0.			PATIENT ASSISTANCE
DANBURY HOSPITAL PO BOX 5153 STAMFORD, CT 06904	06-0646597		15,033.	0.			PATIENT ASSISTANCE
YALE NEW HAVEN HOSPITAL PO BOX 1403 NEW HAVEN, CT 06505	06-0646652		7,419.	0.			PATIENT ASSISTANCE
LAWRENCE & MEMORIAL HOSPITAL CANCER CENTER - PO BOX 1471 - NEW LONDON, CT 06320	06-0646704		5,943.	0.			PATIENT ASSISTANCE
MED SPECIALIST OF FAIRFIELD 425 POST RD FAIRFIELD, CT 06824	06-0867105		19,546.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOCIATES 300 HEBRON AVE GLASTONBURY, CT 06033	06-0876496		5,127.	0.			PATIENT ASSISTANCE
UROLOGY SPECIALISTS PC 1579 STRAITS TURNKPIKE MIDDLEBURY, CT 06762	06-0881828		11,000.	0.			PATIENT ASSISTANCE

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DANBURY EYE PHYSICIANS AND SURGEONS PC - 69 SAND PIT RD - DANBURY, CT 06810	06-0945561		10,895.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS PC 191 MAIN ST MANCHESTER, CT 06041	06-0968937		115,838.	0.			PATIENT ASSISTANCE
CONNECTICUT ONCOLOGY GROUP 536 SAYBROOK RD MIDDLETOWN, CT 06457	06-1008486		39,538.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY AND BLOOD DISORDERS - 43 WOODLAND ST - HARTFORD, CT 06105	06-1021367		21,212.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS AND SURGEONS PC - MILFORD - 202 CHERRY ST - MILFORD, CT 06460	06-1065050		5,883.	0.			PATIENT ASSISTANCE
RICHARD WEBER MD 1275 SUMMER ST STAMFORD, CT 06905	06-1191494		7,314.	0.			PATIENT ASSISTANCE
NEW ENGLAND RETINA ASSOC 2200 WHITNEY AVE HAMDEN, CT 06518	06-1414890		27,546.	0.			PATIENT ASSISTANCE
MT SINAI HOSPITAL 490 BLUE HILLS AVE HARTFORD, CT 06112	06-1422973		6,456.	0.			PATIENT ASSISTANCE
CT MULTISPECIALTY GROUP PC 100 RETREAT AVE HARTFORD, CT 06106	06-1440790		53,832.	0.			PATIENT ASSISTANCE

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BETTY KLEIN MD PC 57 NORTH ST DANBURY, CT 06810	06-1550121		6,173.	0.			PATIENT ASSISTANCE
CONNECTICUT RETINA CONSULTANTS 46 PRINCE ST NEW HAVEN, CT 06519	06-1569126		43,772.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS 1207 N SCOTT ST WILMINGTON, DE 19806	25-1207879		113,747.	0.			PATIENT ASSISTANCE
BAYHEALTH MEDICAL CENTER 640 S STATE ST DOVER, DE 19901	51-0064318		11,635.	0.			PATIENT ASSISTANCE
CHRISTIANA CARE HEALTH SERVICES, INC. - PO BOX 2653 - WILMINGTON, DE 19805	51-0103684		8,641.	0.			PATIENT ASSISTANCE
UROLOGY ASSOCIATES OF DOVER 200 BANNING ST DOVER, DE 19904	51-0115385		8,830.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY & ONCOLOGY PA 4701 OGLETOWN STANTON RD NEWARK, DE 19713	51-0263837		14,001.	0.			PATIENT ASSISTANCE
DELAWARE EYE INSTITUTE 18791 JOHN J WILLIAMS DEWEY BEACH, DE 19971	51-0324524		8,911.	0.			PATIENT ASSISTANCE
CNMRI 1074 S STATE ST DOVER, DE 19901	51-0337943		11,976.	0.			PATIENT ASSISTANCE

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ASTHMA AND ALLERGY CARE OF DE 1941 LIMESTONE RD WILMINGTON, DE 19808	51-0362371		6,115.	0.			PATIENT ASSISTANCE
ADVANCED EYE CARE 213 GREENHILL AVE ELSMERE, DE 19805	51-0371133		7,102.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY HEMATOLOGY CONSULTANTS, PA - 4701 OGLETOWN-STANTON RD - NEWARK, DE 19713	51-0384913		66,771.	0.			PATIENT ASSISTANCE
MATTHEW TAUB MD 601 N FLAMINGO RD HOLLYWOOD, FL 33028	02-0673693		8,535.	0.			PATIENT ASSISTANCE
CANCER CARE OF N FL PO BOX 1642 LAKE CITY, FL 32056	06-1641228		34,157.	0.			PATIENT ASSISTANCE
OCALA CANCER INSTITUTE INC 2820 SE 3RD CT OCALA, FL 34471	06-1720582		22,337.	0.			PATIENT ASSISTANCE
RETINA HEALTH CTR 1567 HAYLEY LN FORT MYERS, FL 33907	16-1625376		201,140.	0.			PATIENT ASSISTANCE
CENTRAL FL RETINA INSTITUTE, PA 2202 LAKELAND HILLS BLVD LAKELAND, FL 33805	20-0092126		88,220.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY ASSOC OF PALM BEACH - 1515 N FLAGLER DR - WEST PALM BEACH, FL 33401	20-0468264		13,056.	0.			PATIENT ASSISTANCE

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RETINA AND MACULA CONSULTANTS 2400 S MCCALL RD ENGLEWOOD, FL 34224	20-1327973		88,063.	0.			PATIENT ASSISTANCE
OCALA INFECTIOUS DISEASE AND WOUND CTR - 2651 SW 32ND PL - Ocala, FL 34471	20-1422124		11,027.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF CORAL SPRINGS PA - 1881 N UNIVERSITY DR - CORAL SPRINGS, FL 33071	20-1442781		43,815.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY RADIATION, LLC PO BOX 864381 ORLANDO, FL 32886	20-2627516		19,320.	0.			PATIENT ASSISTANCE
ARIZONA RAD THER MGMT SERVICES PO BOX 863571 REDDICK, FL 32686	20-2743876		10,844.	0.			PATIENT ASSISTANCE
MARION HEART CENTER 1040 SW 2ND AVE OCALA, FL 34474	20-3316494		20,499.	0.			PATIENT ASSISTANCE
ASTHMA AND ALLERGY SPECIALISTS OF N FL- WESTS - PO BOX 54008 - JACKSONVILLE, FL 32245	20-3722480		5,653.	0.			PATIENT ASSISTANCE
JAY AVASHIER MD PA 131 PATTERSON RD HAINES CITY, FL 33844	20-4268031		5,740.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL SPECIALISTS PO BOX 850001 ORLANDO, FL 32885	20-5283786		25,874.	0.			PATIENT ASSISTANCE

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RETINA CARE SPECIALISTS 3399 PGA BLVD PALM BEACH GARDENS, FL 33410	20-8005671		21,162.	0.			PATIENT ASSISTANCE
SOUTHERN VITREORETINAL ASSOC 2439 CARE DR TALLAHASSEE, FL 32308	20-8515285		482,326.	0.			PATIENT ASSISTANCE
CANCER TREATMENT SERVICES ARIZONA LLC - PO BOX 864965 - ORLANDO, FL 32886	20-8741316		47,850.	0.			PATIENT ASSISTANCE
21ST CENTURY ONCOLOGY 3599 UNIVERSITY BLVD JACKSONVILLE, FL 32216	20-8754308		390,586.	0.			PATIENT ASSISTANCE
UROLOGY SPECIALISTS OF WEST FLORIDA - 430 MORTON PLANT ST - CLEARWATER, FL 33756	26-1087759		5,612.	0.			PATIENT ASSISTANCE
SARASOTA RETINA INSTITUTE 3400 BEE RIDGE RD PINECRAFT, FL 34239	26-1431864		81,978.	0.			PATIENT ASSISTANCE
CANCER CENTER OF S FLORIDA 4801 S CONGRESS AVE LAKE WORTH, FL 33461	26-1666272		70,372.	0.			PATIENT ASSISTANCE
WOODLANDS MEDICAL SPECIALISTS, PA 1717 N E ST PENSACOLA, FL 32501	26-1802830		89,006.	0.			PATIENT ASSISTANCE
SOUTH FLORIDA MEDICINE PO BOX 107 STUART, FL 34995	27-0186002		52,755.	0.			PATIENT ASSISTANCE

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NEW VISION EYE CTR 777 37TH ST D103 VERO BEACH, FL 32960	27-0354278		28,445.	0.			PATIENT ASSISTANCE
MACULA DIABETIC & EYE CENTER 4916 26TH ST W BRADENTON, FL 34207	27-0671710		13,374.	0.			PATIENT ASSISTANCE
PAIN AND SPINE CENTERS OF FL 2146 VINDALE RD DEER ISLAND, FL 32778	27-2618053		20,127.	0.			PATIENT ASSISTANCE
JAMES POWERS D.O. 2002 COFFEE POT BLVD NE ST PETERSBURG, FL 33704	30-0183763		24,140.	0.			PATIENT ASSISTANCE
CAPITAL EYE CONSULTANTS 2280 WEDNESDAY ST TALLAHASSEE, FL 32308	32-0103477		7,287.	0.			PATIENT ASSISTANCE
FORT LAUDERDALE EYE INSTITUTE PO BOX 39209 FORT LAUDERDALE, FL 33339	35-2308681		23,221.	0.			PATIENT ASSISTANCE
ONCOLOGY PLUS INCORPORATED 1070 E BRANDON BLVD BRANDON, FL 33511	36-4435924		142,235.	0.			PATIENT ASSISTANCE
FL RETINA & VITREOUS CENTER 1170 S SEMORAN BLVD AZALEA PARK, FL 32807	37-1476323		10,739.	0.			PATIENT ASSISTANCE
FL NEUROLOGY GRP 12670 WHITEHALL DR FORT MYERS, FL 33907	38-3665912		17,651.	0.			PATIENT ASSISTANCE

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SUNCOAST RETINA CONSULT LLC 3280 N MCMULLEN BOOTH RD CLEARWATER, FL 33761	41-2104585		11,560.	0.			PATIENT ASSISTANCE
CENTRAL FLORIDA EYE INSTITUTE 3133 SW 32ND AVE OCALA, FL 34474	42-1621290		30,550.	0.			PATIENT ASSISTANCE
ADVANCED CARE SCRIPTS DEPT # 862 PO BOX 850001 ORLANDO, FL 32885	43-2080503		7,946.	0.			PATIENT ASSISTANCE
CENTRAL FLORIDA CANCER & BLOOD CTR PO BOX 1988 OCALA, FL 34478	45-3262814		12,563.	0.			PATIENT ASSISTANCE
RETNA CARE CONSULTANTS PA 2401 UNIVERSITY PKWY SARASOTA, FL 34243	45-4893062		10,576.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY SOLUTIONS OF TALLAHASSEE - 2617 MITCHAM DR - TALLAHASSEE, FL 32308	45-5170842		30,735.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF FL ST VINCENT - 2 SHIRCLIFF WAY - JACKSONVILLE, FL 32204	45-5523028		480,555.	0.			PATIENT ASSISTANCE
HEALTH FIRST MEDICAL GROUP, LLC 1223 GATEWAY DR MELBOURNE, FL 32901	46-1243081		230,216.	0.			PATIENT ASSISTANCE
MIAMI HEMATOLOGY AND ONCOLOGY ASSOCIATES LLC - 1521 ALTON RD - MIAMI BEACH, FL 33139	46-1569678		32,705.	0.			PATIENT ASSISTANCE

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RETINA MACULA SPECIALISTS OF MIAMI 351 NW 42ND AVE MIAMI, FL 33126	46-1758367		96,875.	0.			PATIENT ASSISTANCE
CLERMONT CANCER CENTER PO BOX 919470 ORLANDO, FL 32891	46-5180824		11,267.	0.			PATIENT ASSISTANCE
OCALA ONCOLOGY 433 SW 10TH ST OCALA, FL 34474	47-0872321		278,983.	0.			PATIENT ASSISTANCE
BETHEL BLOOD AND CANCER 3256 S PINE AVE OCALA, FL 34471	47-1203467		149,199.	0.			PATIENT ASSISTANCE
MOUNT SINAI MEDICAL CENTER PO BOX 403429 MIAMI, FL 33140	59-0624424		7,077.	0.			PATIENT ASSISTANCE
SACRED HEART HOSPITAL PO BOX 2728 PENSACOLA, FL 32513	59-0634434		190,864.	0.			PATIENT ASSISTANCE
MARTIN MEMORIAL CANCER CENTER INFUSION - 501 E OSCEOLA ST 3RD FL, # 302 - STUART, FL 34994	59-0637874		7,298.	0.			PATIENT ASSISTANCE
WATSON CLINIC 1550 LAKELAND HILLS BLVD LAKELAND, FL 33805	59-0704934		166,519.	0.			PATIENT ASSISTANCE
FLORIDA HOSPITAL PO BOX 862304 ORLANDO, FL 32856	59-0724459		155,751.	0.			PATIENT ASSISTANCE

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BOCA RATON REGIONAL HOSP 801 MEADOWS RD BOCA RATON, FL 33486	59-1006663		16,784.	0.			PATIENT ASSISTANCE
ST LUKES CATARACT & LASER INST PO BOX 918926 ORLANDO, FL 32891	59-1224512		22,595.	0.			PATIENT ASSISTANCE
GOROVOY MD EYE SPECIALIST 12381 S CLEVELAND AVE FORT MYERS, FL 33907	59-1261243		10,338.	0.			PATIENT ASSISTANCE
OCALA EYE, PA 1500 SE MAGNOLIA EXT OCALA, FL 34471	59-1363248		37,785.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF BOCA RATON 950 NW 13TH ST BOCA RATON, FL 33486	59-1403353		13,507.	0.			PATIENT ASSISTANCE
GESSLER CLINIC 635 FIRST ST N WINTER HAVEN, FL 33881	59-1407610		6,931.	0.			PATIENT ASSISTANCE
FL EYE CLINIC 160 BOSTON AVE ALTAMONTE SPRINGS, FL 32701	59-1493386		11,511.	0.			PATIENT ASSISTANCE
MALLIS, PAUTLER, COHEN, BILLIRIS MDS PA - 2705 W SAINT ISABEL ST - TAMPA, FL 33607	59-1501675		158,156.	0.			PATIENT ASSISTANCE
MEDICAL SPECIALISTS OF FT. LAUDERDALE - 8395 W OAKLAND PARK BLVD - FORT LAUDERDALE, FL 33351	59-1593999		6,189.	0.			PATIENT ASSISTANCE

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ALLERGY ASTHMA ASSOCIATES 11880 SW 40TH ST OLYMPIA HGTS, FL 33175	59-1632544		5,973.	0.			PATIENT ASSISTANCE
FLORIDA EYE MICROSURGICAL INST. 1717 WOOLBRIGHT RD BOYNTON BEACH, FL 33426	59-1675396		16,833.	0.			PATIENT ASSISTANCE
ORLANDO REGIONAL HEALTHCARE SYST PO BOX 620000 ORLANDO, FL 32891	59-1726273		18,103.	0.			PATIENT ASSISTANCE
SARASOTA ARTHRITIS CENTER 1945 VERSAILLES ST SARASOTA, FL 34239	59-1842511		7,267.	0.			PATIENT ASSISTANCE
CLAY EYE PHYSICIANS AND SURGEONS 2023 PROFESSIONAL CENTER DR ORANGE PARK, FL 32073	59-1910113		5,721.	0.			PATIENT ASSISTANCE
STUART ONCOLOGY ASSOCIATES 501 E OSCEOLA ST STUART, FL 34994	59-2003116		92,898.	0.			PATIENT ASSISTANCE
FLORIDA RETINA INSTITUTE 2639 OAK ST JACKSONVILLE, FL 32204	59-2009089		100,916.	0.			PATIENT ASSISTANCE
MID FLORIDA HEMATOLOY ONCOLOGY CENTERS PA - 2776 ENTEREPRISE RD - ORANGE CITY, FL 32763	59-2021436		6,327.	0.			PATIENT ASSISTANCE
VITREO & RETINA ASSOC 4340 NEWBERRY RD GAINESVILLE, FL 32607	59-2046817		71,101.	0.			PATIENT ASSISTANCE

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RETINA CONSULTANTS OF SW FL 6901 INTERNATIONAL CENTER BLVD FORT MYERS, FL 33912	59-2086792		154,001.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 2501 N ORANGE AVE ORLANDO, FL 32804	59-2109057		172,832.	0.			PATIENT ASSISTANCE
ROBERTO ARAUJO MD 3000 US HIGHWAY 19 HOLIDAY, FL 34691	59-2109527		50,371.	0.			PATIENT ASSISTANCE
DCI - SHANDS JACKSONVILLE PO BOX 862385 ORLANDO, FL 32886	59-2142859		38,240.	0.			PATIENT ASSISTANCE
W FL MEDICAL CENTER 8201 UNIVERSITY PKWY PENSACOLA, FL 32524	59-2193856		5,143.	0.			PATIENT ASSISTANCE
ELLIOT COOPERMAN 311 E EVANS ST ORLANDO, FL 32804	59-2217678		7,704.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF SARASOTA 3920 BEE RIDGE RD SARASOTA, FL 34233	59-2248237		26,891.	0.			PATIENT ASSISTANCE
THE RETINA INTSTITUTE 1955 1ST AVE N SAINT PETERSBURG, FL 33713	59-2293329		15,243.	0.			PATIENT ASSISTANCE
SARASOTA INFECTIOUS DISEASES ASSOCIATES - 1425 S OEPREY AVE - SARASOTA, FL 34239	59-2319380		9,574.	0.			PATIENT ASSISTANCE

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FIER EYE CARE 1441 E OCEAN BLVD STUART, FL 34996	59-2419893		6,729.	0.			PATIENT ASSISTANCE
MONNETT EYE CENTER 14410 US HIGHWAY 1 SEBASTIAN, FL 32958	59-2437346		6,592.	0.			PATIENT ASSISTANCE
21ST CENTURY ONCOLOGY PO BOX 862152 ORLANDO, FL 32886	59-2485899		88,553.	0.			PATIENT ASSISTANCE
FLORIDA EYE INSTITUTE 2750 INDIAN RIVER BLVD VERO BEACH, FL 32960	59-2511162		6,025.	0.			PATIENT ASSISTANCE
UMDC-DEPT OF OPHTHALMOLOGY PO BOX 025809 MIAMI, FL 33102	59-2579838		22,451.	0.			PATIENT ASSISTANCE
RETINAL EYE CARE ASSOC 4175 S CONGRESS AVE LAKE WORTH, FL 33461	59-2642150		18,497.	0.			PATIENT ASSISTANCE
ALLERGY ASSOCIATES 6294 1ST AVE N SAINT PETERSBURG, FL 33710	59-2643611		9,583.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT 1360 E VENICE AVE VENICE, FL 34285	59-2691910		32,059.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF FL 602 S MACDILL AVE TAMPA, FL 33609	59-2695288		93,158.	0.			PATIENT ASSISTANCE

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OPHTALMIC CONSULTANTS 1700 S TUTTLE AVE SARASOTA, FL 34239	59-2726035		43,310.	0.			PATIENT ASSISTANCE
CAPE CORAL EYE CTR PO BOX 101466 CAPE CORAL S, FL 33910	59-2729764		12,490.	0.			PATIENT ASSISTANCE
MID FLORIDA EYE CENTER 17560 HIGHWAY 441 MOUNT DORA, FL 32757	59-2848302		6,312.	0.			PATIENT ASSISTANCE
EMERALD COAST CANCER CENTER 1024 MAR WALT DR FORT WALTON BEACH, FL 32547	59-2877531		71,820.	0.			PATIENT ASSISTANCE
EAST FLORIDA EYE INSTITUTE PO BOX 896 STUART, FL 34995	59-2936142		13,727.	0.			PATIENT ASSISTANCE
BAY ONCOLOGY CENTER 2614 JENKS AVE PANAMA CITY, FL 32405	59-2980557		9,296.	0.			PATIENT ASSISTANCE
VITREOUS AND RETINA CONSULTANTS 250 AVE K SW WINTER HAVEN, FL 33880	59-3028408		132,167.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT INC 6190 N DAVIS HWY PENSACOLA, FL 32504	59-3037958		38,852.	0.			PATIENT ASSISTANCE
GULF COAST MEDICAL CENTER 11528 US HIGHWAY 19 PORT RICHEY, FL 34668	59-3104080		6,592.	0.			PATIENT ASSISTANCE

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JAMES H GUILDFORD MD 1500 N DIXIE HIGHTWAY WEST PALM BEACH, FL 33401	59-3112172		15,026.	0.			PATIENT ASSISTANCE
FLORIDA MEDICAL CLINIC 38135 MARKET SQ ZEPHYRHILLS, FL 33542	59-3156212		28,303.	0.			PATIENT ASSISTANCE
CANCER CARE CENTERS OF BREVARD 107 LONGWOOD AVE ROCKLEDGE, FL 32955	59-3169766		199,144.	0.			PATIENT ASSISTANCE
OMNI HEALTHCARE 95 BULLDOG BLVD MELBOURNE, FL 32901	59-3169815		9,813.	0.			PATIENT ASSISTANCE
FLORIDA FOOT AND ANKLE GROUP 522 S HUNT CLUB BLVD APOPKA, FL 32703	59-3183245		10,862.	0.			PATIENT ASSISTANCE
FL HOSPITAL MEDICAL GROUP 894 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	59-3214635		132,133.	0.			PATIENT ASSISTANCE
ORLICK BERGER KASPER MD PA 5800 49TH ST N SAINT PETERSBURG, FL 33709	59-3219393		78,716.	0.			PATIENT ASSISTANCE
BAY ARENA RETINA CONSULTS 505 DRUID RD E BELLEAIR, FL 33756	59-3223355		41,949.	0.			PATIENT ASSISTANCE
ASTHMA ALLERGY SPECIALISTS 661 E ALTAMONTE DR ALTAMONTE SPRINGS, FL 32701	59-3228573		6,649.	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
H LEE MOFFIT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612	59-3235634		6,636.	0.			PATIENT ASSISTANCE
H LEE MOFFITT CANCER CTR 12902 MAGNOLIA DR TAMPA, FL 33613	59-3238634		45,274.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF BREVARD 107 LONGWOOD AVE ROCKLEDGE, FL 32955	59-3268119		185,135.	0.			PATIENT ASSISTANCE
RAKESH ROHATGI MD 321 SE 29TH PL OCALA, FL 34471	59-3329469		10,738.	0.			PATIENT ASSISTANCE
MAYO CLINIC 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028		10,596.	0.			PATIENT ASSISTANCE
MAGRUDER EYE INSTITUTE 1911 N MILLS AVE ORLANDO, FL 32803	59-3347759		34,287.	0.			PATIENT ASSISTANCE
MEDICAL ASSOCIATES OF BREVARD 2290 W EAU GALLIE BLVD MELBOURNE, FL 32935	59-3360315		66,648.	0.			PATIENT ASSISTANCE
PINELLAS HEMATOLOGY & ONCOLOGY PA 5000 PARK ST N SAINT PETERSBURG, FL 33709	59-3363610		274,856.	0.			PATIENT ASSISTANCE
SPACE COAST MEDICAL ASSOCIATES LLC 490 N WASHINGTON AVE TITUSVILLE, FL 32796	59-3369134		189,844.	0.			PATIENT ASSISTANCE

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FLORIDA EYE CONSULTANTS 1995 W NASA BLVD WEST MELBOURNE, FL 32904	59-3395074		86,066.	0.			PATIENT ASSISTANCE
TAMPA EYE CLINIC 3000 W MLK BLVD TAMPA, FL 33607	59-3395383		18,030.	0.			PATIENT ASSISTANCE
THE EYE INSTITUTE OF WEST FLORIDA 148 13TH ST SW LARGO, FL 33770	59-3400241		7,238.	0.			PATIENT ASSISTANCE
OPHTHALMIC PARTNERS 111 N ORANGE AVE SUITE 110 ORLANDO, FL 32801	59-3419924		28,957.	0.			PATIENT ASSISTANCE
BRANDON EYE ASSOCIATES 1463 OAKFIELD DR BRANDON, FL 33511	59-3479312		11,581.	0.			PATIENT ASSISTANCE
FLORIDA EYE CENTER 13602 N 46TH ST TAMPA, FL 33613	59-3480874		16,703.	0.			PATIENT ASSISTANCE
RETINA SPECIALTY INSTITUTE 5150 N DAVIS HWY PENSACOLA, FL 32503	59-3482386		259,521.	0.			PATIENT ASSISTANCE
WEST COAST GYNECOLOGIC ONCOLOGY 1005 PINELLAS ST CLEARWATER, FL 33756	59-3581013		7,203.	0.			PATIENT ASSISTANCE
SOUTHEAST EYE INSTITUTE 9375 66TH ST N PINELLAS PARK, FL 33782	59-3587472		54,463.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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FRANK W BOWDEN, MD 7205 BONNEVEAL RD JACKSONVILLE, FL 32256	59-3665608		6,105.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC OF BOCA RATON - 9980 CENTRAL PARK BLVD - BOCA RATON, FL 33428	59-3694470		17,680.	0.			PATIENT ASSISTANCE
DAVID DRESDNER MD PA 603 7TH ST S SAINT PETERSBURG, FL 33701	59-3695009		37,248.	0.			PATIENT ASSISTANCE
SPACE COAST RHEUMATOLOGY 40 FORTENBERRY RD MERRITT ISLAND, FL 32952	59-3720851		11,357.	0.			PATIENT ASSISTANCE
HALIFAX MEDICAL CENTER 303 N CLYDE MORRIS BLVD DAYTONA BEACH, FL 32114	59-6001217		47,994.	0.			PATIENT ASSISTANCE
SARASOTA MEMORIAL HOSPITAL PO BOX 863413 ORLANDO, FL 32886	59-6012500		6,778.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC FLORIDA NONPROFIT CORP. - 2950 CLEVELAND CLINIC BLVD - WESTON, FL 33331	65-0003177		47,406.	0.			PATIENT ASSISTANCE
RETINA GROUP OF FL 6333 N FEDERAL HWY FT LAUDERDALE, FL 33308	65-0017482		526,572.	0.			PATIENT ASSISTANCE
THE EYE ASSOCIATES OF MANATEE, LLP 6002 POINTE WEST BLVD BRADENTON, FL 34209	65-0105559		177,982.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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JACK DAUBERT MD PA 1050 SE MONTEREY RD STUART, FL 34994	65-0361157		10,687.	0.			PATIENT ASSISTANCE
MANATEE SAROSOTA EYE CLINIC 217 MANATEE AVE E BRADENTON, FL 34208	65-0425039		28,290.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 2300 S CONGRESS AVE BOYNTON BEACH, FL 33426	65-0539792		114,949.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS OF FLORIDA PO BOX 39209 FORT LAUDERDALE, FL 33339	65-0560968		6,311.	0.			PATIENT ASSISTANCE
SOUTH FLORIDA ONCOLOGY HEMATOLOGY CONSULTANTS - 7351 W OAKLAND PARK BLVD - LAUDERHILL, FL 33313	65-0577436		80,059.	0.			PATIENT ASSISTANCE
MEDICAL SPECIALISTS OF THE PALM BEACHES - 5700 LAKE WORTH RD - LAKE WORTH, FL 33463	65-0580501		62,155.	0.			PATIENT ASSISTANCE
WEST BROWARD RHEUMATOLOGY ASSOC 7431 N UNIVERSITY DR TAMANAC, FL 33321	65-0615014		23,460.	0.			PATIENT ASSISTANCE
SOUTHEAST FL HEMATOLOGY AND ONCOLOGY GROUP - 5700 N FEDERAL HWY - FORT LAUDERDALE, FL 33308	65-0676382		115,291.	0.			PATIENT ASSISTANCE
GREGORY L HENDERSON MD FACS PA 403 VONDERBURG DR BRANDON, FL 33511	65-0687729		22,981.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ARAN EYE ASSOCIATES 951 SW LEJEUNE RD CORAL GABLES, FL 33134	65-0692915		55,566.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC 1871 SE TIFFANY AVE FORT PIERCE, FL 34952	65-0696665		304,631.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA - METCARE ONCOLOGY - 777 YAMATO RD - BOCA RATON, FL 33431	65-0710916		21,698.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC OF W BROWARD - 7431 N UNIVERSITY DR - TAMARAC, FL 33321	65-0753936		156,448.	0.			PATIENT ASSISTANCE
ARTHRITIS AND RHEUMATIC CARE CENTER - 6141 SUNSET DR - SOUTH MIAMI, FL 33143	65-0757755		8,406.	0.			PATIENT ASSISTANCE
FL CANCER SPEC - SBR - SEBRING 4420 SUN LAKE BLVD SEBRING, FL 33872	65-0825133		4,362,733.	0.			PATIENT ASSISTANCE
WILLIAM MCGARRY 1460 36TH ST VERO BEACH, FL 32960	65-0836306		18,086.	0.			PATIENT ASSISTANCE
METCARE OF FLORIDA- METCARE ONCOLOGY - 777 YAMATO RD - BOCA RATON, FL 33431	65-0879131		37,452.	0.			PATIENT ASSISTANCE
TREASURE COAST CANCER CARE 1700 SE HILLMOOR DR PORT SAINT LUCIE, FL 34952	65-0891840		9,182.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CHARLES KHAN & WAYNE RISKIN MD PA 4700 SHERIDAN ST HOLLYWOOD, FL 33021	65-0900699		36,715.	0.			PATIENT ASSISTANCE
NEUROLOGY PA 4161 TAMIAMI TRL PORT CHARLOTTE, FL 33952	65-0933347		33,931.	0.			PATIENT ASSISTANCE
NEWSOM EYE AND GUGGINO EYE CENTER 3205 PHYSICIANS WAY SEBRING, FL 33870	65-1098324		7,778.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMAT ASSOC OF W BROWARD - 7431 N UNIVERSITY DR - TAMARAC, FL 33321	65-5793600		17,663.	0.			PATIENT ASSISTANCE
PALM BEACH EYE CENTER 5057 S CONGRESS AVE PALM SPRINGS, FL 33461	71-0977659		9,495.	0.			PATIENT ASSISTANCE
OCALA ONCOLOGY CENTER, PL PO BOX 863205 ORLANDO, FL 32886	90-0336929		13,089.	0.			PATIENT ASSISTANCE
POINTE WEST INFECTION DISEASE PL 6010 POINTE WEST BLVD BRADENTON, FL 34209	94-3439188		6,491.	0.			PATIENT ASSISTANCE
PORTSMOUTH REGIONAL HOSPITAL PO BOX 409072 ATLANTA, GA 30384	02-0364103		11,348.	0.			PATIENT ASSISTANCE
GOOD SAMARITAN HOSPITAL PO BOX 742747 ATLANTA, GA 30384	13-1740104		11,006.	0.			PATIENT ASSISTANCE

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LOW COUNTRY CANCER CARE 225 CANDLER DR SAVANNAH, GA 31405	20-0815546		55,167.	0.			PATIENT ASSISTANCE
BELTON REGIONAL MEDICAL CENTER PO BOX 404200 ATLANTA, GA 30384	20-0851062		8,413.	0.			PATIENT ASSISTANCE
NE GA CANCER CARE 3320 OLD JEFFERSON RD ATHENS, GA 30607	20-1842623		262,227.	0.			PATIENT ASSISTANCE
DR MARTA BOGNAR 961 A SMOKY MOUNTAIN SPRINGS LN GAINESVILLE, GA 30501	20-2052607		5,698.	0.			PATIENT ASSISTANCE
TRINITY MEDICAL CENTER PO BOX 403804 ATLANTA, GA 30384	20-3391873		6,635.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATOLOGY OF GA 980 JOHNSON FRY ATLANTA, GA 30342	20-3926179		9,757.	0.			PATIENT ASSISTANCE
EMORY SPECIALTY ASSOC LLC PO BOX 102398 ATLANTA, GA 30368	20-4700877		29,566.	0.			PATIENT ASSISTANCE
NORTH GEORGIA CANCER CARE PC 400 TIMMS RD CALHOUN, GA 30701	20-8497373		10,794.	0.			PATIENT ASSISTANCE
ATHENS RETINA CENTER 700 OGLETHORPE AVE ATHENS, GA 30605	20-8607868		200,905.	0.			PATIENT ASSISTANCE

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SAVANNAH NEURO SPEC PO BOX 116161 ATLANTA, GA 30368	26-4598467		24,676.	0.			PATIENT ASSISTANCE
COLORADO PLAINS MEDICAL CENTER PO BOX 742898 ATLANTA, GA 30374	27-0113173		5,915.	0.			PATIENT ASSISTANCE
UPPER CHESAPEAKE HEMATOLOGY PO BOX 741676 ATLANTA, GA 30374	27-5156680		17,880.	0.			PATIENT ASSISTANCE
GA EYE INSTITUTE OF THE SE LLC PO BOX 102635 ATLANTA, GA 30368	30-0489823		46,804.	0.			PATIENT ASSISTANCE
MEMORIAL HEALTH UNIVERSITY 4700 WATERS AVE SAVANNAH, GA 31404	31-1126469		14,364.	0.			PATIENT ASSISTANCE
FAMILY CANCER CENTER FOUNDATION PO BOX 741799 ATLANTA, GA 30374	45-2842963		30,128.	0.			PATIENT ASSISTANCE
NSH CANCER PROFESSIONAL G LLC 1000 JOHNSON FERRY RD ATLANTA, GA 30342	46-0676654		545,290.	0.			PATIENT ASSISTANCE
ATHENS AREA UROLOGY 2142 W BROAD ST ATHENS, GA 30606	46-2091392		23,200.	0.			PATIENT ASSISTANCE
CANCER CENTER OF MIDDLE GEORGIA, LLC - 206 HOSPITAL DR - DUBLIN, GA 31021	46-2494632		56,791.	0.			PATIENT ASSISTANCE

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BAPTIST HEALTH MEDICAL GROUP ONC PO BOX 743144 ATLANTA, GA 30374	47-1859521		328,108.	0.			PATIENT ASSISTANCE
DORCHESTER GENERAL MEMORIAL HOSP AT EASTON - PO BOX 277715 - ATLANTA, GA 30384	52-0610538		19,489.	0.			PATIENT ASSISTANCE
RICHMOND COMMUNITY HOSPITAL PO BOX 277179 ATLANTA, GA 30384	54-0647482		5,032.	0.			PATIENT ASSISTANCE
MONTGOMERY REGIONAL HOSP PO BOX 402814 ATLANTA, GA 30384	54-0889154		8,676.	0.			PATIENT ASSISTANCE
THE RECTOR AND VISITORS PO BOX 403059 ATLANTA, GA 30384	54-6001796		75,090.	0.			PATIENT ASSISTANCE
AMBIENT HEALTHCARE OF CENTRAL PO BOX 532877 ATLANTA, GA 30353	55-0802777		6,347.	0.			PATIENT ASSISTANCE
FRYE REGIONAL MEDICAL CENER PO BOX 740784 ATLANTA, GA 30374	56-0852342		11,524.	0.			PATIENT ASSISTANCE
PALMETTO INFUSION SERVICES PO BOX 538476 ATLANTA, GA 30353	57-1085343		167,640.	0.			PATIENT ASSISTANCE
MEDICAL UNIVERSITY HOSPITAL AUTH PO BOX 931854 ATLANTA, GA 31193	57-1098556		107,827.	0.			PATIENT ASSISTANCE

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EMORY CRAWFORD LONG HOSPITAL PO BOX 406864 ATLANTA, GA 30384	58-0566200		8,481.	0.			PATIENT ASSISTANCE
CANDLER HOSPITAL PO BOX 11407 SAVANNAH, GA 31405	58-0593388		28,233.	0.			PATIENT ASSISTANCE
NORTHEAST GA DIAGNOSTIC CLINIC 1240 JESSE JEWELL PKWY GAINESVILLE, GA 30501	58-0656907		77,782.	0.			PATIENT ASSISTANCE
WEST GEORGIA EYE CARE CENTER 2616 WARM SPRINGS RD COLUMBUS, GA 31904	58-1075293		46,278.	0.			PATIENT ASSISTANCE
MARIETTA EYE CLINIC, PA PO BOX 932706 ATLANTA, GA 31193	58-1106424		125,028.	0.			PATIENT ASSISTANCE
GEORGIA UROLOGY PA 1930 BRANNAN RD MCDONOUGH, GA 30253	58-1109444		60,278.	0.			PATIENT ASSISTANCE
EYE CONSULTANTS OF ATLANTA, P.C. 3225 CUMBERLAND BLVD SE ATLANTA, GA 30339	58-1129515		11,651.	0.			PATIENT ASSISTANCE
SUMMIT CANCER CARE 225 CANDLER DR SAVANNAH, GA 31405	58-1305331		120,191.	0.			PATIENT ASSISTANCE
ATHENS NEUROLOGICAL ASSOC 1086 1/2 BAXTER ST ATHENS, GA 30606	58-1330744		17,132.	0.			PATIENT ASSISTANCE

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EYE PHYSICIANS AND SURGEON 1457 SCOTT BLVD DULUTH, GA 30030	58-1374387		20,669.	0.			PATIENT ASSISTANCE
GORDON HOSPITAL PO BOX 932085 ATLANTA, GA 31193	58-1425000		16,738.	0.			PATIENT ASSISTANCE
WEST GEORGIA PODIATRY ASSOCIATES 125 HISTORY DR CARROLLTON, GA 30117	58-1444698		10,168.	0.			PATIENT ASSISTANCE
AUGUSTA ONCOLOGY ASSOCIATES 3696 WHEELER RD AUGUSTA, GA 30909	58-1481590		168,169.	0.			PATIENT ASSISTANCE
GEORGIA RETINA-STOCKBRIDGE 155 MEDICAL WAY RIVERDALE, GA 30274	58-1519372		686,243.	0.			PATIENT ASSISTANCE
HAMILTON MEDICAL CENTER PO BOX 1168 DALTON, GA 30722	58-1519911		14,062.	0.			PATIENT ASSISTANCE
UNIVERSITY HOSPITAL 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103		53,638.	0.			PATIENT ASSISTANCE
THE MEDICAL CENTER PO BOX 1040 COLUMBUS, GA 31902	58-1685139		13,682.	0.			PATIENT ASSISTANCE
SOUTH ATLANTA HEMATOLOGY ONCOLOGY 34 SE UPPER RIVERDALE RD RIVERDALE, GA 30274	58-1715376		30,183.	0.			PATIENT ASSISTANCE

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PEACHTREE HEMATOLOGY ONCOLOGY 95 COLLIER RD NW ATLANTA, GA 30309	58-1761689		227,804.	0.			PATIENT ASSISTANCE
NW GEORGIA HEMATOLOGY & ONCOLOGY 1504 N THORNTON AVE DALTON, GA 30720	58-1793611		41,382.	0.			PATIENT ASSISTANCE
NORTHWEST GA ONCOLOGY CENTERS 1700 HOSPITAL S DR AUSTELL, GA 30106	58-1923818		425,793.	0.			PATIENT ASSISTANCE
PHOEBE PUTNEY MEM HOSP INC PO BOX 3770 ALBANY, GA 31706	58-1928247		151,450.	0.			PATIENT ASSISTANCE
CENTER FOR SIGHT 1400 WELLBROOK CIR NE CONYERS, GA 30012	58-1929590		15,753.	0.			PATIENT ASSISTANCE
NORTH GEORGIA EYE CLINIC AND LASER CENTER - 535 JESSE JEWELL PKWY - GAINESVILLE, GA 30501	58-1947436		7,364.	0.			PATIENT ASSISTANCE
NORTHSIDE HOSPITAL PO BOX 101818 ATLANTA, GA 30392	58-1954432		475,277.	0.			PATIENT ASSISTANCE
DEKALB MEDICAL CTR PO BOX 102204 ATLANTA, GA 30369	58-1966795		10,369.	0.			PATIENT ASSISTANCE
VILLAGE PODIATRY - WOODSTOCK 900 CIRCLE 75 PKWY ATLANTA, GA 30339	58-1994261		45,415.	0.			PATIENT ASSISTANCE

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CENTER FOR CANCER CARE 1700 TREE LANE RD SNELLVILLE, GA 30078	58-2002413		172,375.	0.			PATIENT ASSISTANCE
MIDTOWN UROLOGY 1924 PIEDMONT ROW RD ATLANTA, GA 30308	58-2022093		18,097.	0.			PATIENT ASSISTANCE
THE EMORY CLINIC, INC. PO BOX 102398 ATLANTA, GA 30368	58-2030692		5,343.	0.			PATIENT ASSISTANCE
MEADOWS REGIONAL MEDICAL PO BOX 407 VIDALIA, GA 30475	58-2044503		16,997.	0.			PATIENT ASSISTANCE
THE LONGSTREET CLINIC PC PO BOX 658 GAINESVILLE, GA 30503	58-2117020		110,332.	0.			PATIENT ASSISTANCE
THOMAS EYE GROUP 5671 PEACHTREE DUNWOODY RD ATLANTA, GA 30342	58-2209517		31,287.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS PC 3520 WALTON WAY EXT AUGUSTA, GA 30909	58-2255742		26,212.	0.			PATIENT ASSISTANCE
VALDOSTA FOOT AND ANKLE CLINIC 2800 N OAK ST VALDOSTA, GA 31602	58-2375272		9,629.	0.			PATIENT ASSISTANCE
TANNER MEDICAL CENTER PO BOX 277368 ATLANTA, GA 30384	58-2453303		95,359.	0.			PATIENT ASSISTANCE

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CENTRAL GEORGIA CANCER CARE PC 1062 FORSYTH ST MACON, GA 31201	58-2537874		195,689.	0.			PATIENT ASSISTANCE
WOOLFSON EYE INSTITUTE 800 MT VERNON HWY ATLANTA, GA 30328	58-2559300		28,851.	0.			PATIENT ASSISTANCE
OMNI EYE SERVICES OF ATLANTA PO BOX 406157 ATLANTA, GA 30384	58-2561240		18,788.	0.			PATIENT ASSISTANCE
SUBURBAN HEMATOLOGY ONCOLOGY 1700 TREE LANE RD SNELLVILLE, GA 30078	58-2590501		10,741.	0.			PATIENT ASSISTANCE
HOLY CROSS HOSPITAL PO BOX CS100990 ATLANTA, GA 30384	59-0791028		41,271.	0.			PATIENT ASSISTANCE
UNIVERSITY OF MIAMI DEPARTMENT OF NEUROLOGY - PO BOX 405506 - ATLANTA, GA 30304	59-2579826		18,510.	0.			PATIENT ASSISTANCE
UNIVERSITY OF MIAMI HOSPITAL AND CLINIC - PO BOX 402005 - ATLANTA, GA 30384	59-2616017		10,882.	0.			PATIENT ASSISTANCE
NORTH BROWARD MEDICAL CTR PO BOX 932540 ATLANTA, GA 31193	59-6012065		10,979.	0.			PATIENT ASSISTANCE
MEMORIAL REGIONAL HOSPITAL PO BOX 538488 ATLANTA, GA 30353	59-6014973		10,756.	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
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT AT 40379 - ATLANTA, GA 31192	62-0476822		28,414.	0.			PATIENT ASSISTANCE
MEMORIAL HEALTHCARE SYSTEM/ MEMORIAL HOSPITAL - PO BOX 102967 - ATLANTA, GA 30368	62-0532345		9,510.	0.			PATIENT ASSISTANCE
CAMPBELL CUNNINGHAM TAYLOR PO BOX 102395 ATLANTA, GA 30368	62-0849027		26,707.	0.			PATIENT ASSISTANCE
SKYRIDGE HPERBARIC THERAPY AND WOUND CTR - PO BOX 198029 - ATLANTA, GA 30384	62-1281627		12,384.	0.			PATIENT ASSISTANCE
QHG OF SOUTH CAROLINA PO BOX 277631 ATLANTA, GA 30384	62-1587267		7,411.	0.			PATIENT ASSISTANCE
LEWIS-GALE MEDICAL CENTER PO BOX 402830 ATLANTA, GA 30384	62-1760148		24,351.	0.			PATIENT ASSISTANCE
ADVANCED FOOT CARE 2368 BATTLEFIELD PKWY FORT OGLETHORPE, GA 30742	62-1765082		21,744.	0.			PATIENT ASSISTANCE
ADVANCED WOUND CENTER - GRAND STRAND - PO BOX 402724 - ATLANTA, GA 30384	62-1768105		7,501.	0.			PATIENT ASSISTANCE
FARMACIA DORAL, INC DEPT 952924 ATLANTA, GA 31192	66-0616318		19,142.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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MOSES CONE REGIONAL CANCER CENTER PO BOX 405633 ATLANTA, GA 30384	80-0249057		42,383.	0.			PATIENT ASSISTANCE
COLLEGE PARK FAMILY CARE CENTER PO BOX 741331 ATLANTA, GA 30374	80-0505355		26,265.	0.			PATIENT ASSISTANCE
PACIFIC RETINA CARE 94-849 LUMIANINA ST WAIPAHU, HI 96797	26-3877479		19,697.	0.			PATIENT ASSISTANCE
STRAUB CLINIC & HOSP 888 S KING ST HONOLULU, HI 96813	91-2151670		11,837.	0.			PATIENT ASSISTANCE
ONCARE HI PO BOX 30460 HONOLULU, HI 96820	94-3266406		88,713.	0.			PATIENT ASSISTANCE
KEN C ARAKAWA MD 1329 LUSITANA ST HONOLULU, HI 96813	99-0283928		47,668.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF HI 98-1079 MOANALUA RD AIEA, HI 96701	99-0300258		39,435.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF HI 1329 LUSITANA ST HONOLULU, HI 96813	99-0344479		88,905.	0.			PATIENT ASSISTANCE
IOWA CANCER SPECIALISTS, PC 1351 W CENTRAL PARK DAVENPORT, IA 52804	06-1666841		8,881.	0.			PATIENT ASSISTANCE

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HEMATOLOGY - ONCOLOGY CARE 1409 E KIMBERLY RD DAVENPORT, IA 52807	20-3560860		25,992.	0.			PATIENT ASSISTANCE
TRINITY MEDICAL CENTER PO BOX 7265 DES MOINES, IA 50309	36-2739299		11,993.	0.			PATIENT ASSISTANCE
IOWA LUTHERAN HOSPITAL PO BOX 7044 DES MOINES, IA 50309	42-0680452		9,366.	0.			PATIENT ASSISTANCE
MERCY MEDICAL CENTER 701 10TH ST SE CEDAR RAPIDS, IA 52403	42-0698295		6,324.	0.			PATIENT ASSISTANCE
WOLFE EYE CLINIC 309 E CHURCH ST MARSHALLTOWN, IA 50158	42-0954581		139,342.	0.			PATIENT ASSISTANCE
UROLOGICAL ASSOC PC 3319 SPRING ST DAVENPORT, IA 52802	42-0987062		12,978.	0.			PATIENT ASSISTANCE
MCFARLAND CLINIC PO BOX 3014 AMES, IA 50010	42-1089512		7,698.	0.			PATIENT ASSISTANCE
EYE SURGEONS ASSOCIATES PC 777 TANGLEFOOT LN BETTENDORF, IA 52722	42-1160748		45,463.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY & HEMATOLOGY ASSOC - 1221 PLEASANT ST - DES MOINES, IA 50309	42-1163076		31,644.	0.			PATIENT ASSISTANCE

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MAUER EYE CENTER PC 2515 CYCLONE DR WATERLOO, IA 50701	42-1339248		11,486.	0.			PATIENT ASSISTANCE
IOWA EYE PC 1650 1ST AVE NE CEDAR RAPIDS, IA 52402	42-1369804		15,100.	0.			PATIENT ASSISTANCE
IOWA RETINA CONSULTANTS 1501 50TH ST WEST DES MOINES, IA 50266	42-1377502		6,613.	0.			PATIENT ASSISTANCE
CEDAR VALLEY MEDICAL SPECIALISTS, PC - 4150 KIMBALL AVE - WATERLOO, IA 50701	42-1417307		117,908.	0.			PATIENT ASSISTANCE
IOWA CLINIC 1200 PLEASANT ST DES MOINES, IA 50309	42-1420077		33,451.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 1351 E KIMBERLY RD BETTENDORF, IA 52722	42-1423259		7,436.	0.			PATIENT ASSISTANCE
WADZINSKI EYE CLINIC 5855 SUNNYBROOK DR SIOUX CITY, IA 51106	42-1450176		7,282.	0.			PATIENT ASSISTANCE
CANCER CARE OF IOWA CITY 613 E BLOOMINGTON ST IOWA CITY, IA 52245	42-1460774		7,627.	0.			PATIENT ASSISTANCE
UNIVERSITY OF IA HOSPITALS & CLINICS - 200 HAWKINS DR - IOWA CITY, IA 52242	42-6004813		16,151.	0.			PATIENT ASSISTANCE

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THE GHOSH CENTER 1951 51ST ST NE CEDAR RAPIDS, IA 52402	45-2581371		9,244.	0.			PATIENT ASSISTANCE
IDAHO UROLOGIC INST MERIDIAN 2855 E MAGIC VIEW DR MERIDIAN, ID 83642	20-1300128		19,726.	0.			PATIENT ASSISTANCE
CANCER INSTITUTE OF WASHINGTON PO BOX 996 HAYDEN, ID 83835	20-3813320		6,552.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF IDAHO 3715 E OVERLAND RD MERIDIAN, ID 83642	20-8520350		5,983.	0.			PATIENT ASSISTANCE
NORTHWEST SPECIALTY HOSPITAL 1593 E POLSTON AVE POST FALLS, ID 83854	26-0002031		13,792.	0.			PATIENT ASSISTANCE
RETINA SPECIALIST OF IDAHO, PLLC 13923 W WAINWRIGHT BOISE, ID 83713	26-2050357		35,573.	0.			PATIENT ASSISTANCE
ST LUKES MCCALL 1000 STATE ST MCCALL, ID 83638	27-3311774		9,539.	0.			PATIENT ASSISTANCE
ST. LUKES MAGIC VALLEY REG PO BOX 409 TWIN FALLS, ID 83303	56-2570686		5,616.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOCIATES PO BOX 996 HAYDEN, ID 83835	65-1180332		38,807.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CORAM ALTERNATIVE 11660 W EXECUTIVE DR BOISE, ID 83713	76-0215922		25,053.	0.			PATIENT ASSISTANCE
ST. LUKE'S REGIONAL MEDICAL CENTER PO BOX 2777 BOISE, ID 83701	82-0161600		64,200.	0.			PATIENT ASSISTANCE
ST. JOSEPH REGIONAL MEDICAL CENTER 415 6TH ST LEWISTON, ID 83501	82-0204264		31,554.	0.			PATIENT ASSISTANCE
BONNER GENERAL HOSPITAL PO BOX 1343 SANDPOINT, ID 83864	82-0207116		7,000.	0.			PATIENT ASSISTANCE
KOOTENAI MEDICAL CENTER 2003 LINCOLN WAY COEUR D ALENE, ID 83814	82-0231746		71,341.	0.			PATIENT ASSISTANCE
IDAHO EYE CENTER 2025 E 17TH ST IDAHO FALLS, ID 83404	82-0379995		13,189.	0.			PATIENT ASSISTANCE
NORTH IDAHO EYE INSTITUTE 1814 LINCOLN WAY COEUR D ALENE, ID 83814	82-0448111		63,501.	0.			PATIENT ASSISTANCE
INTERMOUNTAIN EYE CENTER 3090 E GENTRY WAY MERIDIAN, ID 83642	82-0482491		11,158.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW HOSP 2325 CORONADO ST IDAHO FALLS, ID 83404	82-0516012		43,484.	0.			PATIENT ASSISTANCE

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ARTHROITIS SPECIALTY CENTER 1448 E CENTER ST POCATELLO, ID 83201	87-0705248		6,872.	0.			PATIENT ASSISTANCE
MIDDLE TENNESSEE IMAGING 75 REMITTANCE DR CHICAGO, IL 60675	01-0570490		10,675.	0.			PATIENT ASSISTANCE
RETINA OF IL 475 BROWN BLVD BOURBONNAIS, IL 60914	01-0881982		9,749.	0.			PATIENT ASSISTANCE
EYE MDS OF QUICY SC 709 BROADWAY QUINCY, IL 62301	02-0778080		23,233.	0.			PATIENT ASSISTANCE
SUJATHA RAO, MD 1008 CANDLETREE DR CARBONDALE, IL 62901	20-1307515		22,275.	0.			PATIENT ASSISTANCE
UROPARTNERS, LLC 3183 PAYSPPHERE CIR CHICAGO, IL 60674	20-1780406		35,094.	0.			PATIENT ASSISTANCE
ASSOCIATED UROLOGICAL SPECIAL PO BOX 516 BEDFORD PARK, IL 60499	20-2136282		34,923.	0.			PATIENT ASSISTANCE
UNIVERSITY RETINA & MACULA ASSOCIATES, PC - 6320 159TH ST - OAK FOREST, IL 60452	20-2842935		43,112.	0.			PATIENT ASSISTANCE
UNIVERSITY OPTIONCARE, LLC 4088 PAYSPPHERE CIR CHICAGO, IL 60674	20-3203588		14,442.	0.			PATIENT ASSISTANCE

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RONALD S WEISS MD SC 7120 W CERMAK RD BERWYN, IL 60402	20-3639008		77,557.	0.			PATIENT ASSISTANCE
SPRINGFIELD EYE CONSULTANTS PO BOX 21016 SPRINGFIELD, IL 62708	20-4302401		6,339.	0.			PATIENT ASSISTANCE
WAUKEGAN CLINIC CORP. 202 S GREENLEAF ST GURNEE, IL 60031	20-4872623		27,491.	0.			PATIENT ASSISTANCE
TAKE CARE HEALTH SERVICES 16752 COLLECTION CENTER DR CHICAGO, IL 60693	20-5737038		27,214.	0.			PATIENT ASSISTANCE
WALGREENS INFUSION SERVICES 6880 PAYSHERE CIR CHICAGO, IL 60674	26-2918561		5,356.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CARE 16977 COLLECTIONS CTR CHICAGO, IL 60693	27-0986997		18,466.	0.			PATIENT ASSISTANCE
METHODIST HOSPITAL 27383 NETWORK PL CHICAGO, IL 60673	35-0868133		6,011.	0.			PATIENT ASSISTANCE
FIRST UROLOGY 3431 SOLUTION CTR CHICAGO, IL 60677	35-1488175		31,191.	0.			PATIENT ASSISTANCE
PULMONARY SPECIALISTS OF NW INDIANA - PO BOX 153 - BEDFORD PARK, IL 60499	35-1627895		27,042.	0.			PATIENT ASSISTANCE

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CLARION HEALTH PARTNERS 2212 RELIABLE PKWY CHICAGO, IL 60686	35-1955872		14,717.	0.			PATIENT ASSISTANCE
MT SINAI HOSPITAL MEDICAL CENTER 26467 NETWORK PL CHICAGO, IL 60673	36-1509000		8,105.	0.			PATIENT ASSISTANCE
RUSH UNIVERSITY MED CNTR DEPT 4565 CAROL STREAM, IL 60122	36-2174823		9,167.	0.			PATIENT ASSISTANCE
MEDICAL GRP OF SWEDISHAMERICAN PO BOX 1567 ROCKFORD, IL 61110	36-2222696		6,252.	0.			PATIENT ASSISTANCE
DUPAGE MEDICAL GROUP LTD 1860 PAYSPPHERE CIR CHICAGO, IL 60674	36-2657618		65,672.	0.			PATIENT ASSISTANCE
WHEATON EYE CLINIC 2015 N MAIN ST WHEATON, IL 60187	36-2709692		17,876.	0.			PATIENT ASSISTANCE
FOX VALLEY OPTHAMOLOGIST 40 W 330 LAFOX RD ST CHARLES, IL 60175	36-2744703		13,011.	0.			PATIENT ASSISTANCE
CHICAGO EYE INSTITUTE 3982 N MILWALKEE AVE CHICAGO, IL 60641	36-2842478		11,375.	0.			PATIENT ASSISTANCE
ARBOR CENTERS FOR EYECARE 2640 183RD ST HOMWOOD, IL 60430	36-2881052		6,684.	0.			PATIENT ASSISTANCE

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GENEVA EYE CLINIC 1000 RANDALL RD GENEVA, IL 60134	36-2892051		31,088.	0.			PATIENT ASSISTANCE
ILLINOIS RETINA ASSOC 71 W 156TH DIXMOOR, IL 60426	36-2970624		187,365.	0.			PATIENT ASSISTANCE
ADVANCED UROLOGY ASSOCIATES - JOLIET - 1541 RIVERBOAT CENTER DR - JOLIET, IL 60431	36-2985395		25,123.	0.			PATIENT ASSISTANCE
FOX VALLEY HEMATOLOGY ONCOLOGY 1710 N RANDALL RD ELGIN, IL 60123	36-3138920		10,773.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOCIATES-ORLAND PARK - DEPT 4628 - CAROL STREAM, IL 60122	36-3150764		6,492.	0.			PATIENT ASSISTANCE
MIDWEST RETINA CONSULTANT, S.C 1875 DEMPSTER PARK RIDGE, IL 60068	36-3318169		10,040.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS, LTD 2454 E DEMPSTER ST DES PLAINES, IL 60016	36-3322419		48,889.	0.			PATIENT ASSISTANCE
N SHORE ONCOLOGY HEMATOLOGY 1800 HOLLISTER DR LIBERTYVILLE, IL 60048	36-3446296		16,256.	0.			PATIENT ASSISTANCE
ASHBURN FOOT & ANKLE 8620 S PULASKI RD CHICAGO, IL 60652	36-3458210		5,744.	0.			PATIENT ASSISTANCE

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RETINA ASSOCIATES 2425 W 22ND ST OAK BROOK, IL 60523	36-3729867		63,922.	0.			PATIENT ASSISTANCE
NORTHERN ILLINOIS RETINA 4855 E STATE ST ROCKFORD, IL 61108	36-3734974		73,278.	0.			PATIENT ASSISTANCE
KONDILES CHICAGOLAND FOOTCARE 5600 W ADDISON ST CHICAGO, IL 60634	36-3736281		8,747.	0.			PATIENT ASSISTANCE
JOLIET ONCOLOGY HEMATOLOGY ASSOC 2614 W JEFFERSON JOLIET, IL 60435	36-3915732		7,897.	0.			PATIENT ASSISTANCE
METRO INFECTIOUS DISEASE CONSULTANTS, LLC - 901 MCCLINTOCK DR - BURR RIDGE, IL 60527	36-3966745		92,587.	0.			PATIENT ASSISTANCE
ILLINOIS CANCER SPECIALISTS 3610 PAYSHERE CIR CHICAGO, IL 60674	36-3980044		70,507.	0.			PATIENT ASSISTANCE
JAMES LIANG MD 4429 W 95TH ST OAK LAWN, IL 60453	36-4029001		12,511.	0.			PATIENT ASSISTANCE
CENTER FOR VITREO RETINAL DISEASE 9301 W GOLF RD DES PLAINES, IL 60016	36-4039194		5,491.	0.			PATIENT ASSISTANCE
GARY FINKELSTEIN MD EYE ASSOCIATES S.C. - 102 W ELM ST - STREATOR, IL 61364	36-4091703		9,041.	0.			PATIENT ASSISTANCE

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PRONGER SMITH MEDICAL CENTER PO BOX 789 TINLEY PARK, IL 60477	36-4121705		74,401.	0.			PATIENT ASSISTANCE
LAGRANGE ONCOLOGY ASSOCIATES 1325 MEMORIAL DR LAGRANGE, IL 60525	36-4138353		7,020.	0.			PATIENT ASSISTANCE
BLAKE HORIO MD LTD PO BOX 643 OAK BROOK, IL 60522	36-4166076		29,571.	0.			PATIENT ASSISTANCE
ADVANCED CANCER CLINIC 2222 W DIVISION ST CHICAGO, IL 60622	36-4188969		23,276.	0.			PATIENT ASSISTANCE
PRESENCE MERCY MEDICAL CTR 2667 MOMENTUM PL CHICAGO, IL 60689	36-4195126		14,219.	0.			PATIENT ASSISTANCE
VALLEY WEST COMMUNITY HOSPITAL 2827 MOMENTUM PL CHICAGO, IL 60689	36-4244337		13,570.	0.			PATIENT ASSISTANCE
ONCOLOGY OF NORTH SHORE PO BOX 597846 CHICAGO, IL 60659	36-4282819		5,349.	0.			PATIENT ASSISTANCE
CHICAGO RETINA INC 1182 N MILWAUKEE AVE CHICAGO, IL 60642	36-4350007		69,950.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF IL 1585 N BARRINGTON HOFFMAN EST, IL 60169	36-4362710		20,157.	0.			PATIENT ASSISTANCE

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ONCOLOGY SPECIALISTS 1700 LUTHER LN PARK RIDGE, IL 60068	36-4380012		18,645.	0.			PATIENT ASSISTANCE
SPRINGFIELD CLINIC PO BOX 19260 SPRINGFIELD, IL 62794	37-0701328		60,478.	0.			PATIENT ASSISTANCE
PRAIRIE EYE CENTER 2020 W ILES AVE SPRINGFIELD, IL 62704	37-0919357		13,057.	0.			PATIENT ASSISTANCE
GAILEY EYE CLINIC PO BOX 757 BLOOMINGTON, IL 61702	37-0924192		21,590.	0.			PATIENT ASSISTANCE
MARION EYE CENTER LTD 1200 W DEYOUNG ST MARION, IL 62959	37-1073951		10,544.	0.			PATIENT ASSISTANCE
MID IL HEMATOLOGY AND ONCOLOGY ASSOCIATES - 407 E VERNON AVE - NORMAL, IL 61761	37-1096341		6,344.	0.			PATIENT ASSISTANCE
JFJ EYECARE LTD 111 W LINCOLN ST BELLEVILLE, IL 62220	37-1099270		32,149.	0.			PATIENT ASSISTANCE
ILLINOIS ONCOLOGY 4000 N ILLINOIS LN SWANSEA, IL 62226	37-1107186		23,520.	0.			PATIENT ASSISTANCE
CARLE FOUNDATION HOSPITAL PO BOX 6002 URBANA, IL 61803	37-1119538		14,831.	0.			PATIENT ASSISTANCE

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CANCER CARE SPECIALIST OF CENTRAL 2880 N MONROE ST DECATUR, IL 62526	37-1160364		21,052.	0.			PATIENT ASSISTANCE
ILLIONIS CANCER CARE PC 8940 N WOOD SAGE RD PEORIA, IL 61615	37-1331017		323,062.	0.			PATIENT ASSISTANCE
UNIVERSITY OF ILLINOIS AT CHICAGO 506 S WRIGHT 209 HABMC 339 URBANA CHICAGO, IL 62220	37-6000511		8,680.	0.			PATIENT ASSISTANCE
PONTIAC OSTEOPATHIC HOSPITAL 8172 RELIABLE PKWY CHICAGO, IL 60686	38-1428164		24,897.	0.			PATIENT ASSISTANCE
ST JOSEPH MERCY OAKLAND 44405 WOODWARD AVE PALATINE, IL 60055	38-3176536		15,507.	0.			PATIENT ASSISTANCE
UNIVERSITY PHYSICIAN GR 16606 COLLECTIONS CENTER DR CHICAGO, IL 60693	38-3474766		42,952.	0.			PATIENT ASSISTANCE
SHARON REGIONAL HOSPITAL 8005 COLLECTION CENTER DR CHICAGO, IL 60693	38-3920098		38,508.	0.			PATIENT ASSISTANCE
HILLSDALE COMMUNITY HEALTH CTR 3067 MOMENTUM PL CHICAGO, IL 60689	38-6005550		9,992.	0.			PATIENT ASSISTANCE
ST VINCENT HOSPITAL 36540 TREASURY CTR CHICAGO, IL 60694	39-0817529		52,935.	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
DOHMEN LIFE SCIENCE SERVICES 75 REMITTANCE DR CHICAGO, IL 60675	39-1821626		54,256.	0.			PATIENT ASSISTANCE
MISSOURI CANCER ASSOCIATES 2372 PAYSHERE CIR CHICAGO, IL 60674	43-1763016		37,041.	0.			PATIENT ASSISTANCE
PEPOSE VISION INSTITUTE 7530 SOLUTION CTR CHICAGO, IL 60677	43-1834309		16,794.	0.			PATIENT ASSISTANCE
SAINT VINCENT ANDERSON REGIONAL HOSPITAL - 1142 RELIABLE PKWY - CHICAGO, IL 60686	46-0877261		5,593.	0.			PATIENT ASSISTANCE
ST FRANCES MEDICAL CANCER CENTER 3549 SOLUTIONS CTR CHICAGO, IL 60677	47-0376601		6,511.	0.			PATIENT ASSISTANCE
ST ELIZABETH RMC 3528 SOLUTIONS CTR CHICAGO, IL 60677	47-0379836		43,579.	0.			PATIENT ASSISTANCE
KOSCIUSKO COMMUNITY HOSP 13683 COLLECTION CENTER DR CHICAGO, IL 60693	62-1764613		15,783.	0.			PATIENT ASSISTANCE
OPTION CARE 1252 PAYSHERE CIR CHICAGO, IL 60674	68-0208702		48,987.	0.			PATIENT ASSISTANCE
ALPHA MEDICAL PHYSICIANS GRP PO BOX 3191 CAROL STREAM, IL 60132	80-0239468		20,769.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ST VINCENT HEATHCARE DEPT CH 14287 PALATINE, IL 60055	81-0232124		21,577.	0.			PATIENT ASSISTANCE
CANCER HEALTH TREATMENT CENTERS 8127 MERRILLVILLE RD MERRILLVILLE, IN 46410	20-1090689		62,628.	0.			PATIENT ASSISTANCE
PORTER HOSPITAL LLC 2123 LINCOLNWAY CT FORT WAYNE, IN 46819	20-8473972		20,851.	0.			PATIENT ASSISTANCE
DEACONESS CLINIC 421 CHESTNUT ST EVANSVILLE, IN 47713	26-3083364		68,244.	0.			PATIENT ASSISTANCE
CLARIAN ARNETT CANCER CARE PO BOX 5545 LAFAYETTE, IN 47903	26-3162145		19,544.	0.			PATIENT ASSISTANCE
UAP BONE AND JOINT CENTER 1725 N FIFTH ST TERRE HAUTE, IN 47804	27-0581401		6,193.	0.			PATIENT ASSISTANCE
NORTHWEST ONCOLOGY PC 10110 DONALD POWERS DR MUNSTER, IN 46321	30-0200047		5,692.	0.			PATIENT ASSISTANCE
DEACONESS HOSPITAL 421 CHESTNUT ST EVANSVILLE, IN 47713	35-0593390		9,126.	0.			PATIENT ASSISTANCE
REID HOSPITAL & HEALTH CARE SERV 1401 CHESTER BLVD RICHMOND, IN 47374	35-0892672		16,355.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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COMMUNITY REGIONAL CANCER CARE 1500 N RITTER AVE INDIANAPOLIS, IN 46219	35-0983617		47,108.	0.			PATIENT ASSISTANCE
COLUMBUS REGIONAL HOSP CANCER CTR 2400 E 17TH ST COLUMBUS, IN 47201	35-1129669		29,472.	0.			PATIENT ASSISTANCE
FORT WAYNE MEDICAL ONCOLOGY HEMATOLOGY - 11143 PARKVIEW PLAZA DR - FORT WAYNE, IN 46845	35-1400631		536,086.	0.			PATIENT ASSISTANCE
THERAPY ASSOCIATES PO BOX 2368 INDIANAPOLIS, IN 46206	35-1415104		17,814.	0.			PATIENT ASSISTANCE
NORTHERN IN NEUROLOGICAL INST 521 E 86TH AVE MERRILLVILLE, IN 46410	35-1458053		16,936.	0.			PATIENT ASSISTANCE
TRI-STATE OPHTHALMOLOGY 350 W COLUMBIA ST EVANSVILLE, IN 47710	35-1462413		43,873.	0.			PATIENT ASSISTANCE
JAMES A FOUNTAIN MD 8704 N MERIDIAN ST INDIANAPOLIS, IN 46260	35-1497551		33,520.	0.			PATIENT ASSISTANCE
SUNITI MEDICAL CORPORTATION 200 E 89TH AVE MERRILLVILLE, IN 46410	35-1529228		122,776.	0.			PATIENT ASSISTANCE
HEMATOLOGY - ONCOLOGY OF IN 8301 HARCOURT RD INDIANAPOLIS, IN 46260	35-1536125		51,917.	0.			PATIENT ASSISTANCE

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JOHN T MINTURN MD 200 W 103RD ST INDIANAPOLIS, IN 46290	35-1675251		6,155.	0.			PATIENT ASSISTANCE
MICHIANA HEMATOLOGY ONCOLOGY PO BOX 448 SOUTH BEND, IN 46624	35-1686054		333,582.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 8679 CONNECTICUT AVE MERRILLVILLE, IN 46410	35-1723470		13,494.	0.			PATIENT ASSISTANCE
PODIATRY ASSOC OF INDIANA PC 5471 GEORGETOWN RD INDIANAPOLIS, IN 46254	35-1806031		6,620.	0.			PATIENT ASSISTANCE
THE RETINAL INSTITUTE PO BOX 549 WABASH, IN 46992	35-1845786		39,825.	0.			PATIENT ASSISTANCE
JOSEPH WALLACK MUNSHOWER NEUROLOGY PC - PO BOX 2152 - INDIANAPOLIS, IN 46206	35-1898297		57,983.	0.			PATIENT ASSISTANCE
JOHN KEYON EYE INSTITUTE 519 STATE ST NEW ALBANY, IN 47150	35-1907389		7,486.	0.			PATIENT ASSISTANCE
ELKHART CLINIC LLC PO BOX 2968 ELKHART, IN 46515	35-1911857		131,912.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY OF SW IN PO BOX 3089 EVANSVILLE, IN 47730	35-1925136		54,979.	0.			PATIENT ASSISTANCE

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LUTHERAN HOSPITAL OF IN PO BOX 11729 FORT WAYNE, IN 46860	35-1963748		35,591.	0.			PATIENT ASSISTANCE
ALLEN COUNTY RETINAL SURGEONS PC 7900 W JEFFERSON FORT WAYNE, IN 46804	35-1971489		23,572.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE PC 9002 N MERIDIAN ST INDIANAPOLIS, IN 46260	35-1992680		12,131.	0.			PATIENT ASSISTANCE
UROLOGY OF INDIANA LLC PO BOX 6069 INDIANAPOLIS, IN 46206	35-1998209		22,623.	0.			PATIENT ASSISTANCE
EYE SURGEONS OF INDIANA PC 8103 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	35-2020403		55,048.	0.			PATIENT ASSISTANCE
FRANCISCAN ST ELIZABETH LE PO BOX 660550 INDIANAPOLIS, IN 46266	35-2056396		5,164.	0.			PATIENT ASSISTANCE
RAJ MATURI, MD PO BOX 7232 INDIANAPOLIS, IN 46207	35-2076654		6,830.	0.			PATIENT ASSISTANCE
AMERICAN HEALTH NETWORK 15397 STONY CREEK WAY NOBLESVILLE, IN 46060	35-2108729		160,125.	0.			PATIENT ASSISTANCE
FORT WAYNE RETINA PC 7305 W JEFFERSON BLVD FORT WAYNE, IN 46804	35-2115519		30,872.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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MARGARET MARY COMM HOSPITAL PO BOX 226 BATESVILLE, IN 47006	35-6067049		18,859.	0.			PATIENT ASSISTANCE
MIDWEST EYE INSTITUTE 201 PENNSYLVANIA PKWY INDIANAPOLIS, IN 46280	38-3642669		18,322.	0.			PATIENT ASSISTANCE
ARTHRITIS CARE OF MICHIANA 100 NAVARRE PL SOUTH BEND, IN 46601	38-3650151		20,961.	0.			PATIENT ASSISTANCE
MIDWEST EYE RETINA PC PO BOX 6458 INDIANAPOLIS, IN 46206	45-1872257		16,667.	0.			PATIENT ASSISTANCE
HORIZON BIOADVANCE PO BOX 4699 LA FAYETTE, IN 47903	46-1776803		17,127.	0.			PATIENT ASSISTANCE
NEUROLOGY SPECIALISTS 10111 E 21ST ST N WICHITA, KS 67206	26-1588469		5,000.	0.			PATIENT ASSISTANCE
CENTRAL PLAINS EYE MDS LLC 7717 E 29TH BEL AIRE, KS 67226	26-2298905		27,650.	0.			PATIENT ASSISTANCE
HEARTLAND EYE CARE, LLC 619 SW CORPORATE VW TOPEKA, KS 66615	47-3305745		5,403.	0.			PATIENT ASSISTANCE
STORMONT VAIL HEALTHCARE INC 1500 SW 10TH AVE TOPEKA, KS 66604	48-0543789		16,663.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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HAYS MEDICAL CENTER PO BOX 8110 HAYS, KS 67601	48-0559088		5,000.	0.			PATIENT ASSISTANCE
GOODLAND REGIONAL MEDICAL CENTER 220 W 2ND GOODLAND, KS 67735	48-0725111		6,345.	0.			PATIENT ASSISTANCE
HUTCHINSON CLINIC PA 2101 N WALDRON HUTCHINSON, KS 67502	48-0734011		38,963.	0.			PATIENT ASSISTANCE
VITREO RETINAL CONSULTANTS SURGEONS PA - 530 N LORRAINE - WICHITA, KS 67214	48-0817150		220,773.	0.			PATIENT ASSISTANCE
CENTRAL CARE, PA PO BOX 256 SALINA, KS 67402	48-1125116		330,078.	0.			PATIENT ASSISTANCE
SALINA REGIONAL HEALTH CENTER 501 S SANTA FE SALINA, KS 67401	48-1169103		67,673.	0.			PATIENT ASSISTANCE
CANCER CENTER OF KS PA PO BOX 1458 WICHITA, KS 67201	48-1181579		675,740.	0.			PATIENT ASSISTANCE
WICHITA UROLOGY GROUP 2626 N WEBB RD WICHITA, KS 67226	48-1253013		28,636.	0.			PATIENT ASSISTANCE
BLUEGRASS RETINAL CONSULTANTS 3290 BLAZER PKWY LEXINGTON, KY 40509	14-1963036		120,233.	0.			PATIENT ASSISTANCE

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MONTGOMERY CANCER CTR 644 MAYSVILLE RD MOUNT STERLING, KY 40353	20-0671902		24,755.	0.			PATIENT ASSISTANCE
LC HEMATOLOGY & ONCOLOGY CENTER PO BOX 719 SOMERSET, KY 42502	20-8016687		37,536.	0.			PATIENT ASSISTANCE
MARIANNE COWLEY MD DEPT 5105 PO BOX 740041 LOUISVILLE, KY 40201	32-0046550		7,328.	0.			PATIENT ASSISTANCE
HIGHLANDS CANCER CENTER 122 ST CHRISTOPHER DR ASHLAND, KY 41101	55-0667743		33,274.	0.			PATIENT ASSISTANCE
BAPTIST HEALTH - CORBIN 1 TRILLUM WAY CORBIN, KY 40701	61-0444700		10,583.	0.			PATIENT ASSISTANCE
BAPTIST HEALTHCARE SYSTEMS PO BOX 32860 LOUISVILLE, KY 40232	61-0444707		92,153.	0.			PATIENT ASSISTANCE
PIKEVILLE MEDICAL CENTER PO BOX 2917 PIKEVILLE, KY 41502	61-0458376		11,290.	0.			PATIENT ASSISTANCE
EPHRAIM MCDOWELL REGIONAL MED CTR PO BOX 1108 DANVILLE, KY 40423	61-0492356		15,360.	0.			PATIENT ASSISTANCE
MURRAY CALLOWAY CO HOSP 803 POPLAR ST MURRAY, KY 42071	61-0620567		8,423.	0.			PATIENT ASSISTANCE

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GRAVES GILBERT CLINIC PO BOX 90007 BOWLING GREEN, KY 42101	61-0700826		45,565.	0.			PATIENT ASSISTANCE
LOUISVILLE ONCOLOGY DEPT 86156 PO BOX 9501854 LOUISVILLE, KY 40295	61-0703799		89,964.	0.			PATIENT ASSISTANCE
THE OPHTHALMOLOGY GROUP 1903 BROADWAY PADUCAH, KY 42001	61-0706763		61,005.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS ASSOC OF KY 120 N EAGLE CREEK DR LEXINGTON, KY 40509	61-0918053		731,777.	0.			PATIENT ASSISTANCE
WEST KY HEMATOLOGY & ONCOLOGY 225 MEDICAL CENTER DR PADUCAH, KY 42003	61-0989749		17,460.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES 3430 NEWBURG RD LOUISVILLE, KY 40218	61-1183441		6,496.	0.			PATIENT ASSISTANCE
EYE CENTERS OF LOUISVILLE 4010 DUPONT CIR LOUISVILLE, KY 40270	61-1212775		21,069.	0.			PATIENT ASSISTANCE
BAPTIST HEATH LA GRANGE PO BOX 32870 LOUISVILLE, KY 40232	61-1226399		6,743.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOC OF W KY PO BOX 8449 PADUCAH, KY 42002	61-1235019		12,718.	0.			PATIENT ASSISTANCE

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NEW LEXINGTON CLINIC PO BOX 11790 LEXINGTON, KY 40578	61-1262927		54,619.	0.			PATIENT ASSISTANCE
ELIZABETHTOWN HEMO/ONCO 1107 WOODLAND DR ELIZABETHTOWN, KY 42701	61-1273759		13,074.	0.			PATIENT ASSISTANCE
COMMONWEALTH CANCER CENTER 110 DIAGNOSTIC DR FRANKFORT, KY 40601	61-1277847		45,910.	0.			PATIENT ASSISTANCE
OWENSBORO MEDICAL HEALTH SYSTEM PO BOX 22600 OWENSBORO, KY 42304	61-1286361		10,828.	0.			PATIENT ASSISTANCE
JAMES GRAHAM BROWN CANCER CENTER 529 S JACKSON ST LOUISVILLE, KY 40202	61-1293786		110,104.	0.			PATIENT ASSISTANCE
WOODLAND MEDICAL SPECIALISTS 1240 WOODLAND DR ELIZABETHTOWN, KY 42701	61-1313612		17,483.	0.			PATIENT ASSISTANCE
ST JOSEPH HEALTHCARE 1 ST JOSEPH DR LEXINGTON, KY 40504	61-1334601		7,685.	0.			PATIENT ASSISTANCE
GAJERA AND PATEL PLLC 1717 HIGH ST HOPKINSVILLE, KY 42240	61-1459460		24,067.	0.			PATIENT ASSISTANCE
LAKE CUMBERLAND REGIONAL HOSPITAL, LLC - PO BOX 620 - SOMERSET, KY 42502	62-1757920		14,311.	0.			PATIENT ASSISTANCE

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ACADIANA RETINA CONSULTANT 1101 S COLLEGE RD LAFAYETTE, LA 70503	05-0538463		73,649.	0.			PATIENT ASSISTANCE
DR COY W GAMMAGE JR APMC PO BOX 6137 MONROE, LA 71211	20-0079854		12,050.	0.			PATIENT ASSISTANCE
DR SCOTT BARRON PO BOX 6137 MONROE, LA 71211	20-0079867		10,076.	0.			PATIENT ASSISTANCE
SOUTHERN EYE INSTITUTE 446 CORPORATE DR HOUMA, LA 70360	20-0793772		12,297.	0.			PATIENT ASSISTANCE
PONTCHATRAIN HEMATOLOGY ONCOLOGY 15752 MEDICAL ARTS PLZ HAMMOND, LA 70403	20-3218016		99,603.	0.			PATIENT ASSISTANCE
TIGER VISON, LCC 10423 OLD HAMMOND HWY BATON ROUGE, LA 70816	20-5751061		17,087.	0.			PATIENT ASSISTANCE
MOBILE MEDICAL CONSULTANTS PO BOX 1536 MANDEVILLE, LA 70470	45-3913774		30,963.	0.			PATIENT ASSISTANCE
ACADIA GENERAL HOSPITAL INC 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526	46-4958152		9,924.	0.			PATIENT ASSISTANCE
BIOMEDICAL RESEARCH FOUNDATION PO BOX 38050 SHREVEPORT, LA 71133	58-1711612		24,898.	0.			PATIENT ASSISTANCE

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OCHSNER CLINIC 9001 SUMMA AVE BATON ROUGE, LA 70809	72-0276883		16,555.	0.			PATIENT ASSISTANCE
FREEDMAN CLINIC OF INTERNAL MEDICINE - PO BOX 13030 - ALEXANDRIA, LA 71315	72-0399647		26,247.	0.			PATIENT ASSISTANCE
ACADIA GENERAL HOSPITAL 1305 CROWLEY RAYNE HWY CROWLEY, LA 70526	72-0417281		10,264.	0.			PATIENT ASSISTANCE
OUR LADY OF THE LAKE REG MED CTR PO BOX 14790 BATON ROUGE, LA 70898	72-0423651		5,578.	0.			PATIENT ASSISTANCE
TOURO INFIRMARY 1401 FOUCHER ST NEW ORLEANS, LA 70115	72-0423659		6,630.	0.			PATIENT ASSISTANCE
OSCHSNER CLINIC 1514 JEFFERSON HWY NEW ORLEANS, LA 70123	72-0502505		18,042.	0.			PATIENT ASSISTANCE
EYE MEDICAL CENTER 7777 HENNESSEY BLVD BATON ROUGE, LA 70808	72-0695620		12,351.	0.			PATIENT ASSISTANCE
THE EYE CLINIC OF MONROE 3101 MERCEDES DR MONROE, LA 71201	72-0767582		25,521.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 3525 PRYTANIA ST NEW ORLEANS, LA 70175	72-0789130		11,594.	0.			PATIENT ASSISTANCE

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LANCE TURKISH MD 3434 PRYTANIA ST NEW ORLEANS, LA 70115	72-0911758		7,201.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF NE LA 1804 N 7TH ST W MONROE, LA 71291	72-0975592		80,498.	0.			PATIENT ASSISTANCE
HEMATOLOGY/ONCOLOGY CLINIC 8595 PICARDY AVE BATON ROUGE, LA 70809	72-1015780		230,124.	0.			PATIENT ASSISTANCE
LARRY K BROADWELL, MD 820 JORDAN ST SHREVEPORT, LA 71101	72-1304829		5,348.	0.			PATIENT ASSISTANCE
NORTHLAKE HEMATOLOGY ONCOLOGY 1120 ROBERT BLVD SLIDELL, LA 70458	72-1314506		10,335.	0.			PATIENT ASSISTANCE
REGIONAL UROLOGY SHREVEPORT 255 BERT KOUNS FORBING, LA 71106	72-1324701		83,547.	0.			PATIENT ASSISTANCE
ADVANCED EYE INSTITUTE 1101 AUDUBON AVE THIBODAU, LA 70301	72-1396401		10,501.	0.			PATIENT ASSISTANCE
RETINA VITREOUS OF LA 7777 HENNESY BLVD BATON ROUGE, LA 70808	72-1449539		98,443.	0.			PATIENT ASSISTANCE
EYE SURGERY CENTER OF LA 3900 VETERANS BLVD METAIRIE, LA 70002	72-1476463		99,614.	0.			PATIENT ASSISTANCE

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HEMATOLOGY ONCOLOGY LIFE CTR 605 B MEDICAL CENTER DR ALEXANDRIA, LA 71301	72-1506854		20,495.	0.			PATIENT ASSISTANCE
ACADIANA ONCOLOGY 602 N LEWIS NEW IBERIA, LA 70563	72-1512320		6,829.	0.			PATIENT ASSISTANCE
SLIDELL MEMORIAL HOSPITAL PO BOX 54710 NEW ORLEANS, LA 70154	72-6014895		44,944.	0.			PATIENT ASSISTANCE
SAVOY MEDICAL CENTER 801 POINCIANA AVE MAMOU, LA 70554	80-0202027		16,889.	0.			PATIENT ASSISTANCE
WILSON BABER, MD LLC PO BOX 44309 SHREVEPORT, LA 71134	81-0587840		19,796.	0.			PATIENT ASSISTANCE
EYECARE PROVIDERS 4324 VETERANS MEMORIAL BLVD METAIRIE, LA 70006	82-0560088		6,199.	0.			PATIENT ASSISTANCE
HARRINGTON CANCER CENTER 100 SOUTH ST SOUTHBRIDGE, MA 01550	04-2103577		6,490.	0.			PATIENT ASSISTANCE
MA EYE & EAR INFIRMARY 243 CHARLES ST BOSTON, MA 02114	04-2103591		11,042.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTANTS OF BOSTON PO BOX 414654 BOSTON, MA 02241	04-2500346		34,346.	0.			PATIENT ASSISTANCE

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

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CENTER FOR SIGHT INC 1565 N MAIN ST FALL RIVER, MA 02720	04-2566046		5,949.	0.			PATIENT ASSISTANCE
LAHEY HOSPITAL & MEDICAL CENTER PO BOX 981001 BOSTON, MA 02298	04-2704686		16,192.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY AND INTERNAL MEDICINE 64C CONCORD ST WILMINGTON, MA 01887	04-3480187		5,000.	0.			PATIENT ASSISTANCE
SAM FARAH MD PO BOX 848929 BOSTON, MA 02284	06-1742447		6,716.	0.			PATIENT ASSISTANCE
JOSHUA D. KATZ MD PA PO BOX 9132 BROOKLINE, MA 02446	09-6547598		5,000.	0.			PATIENT ASSISTANCE
LONG ISLAND JEWISH MEDICAL CENTER PO BOX 415969 BOSTON, MA 02241	11-2241326		18,720.	0.			PATIENT ASSISTANCE
WESTCHESTER MEDICAL GROUP PO BOX 417414 BOSTON, MA 02241	13-3884168		6,945.	0.			PATIENT ASSISTANCE
NYU HOSPITAL CENTER PO BOX 415011 BOSTON, MA 02241	13-3971298		5,716.	0.			PATIENT ASSISTANCE
ELLEN S. LATHI MD PA PO BOX 9132 BROOKLINE, MA 02446	17-4449475		63,131.	0.			PATIENT ASSISTANCE

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NEW ENGLAND RETINA CONSULTANTS PC 3640 MAIN ST SPRINGFIELD, MA 01107	20-2549471		8,390.	0.			PATIENT ASSISTANCE
ROBERT H. JANIGIAN, JR., M.D., LLC PO BOX 848817 BOSTON, MA 02284	20-8836534		45,482.	0.			PATIENT ASSISTANCE
MEEA INC 300 CROWN COLONY DR QUINCY, MA 02169	22-2658209		51,360.	0.			PATIENT ASSISTANCE
SOLL EYE PC OF PA FRANKLIN DIVISION - PO BOX 843317 - BOSTON, MA 02284	23-2246884		27,952.	0.			PATIENT ASSISTANCE
VITREO-RETINAL ASSOCIATES OF WORCESTER, PC - 67 BELMONT ST - WORCESTER, MA 01605	30-0562576		19,923.	0.			PATIENT ASSISTANCE
DANA FARBER CANCER CARE NETWORK INC - 10 WILLARD ST - QUINCY, MA 02169	46-5138314		15,942.	0.			PATIENT ASSISTANCE
JOHN HOPKINS HOSP PO BOX 418243 BOSTON, MA 02241	52-0591656		7,923.	0.			PATIENT ASSISTANCE
UPPER CHESAPEAKE MEDICAL CTR PO BOX 418670 BOSTON, MA 02241	52-1253920		10,099.	0.			PATIENT ASSISTANCE
EYE CONSULTANTS OF MD PO BOX 418011 BOSTON, MA 02241	52-1828318		11,123.	0.			PATIENT ASSISTANCE

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GREATER BALTIMORE MEDICAL CENTER PO BOX 418271 BOSTON, MA 02241	52-6049658		10,355.	0.			PATIENT ASSISTANCE
HARBIN CLINIC PO BOX 848290 BOSTON, MA 02284	58-2234927		112,033.	0.			PATIENT ASSISTANCE
MARYLAND PAIN AND SPINE CENTER LLC PO BOX 15109 SPRINGFIELD, MA 01105	77-0666042		5,105.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOC OF BALTIMORE 1220 B EAST JOPPA RD TOWSON, MD 21286	01-0606079		11,723.	0.			PATIENT ASSISTANCE
ATLANTIC RETINA CENTER 31455 WINTERPLACE PKWY SALISBURY, MD 21804	04-3769587		84,035.	0.			PATIENT ASSISTANCE
MARYLAND ONCOLOGY AND HEMATOLOGY PO BOX 75581 BALTIMORE, MD 21275	11-3652573		123,404.	0.			PATIENT ASSISTANCE
ANTIETAM ONCOLOGY HEMATOLOGY 1130 OPAL CT HAGERSTOWN, MD 21740	20-4253140		25,012.	0.			PATIENT ASSISTANCE
MID ATLANTIC RETINA 10000 PRESTWICH TER IJAMSVILLE, MD 21754	20-4841431		38,647.	0.			PATIENT ASSISTANCE
ANNAPOLIS NEUROLOGY ASSOCIATES 122 DEFENSE HWY ANNAPOLIS, MD 21401	26-0760317		5,900.	0.			PATIENT ASSISTANCE

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KRISHNAN HEMATOLOGY ONCOLOGY ASSOC PO BOX 2595 ELLCOTT CITY, MD 21041	27-0597913		24,898.	0.			PATIENT ASSISTANCE
FREDERICK MEMORIAL HOSPIATAL 400 W SEVENTH ST FREDERICK, MD 21701	52-0591612		28,989.	0.			PATIENT ASSISTANCE
JOHN HOPKINS UNVERSITY PO BOX 64474 BALTIMORE, MD 21264	52-0595110		30,754.	0.			PATIENT ASSISTANCE
ANNE ARUNDEL UROLOGY 600 RIDGELY AVE ANNAPOLIS, MD 21401	52-0914207		20,993.	0.			PATIENT ASSISTANCE
OMNI EYE SPECIALISTS 2925 LORD BALTIMORE DR BALTIMORE, MD 21244	52-1417115		21,321.	0.			PATIENT ASSISTANCE
CHESAPEAKE ONCOLOGY & HEMATOLOGY ASSOCIATES - 3001 S HANOVER ST - BALTIMORE, MD 21225	52-1480363		80,766.	0.			PATIENT ASSISTANCE
RETINA GROUP OF WASHINGTON, P.C. 7501 GREENWAY CENTER DR GREENBELT, MD 20770	52-1570295		30,910.	0.			PATIENT ASSISTANCE
BALTIMORE WASHINGTON PROFESSIONAL SERVICES - PO BOX 64584 - BALTIMORE, MD 21264	52-1655640		5,889.	0.			PATIENT ASSISTANCE
ELMAN RETINA GROUP, PA 9114 PHILADELPHIA RD ROSEDALE, MD 21237	52-1803322		106,023.	0.			PATIENT ASSISTANCE

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CENTER FOR CANCER AND BLOOD DISORDERS - 6420 ROCKLEDGE DR - BETHESDA, MD 20817	52-1840949		6,534.	0.			PATIENT ASSISTANCE
KLEIN & ASSOCIATES 346 MILL ST HAGERSTOWN, MD 21740	52-1850319		8,252.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF DELMARVA 1415 WESLEY DR SALISBURY, MD 21801	52-1862392		154,407.	0.			PATIENT ASSISTANCE
BAY HEMATOLOGY / ONCOLOGY, P.A. 8221 TEAL DR EASTON, MD 21601	52-1934955		10,422.	0.			PATIENT ASSISTANCE
CUMBERLAND VALLEY RETINA CONSULTANTS - 1150 OPAL CT - HAGERSTOWN, MD 21740	52-1946106		170,186.	0.			PATIENT ASSISTANCE
RETINA SPECIALISTS 6569 N CHARLES ST BALTIMORE, MD 21204	52-1998865		33,689.	0.			PATIENT ASSISTANCE
KATZEN EYE GROUP 1209 YORK RD LUTHERVILLE, MD 21093	52-2000021		15,884.	0.			PATIENT ASSISTANCE
EDWARD J. GOLDMAN, MD PA 25 CROSSROADS DR OWINGS MILLS, MD 21117	52-2007600		28,256.	0.			PATIENT ASSISTANCE
SHAH ASSOCIATES OF MD PO BOX 640 HOLLYWOOD, MD 20636	52-2031757		14,548.	0.			PATIENT ASSISTANCE

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FREDERICK ONCOLOGY HEMATOLOGY 46 B THOMAS JOHNSON DR FREDERICK, MD 21702	52-2074387		25,120.	0.			PATIENT ASSISTANCE
THE RETINA CARE CENTER 6115 FALLS RD BALTIMORE, MD 21209	52-2117156		126,684.	0.			PATIENT ASSISTANCE
CHESAPEAKE EYE SURGERY CTR 2002 MEDICAL PKWY ANNAPOLIS, MD 21401	52-2124249		6,800.	0.			PATIENT ASSISTANCE
CHESAPEAKE UROLOGY 25 CROSSROADS DR OWINGS MILLS, MD 21117	52-2146172		222,576.	0.			PATIENT ASSISTANCE
MEDICAL FACULTY ASSOC PO BOX 37056 BALTIMORE, MD 21297	52-2220700		6,343.	0.			PATIENT ASSISTANCE
CENTER FOR RETINAL DISEASES AND SURGERY LLC - 6420 ROCKLEDGE DR - BETHESDA, MD 20817	52-2268427		22,882.	0.			PATIENT ASSISTANCE
GREATER WASHINGTON ONCOLOGY PO BOX 640 HOLLYWOOD, MD 20636	52-2286097		22,538.	0.			PATIENT ASSISTANCE
AUERBACH HEMATOLOGY ONCOLOGY 9110 PHILADELPHIA RD BALTIMORE, MD 21237	52-2343901		5,071.	0.			PATIENT ASSISTANCE
CENTRA HEALTH INC PO BOX 791325 BALTIMORE, MD 21279	54-0715569		37,869.	0.			PATIENT ASSISTANCE

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VIRGINIA UROLOGY CTR, P.C. PO BOX 79437 BALTIMORE, MD 21279	54-1203530		13,272.	0.			PATIENT ASSISTANCE
SENTARA NORFOLK GENERAL HOSPITAL PO BOX 79603 BALTIMORE, MD 21279	54-1547408		18,962.	0.			PATIENT ASSISTANCE
EASTERN MAINE MEDICAL CENTER 43 WHITING HILL RD BREWER, ME 04412	01-0211501		12,544.	0.			PATIENT ASSISTANCE
FRANKLIN MEMORIAL HOSPITAL 111 FRANKLIN HEALTH CHESTERVILLE, ME 04938	01-0211503		5,206.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL 144 STATE ST PORTLAND, ME 04101	01-0211534		9,685.	0.			PATIENT ASSISTANCE
ME EYE CARE 325 A KENNEDY MEMORIAL DR BENTON, ME 04901	01-0316462		38,647.	0.			PATIENT ASSISTANCE
MAINE EYE CENTER 15 LOWELL ST PORTLAND, ME 04102	01-0329291		133,381.	0.			PATIENT ASSISTANCE
MAINE CENTER FOR CANCER MEDICINE 100 CAMPUS DR SCARBOROUGH, ME 04074	01-0357684		307,400.	0.			PATIENT ASSISTANCE
EYECARE MEDICAL GROUP 53 SEWALL ST PORTLAND, ME 04102	01-0358257		90,649.	0.			PATIENT ASSISTANCE

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THE AROOSTOOK MEDICAL CENTER 140 ACADEMY ST PRESQUE ISLE, ME 04769	01-0372148		9,924.	0.			PATIENT ASSISTANCE
MAINE VITREORETINAL CONSULTANTS PO BOX 4839 BELFAST, ME 04915	01-0493014		20,865.	0.			PATIENT ASSISTANCE
NORTHEAST RETINA ASSOCIATES 272 COTTAGE ST SANFORD, ME 04073	01-0501479		12,158.	0.			PATIENT ASSISTANCE
THE RETINA CTR OF ME 100 FODEN RD W SOUTH PORTLAND, ME 04106	01-0512852		18,608.	0.			PATIENT ASSISTANCE
CENTRAL MAINE EYE CARE 181 RUSSELL ST LEWISTON, ME 04243	01-0535047		5,917.	0.			PATIENT ASSISTANCE
LONG ISLAND VITREO RETINAL CONSULTANTS - PO BOX 5496 - BELFAST, ME 04915	11-3212097		16,084.	0.			PATIENT ASSISTANCE
DR. SIRUS HAMZAVI PO BOX 830 AUBURN, ME 04212	20-2856367		90,971.	0.			PATIENT ASSISTANCE
LAKE UNIVERSITY IRELAND CANCER CTR PO BOX 13419 BELFAST, ME 04915	20-2873927		30,582.	0.			PATIENT ASSISTANCE
UROLOGY GROUP OF NEW JERSEY PO BOX 11346 BELFAST, ME 04915	20-3598247		17,855.	0.			PATIENT ASSISTANCE

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EYE FOUNDATION OF UTAH PO BOX 5542 BELFAST, ME 04915	20-4171933		5,272.	0.			PATIENT ASSISTANCE
COMMUNITY RETINA GROUP PA PO BOX 12627 BELFAST, ME 04915	20-5914460		5,904.	0.			PATIENT ASSISTANCE
LUTHERAN MEDICAL GROUP PO BOX 4852 BELFAST, ME 04915	26-4213839		11,919.	0.			PATIENT ASSISTANCE
UROLOGY OF VIRGINIA PLLC PO BOX 5308 BELFAST, ME 04915	27-4848565		36,208.	0.			PATIENT ASSISTANCE
SUNCOAST MEDICAL CLINIC LLC PO BOX 5157 BELFAST, ME 04915	27-4951265		6,287.	0.			PATIENT ASSISTANCE
PROMDEDICA CENTRAL PHYSICIANS PO BOX 11043 BELFAST, ME 04915	34-1881137		17,067.	0.			PATIENT ASSISTANCE
ADVANCED UROLOGY INST PO BOX 13067 BELFAST, ME 04915	46-2439971		8,870.	0.			PATIENT ASSISTANCE
NORTH CAROLINA EYE EAR NOSE AND THROAT - PO BOX 5659 - BELEFAST, ME 04915	56-1288767		56,664.	0.			PATIENT ASSISTANCE
REGIONAL EMPLOYEE ASSISTANCE PROGRAM, INC. - PO BOX 8691 - BELFAST, ME 04915	76-0423386		6,640.	0.			PATIENT ASSISTANCE

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VENKATASIVA R PERAM MD PC 2222 S LYNDON RD FLINT, MI 48532	16-1727756		9,116.	0.			PATIENT ASSISTANCE
SEAN M ROONEY MD PHD 1414 W FAIR AVE MARQUETTE, MI 49855	20-0247592		11,738.	0.			PATIENT ASSISTANCE
BARBARA ANN KARMANOS PO BOX 673352 DETROIT, MI 48267	20-1649466		14,956.	0.			PATIENT ASSISTANCE
HH SERVICES BATES ET AL LLC PO BOX 77000 DETROIT, MI 48277	26-0396104		18,340.	0.			PATIENT ASSISTANCE
THE RETINA SPECIALIST OF MI 2757 LEONARD ST NE GRAND RAPIDS, MI 49525	26-3453700		94,736.	0.			PATIENT ASSISTANCE
NORTHERN MI HEMATOLOGY ONCOLOGY 416 CONNABLE AVE PETOSKEY, MI 49770	32-0020293		26,204.	0.			PATIENT ASSISTANCE
EMH REGIONAL MEDICAL CENTER DEPT 781680 - PO BOX 78000 - DETROIT, MI 48278	34-0714612		5,046.	0.			PATIENT ASSISTANCE
ELKHART GENERAL HOSPITAL DEPARTMENT 78908 - PO BOX 78000 - DETROIT, MI 48278	35-0877574		5,746.	0.			PATIENT ASSISTANCE
WEST SHORE MEDICAL CENTER 1465 E PARKDALE AVE MANISTEE, MI 49660	38-0350304		6,423.	0.			PATIENT ASSISTANCE

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METROPOLITAN HOSPITAL PO BOX 159 GRAND RAPIDS, MI 49501	38-0593405		19,068.	0.			PATIENT ASSISTANCE
MID MICHIGAN MEDICAL CTR 4005 ORCHARD DR MIDLAND, MI 48670	38-0833014		31,571.	0.			PATIENT ASSISTANCE
HENRY FORD HOSPITAL PO BOX 670884 DETROIT, MI 48267	38-1357020		15,730.	0.			PATIENT ASSISTANCE
MEMORIAL HEALTHCARE PO BOX 1630 OWOSSO, MI 48867	38-1358208		17,673.	0.			PATIENT ASSISTANCE
ST.JOHN GREAT LAKE CANCER PO BOX 64000 DETROIT, MI 48264	38-1359063		63,217.	0.			PATIENT ASSISTANCE
ALLEGAN GENERAL HOSPITAL 555 LINN ST ALLEGAN, MI 49010	38-1359180		5,923.	0.			PATIENT ASSISTANCE
MUNSON MEDICAL CTR PO BOX 1131 TRAVERSE CITY, MI 49685	38-1362830		87,076.	0.			PATIENT ASSISTANCE
OAKWOOD HEALTHCARE SYSTEM DEPT 214101 - PO BOX 67000 - DETROIT, MI 48267	38-1405141		6,097.	0.			PATIENT ASSISTANCE
INGHAM REGIONAL MEDICAL CENTER 401 W GREENLAWN AVE LANSING, MI 48910	38-1434090		23,002.	0.			PATIENT ASSISTANCE

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WILLIAM BEAUMONT HOSPITAL PO BOX 5042 TROY, MI 48007	38-1459362		34,669.	0.			PATIENT ASSISTANCE
LANSING OPHTHALMOLOGY PC 2001 COOLIDGE RD E LANSING, MI 48823	38-1818892		26,271.	0.			PATIENT ASSISTANCE
GLENDALE NEUROLOGICAL ASSOCIATES PC - 28595 ORCHARD LAKE RD - FARMINGTN HLS, MI 48334	38-1889896		48,724.	0.			PATIENT ASSISTANCE
WILKINSON EYE CENTER 44555 WOODWARD AVE PONTIAC, MI 48341	38-1903789		27,167.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL CONSULTANTS 39650 ORCHARD HILL PL NOVI, MI 48375	38-1946761		5,193.	0.			PATIENT ASSISTANCE
ASSOCIATED RETINAL CONSULTANTS 39650 ORCHARD HILL PL NOVI, MI 48375	38-1946761		1,254,925.	0.			PATIENT ASSISTANCE
MICHIGAN INSTITUTE OF UROLOGY 20952 12 MILE RD ST CLAIR SHORES, MI 48081	38-1962231		59,074.	0.			PATIENT ASSISTANCE
BAY REGIONAL MEDICAL CTR PO BOX 68 BAY CITY, MI 48707	38-1976271		5,121.	0.			PATIENT ASSISTANCE
JOHN G KUBLIN MD PC 1414 E FAIR AVE MARQUETTE, MI 49855	38-2025989		5,348.	0.			PATIENT ASSISTANCE

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ALLEGIANCE HEALTH DEPT 64787 PO BOX 64000 DETROIT, MI 48264	38-2027689		21,296.	0.			PATIENT ASSISTANCE
MCLAREN NORHERN MI 560 W MITCHELL ST PETOSKEY, MI 49770	38-2146751		10,207.	0.			PATIENT ASSISTANCE
COBURN-KLEINFELDT EYE CLINIC 33400 W 6 MILE RD LIVONIA, MI 48152	38-2155439		5,485.	0.			PATIENT ASSISTANCE
LAKELAND HOSPITALS PO BOX 410 ST JOSEPH, MI 49085	38-2156872		5,033.	0.			PATIENT ASSISTANCE
SINGH ARORA ONCOLOGY HEMATOLOGY 4100 BEECHER RD FLINT, MI 48532	38-2199193		30,044.	0.			PATIENT ASSISTANCE
GENESEE HEMATOLOGY ONCOLOGY 302 KENSINGTON AVE FLINT, MI 48503	38-2278871		129,438.	0.			PATIENT ASSISTANCE
UROLOGIC CONSULTANTS, PC 25 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-2285194		21,412.	0.			PATIENT ASSISTANCE
GRAND RAPIDS OPHTHALMOLOGY 750 E BELTLINE GRAND RAPIDS, MI 49525	38-2394920		13,870.	0.			PATIENT ASSISTANCE
GHALEB F HATEM MD 4655 TELEGRAPH RD DEARBORN HEIGHTS, MI 48125	38-2412879		5,464.	0.			PATIENT ASSISTANCE

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RETINA CONSULTANTS OF MICHIGAN PLC 29201 TELEGRAPH RD SOUTHFIELD, MI 48034	38-2470694		5,900.	0.			PATIENT ASSISTANCE
ALAN W SOLWAY MD 32410 FIVE MILE RD LIVONIA, MI 48154	38-2626708		10,353.	0.			PATIENT ASSISTANCE
GREAT LAKES EYE CARE 2848 NILES RD ST JOSEPH, MI 49085	38-2723375		19,946.	0.			PATIENT ASSISTANCE
SPECTRUM HEALTH REED CITY HOSP PO BOX K GRAND RAPIDS, MI 49501	38-2770076		9,411.	0.			PATIENT ASSISTANCE
CANCER AND HEMATOLOGY CENTER OF WESTERN MICHIGAN - PO BOX 30516 - LANSING, MI 48909	38-2777354		37,950.	0.			PATIENT ASSISTANCE
DICKINSON COUNTY HEALTHCARE PO BOX 2098 KINGSFORD, MI 49802	38-2780429		51,058.	0.			PATIENT ASSISTANCE
ALLERGY & ASTHMA ASSOCIATES OF MICHIGAN - 3600 W 13 MILE RD - ROYAL OAK, MI 48073	38-2904386		50,283.	0.			PATIENT ASSISTANCE
GRAND VIEW HEALTH SYSTEM N10561 GRAND VIEW LN IRONWOOD, MI 49938	38-2908586		10,151.	0.			PATIENT ASSISTANCE
BAY EYE CARE CTR 116 N TUSCOLA RD BAY CITY, MI 48708	38-2949609		7,480.	0.			PATIENT ASSISTANCE

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VITREO RETINAL ASSOCIATES PC 2505 E PARIS AVE GRAND RAPIDS, MI 49546	38-2967858		157,597.	0.			PATIENT ASSISTANCE
ASTHMA, ALLERGY & IMMUNOLOGY 8359 OFFICE PARK DR GRAND BLANC, MI 48439	38-3109748		9,038.	0.			PATIENT ASSISTANCE
MI RETINA VITREOUS INSTITUTE 1290 S LINDER RD FLINT, MI 48532	38-3118502		17,185.	0.			PATIENT ASSISTANCE
ANDREW S. RIEMER, DO PC 5959 LAWNDATE ST LUDINGTON, MI 49431	38-3156438		17,398.	0.			PATIENT ASSISTANCE
TLC EYE CARE AND LASER CENTERS 2723 S STATE ST ANN ARBOR, MI 48104	38-3160340		227,359.	0.			PATIENT ASSISTANCE
ANDERSON EYE ASSOCIATES PO BOX 5649 SAGINAW, MI 48603	38-3221412		166,734.	0.			PATIENT ASSISTANCE
HURON MEDICAL CTR 1214 RICHARDSON ST PORT HURON, MI 48060	38-3236461		7,365.	0.			PATIENT ASSISTANCE
SHORELINE OPHTHALMOLOGY 1266 E SHERMAN BLVD MUSKEGON, MI 49444	38-3245641		28,661.	0.			PATIENT ASSISTANCE
MI NEUROLOGY ASSOC 34025 HARPER CLINTON TOWNSHIP, MI 48035	38-3258019		6,715.	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 MI PHYSICIANS 1717 E MICHIGAN AVE LANSING, MI 48912	38-3267121		7,805.	0.			PATIENT ASSISTANCE
GENESEE CANCER & BLOOD DISEASES 302 KENSINGTON AVE FLINT, MI 48503	38-3285515		42,662.	0.			PATIENT ASSISTANCE
ST. CLAIR PULMONARY & CRITICAL CARE - 1210 TENTH AVE - PORT HURON, MI 48060	38-3493385		20,840.	0.			PATIENT ASSISTANCE
INFUSION ASSOCIATES 3230 EAGLE PARK GRAND RAPIDS, MI 49525	38-3515680		5,702.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASS. OF SAGINAW VALLEY PC - 5400 MACKINAW - SAGINAW, MI 48604	38-3553403		74,891.	0.			PATIENT ASSISTANCE
ALAA OWAINATI, MD 43700 WOODWARD AVE BLOOMFIELD HILLS, MI 48302	38-3561543		13,666.	0.			PATIENT ASSISTANCE
ALPENA CANCER CENTER 1501 W CHISHOLM ALPENA, MI 49707	38-6000029		9,522.	0.			PATIENT ASSISTANCE
MICHIGAN HEALTHCARE PROFESSIONAL PC - 27301 DEQUINDRE - MADISON HEIGHTS, MI 48071	45-1674932		89,904.	0.			PATIENT ASSISTANCE
VITREORETINAL SPECIALISTS PLC 9400 S SAGINAW RD GRAND BLANC, MI 48439	45-5263774		7,081.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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MARQUETTE GENERAL HEM/ONC ASSOC 1414 W FAIR AVE MARQUETTE, MI 49855	80-0835058		53,511.	0.			PATIENT ASSISTANCE
GENESSE INFECTIOUS DISEASES PLC 6060 TORREY RD FLINT, MI 48507	83-0428704		16,658.	0.			PATIENT ASSISTANCE
CRITICAL CARE SYSTEMS PO BOX 1450 MINNEAPOLIS, MN 55485	04-3115329		8,816.	0.			PATIENT ASSISTANCE
VITREORETINAL CONSULTANTS OF FORT WAYNE PC NW 6459 - PO BOX 1450 - MINNEAPOLIS, MN 55485	20-2269941		12,138.	0.			PATIENT ASSISTANCE
EDINA RETINA CONSULTANTS 651 NICOLLET MALL MINNEAPOLIS, MN 55402	20-3644190		16,776.	0.			PATIENT ASSISTANCE
ESSENTIA HEALTH CANCER CENTER (FARGO) - PO BOX 1450 - MINNEAPOLIS, MN 55485	26-1175213		6,833.	0.			PATIENT ASSISTANCE
ST FRANCIS HOSPITAL PO BOX 860007 MINNEAPOLIS, MN 55486	39-0907740		22,934.	0.			PATIENT ASSISTANCE
MAYO CLINIC HEALTH SYSTEM EAU CLAIR CLINIC - PO BOX 860087 - MINNEAPOLIS, MN 55486	39-1735831		5,010.	0.			PATIENT ASSISTANCE
ESSENTIA HEALTH PO BOX 1450 MINNEAPOLIS, MN 55485	41-0695602		18,462.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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NORTH MEMORIAL MED CENTER 3435 W BROADWAY ROBBINSDALE, MN 55422	41-0729979		12,242.	0.			PATIENT ASSISTANCE
PARK NICOLLET CLINIC - ST LOUIS PARK - PO BOX 9104 - MINNEAPOLIS, MN 55480	41-0834920		17,915.	0.			PATIENT ASSISTANCE
NORAN NEUROLOGICAL CLINIC 2828 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-0984062		7,018.	0.			PATIENT ASSISTANCE
FAIRVIEW HEALTH SERVICES PO BOX 147 MINNEAPOLIS, MN 55440	41-0991680		18,547.	0.			PATIENT ASSISTANCE
THE MINNEAPOLIS CLINIC OF NEUROLOGY - PO BOX 86 - MINNEAPOLIS, MN 55486	41-0999094		28,232.	0.			PATIENT ASSISTANCE
ASSOCIATED EYE CARE 1719 TOWER DR STILLWATER, MN 55082	41-1000647		30,412.	0.			PATIENT ASSISTANCE
MINNEAPOLIS RADIATION 6950 FRANCE AVE S BLOOMINGTON, MN 55435	41-1411888		5,554.	0.			PATIENT ASSISTANCE
THE RETINA CENTER PA 2485 MAPLEWOOD DR N MAPLEWOOD, MN 55109	41-1535029		46,068.	0.			PATIENT ASSISTANCE
VITREO RETINAL SURGERY MN CTR 7760 FRANCE AVE S MINNEAPOLIS, MN 55435	41-1608615		231,757.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ARTHRITIS & RHEUMATOLOGY CONSULTANTS - 7250 FRANCE AVE S - EDINA, MN 55435	41-1774839		5,603.	0.			PATIENT ASSISTANCE
MINNESOTA ONCOLOGY HEMATOLOGY 2550 UNIVERSITY AVE W SAINT PAUL, MN 55114	41-1793418		251,439.	0.			PATIENT ASSISTANCE
CENTRAL MINNESOTA RETINA SPECIALISTS PLLC - 2330 TROOP DR - SARTELL, MN 56377	50-0010471		57,734.	0.			PATIENT ASSISTANCE
SOUTHSIDE REGIONAL MEDICAL CENTER PO BOX 501128 SAINT LOUIS, MO 63150	02-0691413		5,636.	0.			PATIENT ASSISTANCE
TAMARA HOPKINS MD LLC PO BOX 655 JEFFERSON CITY, MO 65102	20-4100481		6,507.	0.			PATIENT ASSISTANCE
BRANSON'S PULMONOLOGY AND SLEEP PO BOX 219 BRANSON, MO 65616	20-5902190		6,861.	0.			PATIENT ASSISTANCE
THE 1176 TOWN AND COUNTRY COMMONS DR CHESTERFIELD, MO 63017	27-0067529		11,618.	0.			PATIENT ASSISTANCE
TULSA CANCER INSTITUTE PO BOX 505096 SAINT LOUIS, MO 63150	27-1806985		177,320.	0.			PATIENT ASSISTANCE
ORTHOPAEDIC CENTER OF SOUTHERN ILLINOIS - PO BOX 503827 - SAINT LOUIS, MO 63150	37-0981099		5,733.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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GALESBURG COTTAGE HOSPITAL PO BOX 504047 SAINT LOUIS, MO 63150	37-1485782		8,043.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL ST LOUIS 615 S NEW BALLAS RD ST LOUIS, MO 63141	43-0653493		18,734.	0.			PATIENT ASSISTANCE
SITEMAN CANCER CNTR WEST PO BOX 60352 SAINT LOUIS, MO 63141	43-0653611		158,605.	0.			PATIENT ASSISTANCE
ST LOUIS UNIVERSITY CANCER CTR PO BOX 18535M SAINT LOUIS, MO 63195	43-0654872		29,334.	0.			PATIENT ASSISTANCE
THE RETINA INSTITUTE PO BOX 60394 ST LOUIS, MO 63160	43-0913832		259,697.	0.			PATIENT ASSISTANCE
ARTHRITIS CONSULTANTS 522 N NEW BALLAS RD SAINT LOUIS, MO 63141	43-0947490		5,205.	0.			PATIENT ASSISTANCE
JEFFERSON CITY MEDICAL GROUP PO BOX 104240 JEFFERSON CITY, MO 65110	43-0954586		18,018.	0.			PATIENT ASSISTANCE
SABATES EYE CENTER PO BOX 26425 KANSAS CITY, MO 64196	43-0955525		18,913.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL WASHINGTON PO BOX 502385 SAINT LOUIS, MO 63150	43-1066883		13,401.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ONCOLOGY HEMATOLOGY ASSOCIATES OF SPRINGFIELD - 3850 S NATIONAL - SPRINGFIELD, MO 65807	43-1188342		9,758.	0.			PATIENT ASSISTANCE
COLUMBIA RETINA CLINIC LTD 500 N KEENE ST COLUMBIA, MO 65201	43-1203315		9,285.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 1034 S BRENTWOOD BLVD SAINT LOUIS, MO 63117	43-1203561		21,676.	0.			PATIENT ASSISTANCE
COUNTY ONCOLOGISTS PO BOX 78399 SAINT LOUIS, MO 63178	43-1210038		37,902.	0.			PATIENT ASSISTANCE
ST LOUIS ONCOLOGY ASSOCIATES INC 10012 KENNERLY RD SAINT LOUIS, MO 63128	43-1240180		19,427.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF MO 201 W BROADWAY COLUMBIA, MO 65203	43-1289321		187,267.	0.			PATIENT ASSISTANCE
ST LOUIS CANCER CARE PO BOX 60450 SAINT LOUIS, MO 63160	43-1369550		56,116.	0.			PATIENT ASSISTANCE
CATARACT & EYE DISEASE SPECS 3889 VETERANS MEMORIAL PKWY SAINT PETERS, MO 63376	43-1444392		13,772.	0.			PATIENT ASSISTANCE
ST JOHNS PHYSICIANS & CLINICS PO BOX 505164 SAINT LOUIS, MO 63150	43-1560263		93,283.	0.			PATIENT ASSISTANCE

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JONES EYE CENTER 1405 DOCTORS DR W PLAINS, MO 65775	43-1564100		7,786.	0.			PATIENT ASSISTANCE
RAMESH R SHAH MD PC 1703 W 30TH ST JOPLIN, MO 64804	43-1670663		20,193.	0.			PATIENT ASSISTANCE
SITEMAN CANCER CENTER 150 ENTRANCE WAY SAINT PETERS, MO 63376	43-1681957		5,462.	0.			PATIENT ASSISTANCE
SIGNATURE MEDICAL GROUP INC 12639 OLD TESSON RD SAINT LOUIS, MO 63128	43-1696710		5,271.	0.			PATIENT ASSISTANCE
FREEMAN HEALTH SYSTEM 1102 W 32ND ST JOPLIN, MO 64804	43-1704371		74,692.	0.			PATIENT ASSISTANCE
DEPAUL HEALTH CENTER PO BOX 503596 SAINT LOUIS, MO 63150	43-1704972		16,874.	0.			PATIENT ASSISTANCE
DEPAUL HEALTH CENTER PO BOX 503596 SAINT LOUIS, MO 63150	43-1715106		10,007.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL LEBANON 2055 S FREMONT SPRINGFIELD, MO 65804	43-1767432		5,020.	0.			PATIENT ASSISTANCE
EYE CARE SPECIALISTS LLC 360 S MOUNT AUBURN ROAD CPE GIRARDEAU, MO 63703	43-1804777		7,824.	0.			PATIENT ASSISTANCE

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RETINA ASSOCIATES OF ST LOUIS 1224 GRAHAM RD FLORISSANT, MO 63031	43-1842211		38,081.	0.			PATIENT ASSISTANCE
RETINAL ASSOCIATES 1265 E PRIMROSE SPRINGFIELD, MO 65804	43-1842769		56,867.	0.			PATIENT ASSISTANCE
CLAYTON MEDICAL 6400 CLAYTON RD SAINT LOUIS, MO 63117	43-1907813		5,387.	0.			PATIENT ASSISTANCE
CURATORS OF THE UNIVERSITY OF MISSOURI - PO BOX 802728 - KANSAS CITY, MO 64180	43-6003859		7,008.	0.			PATIENT ASSISTANCE
MOSAIC LIFE CARE MEDICAL ONCOLOGY 902 N RIVERSIDE RD SAINT JOSEPH, MO 64507	44-0545289		10,894.	0.			PATIENT ASSISTANCE
CAPITAL REGION MEDICAL CENTER 1432 SOUTHWEST BLVD JEFFERSON CITY, MO 65109	44-0546366		23,123.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL SPRINGFIELD PO BOX 504274 SAINT LOUIS, MO 63150	44-0552485		164,532.	0.			PATIENT ASSISTANCE
LESTER E COX MEDICAL CENTERS INC 1423 N JEFFERSON SPRINGFIELD, MO 65802	44-0577118		54,077.	0.			PATIENT ASSISTANCE
LAWRENCE S COHEN MD 3483 NE RALPH POWELL RD LEES SUMMIT, MO 64064	46-1432420		16,925.	0.			PATIENT ASSISTANCE

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OLATHE MEDICAL CENTER PO BOX 505254 SAINT LOUIS, MO 63150	48-0577664		16,956.	0.			PATIENT ASSISTANCE
MID-AMERICA RETINA CONSULTANTS PO BOX 843330 KANSAS CITY, MO 64184	48-1057913		12,158.	0.			PATIENT ASSISTANCE
UNIVERSITY OF KANSAS HOSPITAL 1000 E 101ST TER KANSAS CITY, MO 64131	48-1202402		23,464.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES, PA PO BOX 414971 KANSAS CITY, MO 64141	48-1211774		266,382.	0.			PATIENT ASSISTANCE
KANSAS CITY UROLOGY CARE, PA PO BOX 802257 KANSAS CITY, MO 64180	48-1216340		9,125.	0.			PATIENT ASSISTANCE
LAWRENCE MEMEORIAL HOSPITAL PO BOX 802798 KANSAS CITY, MO 64180	48-6033703		8,622.	0.			PATIENT ASSISTANCE
ROLLA OPHTHALMOLOGY ASSOCIATES 720 S BISHOP AVE ROLLA, MO 65401	52-2182878		12,806.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS CHARTERED PO BOX 412194 KANSAS CITY, MO 64141	61-1452962		14,095.	0.			PATIENT ASSISTANCE
NURSING SPECIALTIES 456 N NEW BALLAS SAINT LOUIS, MO 63141	62-1832988		5,161.	0.			PATIENT ASSISTANCE

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HANNIBAL CLINIC 100 MEDICAL DR HANNIBAL, MO 63401	71-0893524		64,216.	0.			PATIENT ASSISTANCE
MERCY HOSPITAL OKLAHOMA CITY PO BOX 504292 SAINT LOUIS, MO 63150	73-0579285		6,465.	0.			PATIENT ASSISTANCE
VITREORETINAL EYE CENTER 962 TOMMY MUNRO DR BILOXI, MS 39532	20-3052472		9,053.	0.			PATIENT ASSISTANCE
PREMIER FOOT CLINIC 705 HIGHWAY 80 W CLINTON, MS 39056	20-3085717		12,770.	0.			PATIENT ASSISTANCE
SOUTHERN EYE PHYSICIANS CTR 1420 S 28TH AVE HATTIESBURG, MS 39402	20-8990120		22,009.	0.			PATIENT ASSISTANCE
SOUTHWEST MS REGIONAL MEDICAL CENTER - PO BOX 1307 - MCCOMB, MS 39649	64-0468873		11,822.	0.			PATIENT ASSISTANCE
HATTIESBURG CLINIC, P.A. PO BOX 2467 JACKSON, MS 39225	64-0507572		52,070.	0.			PATIENT ASSISTANCE
JACKSON ONCOLOGY & HEMATOLOGY 1227 N STATE ST JACKSON, MS 39202	64-0619700		134,519.	0.			PATIENT ASSISTANCE
NORTH MISSISSIPPI MEDICAL CENTER PO BOX 2240 TUPELO, MS 38803	64-0662976		25,674.	0.			PATIENT ASSISTANCE

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RUTH FREDERICKS PO BOX 22670 JACKSON, MS 39225	64-0845190		5,000.	0.			PATIENT ASSISTANCE
MISSISSIPPI RETINA ASSOCIATES PA PO BOX 12401 JACKSON, MS 39236	64-0860086		344,143.	0.			PATIENT ASSISTANCE
SOUTHERN EYE CENTER, PA 1420 S 28TH AVE HATTIESBURG, MS 39402	64-0868999		6,196.	0.			PATIENT ASSISTANCE
NATCHEZ ONCOLOGY CLINIC INC 150 JEFFERSON DAVES BLVD NATCHEZ, MS 39120	64-0927522		24,665.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY GREENVILLE PO BOX 1887 CLARKSDALE, MS 38614	64-0930175		12,755.	0.			PATIENT ASSISTANCE
DELTA ONCOLOGY INC 333 HIGHWAY 82 W GREENWOOD, MS 38930	64-0932526		60,536.	0.			PATIENT ASSISTANCE
SINGING RIVER HOSPITAL SYSTEM 2809 DENNY AVE PASCAGOULA, MS 39581	64-6000515		19,755.	0.			PATIENT ASSISTANCE
FORREST GENERAL HOSPITAL PO BOX 15722 HATTIESBURG, MS 39404	64-6001587		16,184.	0.			PATIENT ASSISTANCE
MEMORIAL HOSPITAL AT GULFPORT PO BOX 1810 GULFPORT, MS 39502	64-6010232		30,453.	0.			PATIENT ASSISTANCE

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KALISPELL REGIONAL MEDICAL CENTER 310 SUNNYVIEW LN KALISPELL, MT 59901	23-7293874		20,798.	0.			PATIENT ASSISTANCE
GREAT FALLS CLINIC LLP 1400 29TH ST S GREAT FALLS, MT 59405	81-0141660		38,088.	0.			PATIENT ASSISTANCE
WESTERN MT CLINIC PC PO BOX 7609 MISSOULA, MT 59807	81-0226415		5,072.	0.			PATIENT ASSISTANCE
BILLINGS CLINIC 801 N 29TH ST BILLINGS, MT 59101	81-0231784		27,702.	0.			PATIENT ASSISTANCE
BOZEMAN DEACONESS HOSPITAL 915 HIGHLAND BLVD BOZEMAN, MT 59715	81-0232121		11,098.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS AND SURGEONS 1221 N 26TH ST BILLINGS, MT 59101	81-0303360		5,401.	0.			PATIENT ASSISTANCE
MEDICAL EYE SPECIALIST 300 N WILSON BOZEMAN, MT 59715	81-0309952		6,745.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN EYE CENTER PC 700 W KENT MISSOULA, MT 59801	81-0351370		5,883.	0.			PATIENT ASSISTANCE
GLACIER ONCOLOGY PLLC 75 CLAREMONT ST KALISPELL, MT 59901	81-0514830		8,872.	0.			PATIENT ASSISTANCE

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LOOKING GLASS EYE CENTER 188 MEDICAL PARK DR BREVARD, NC 28712	02-0622351		7,883.	0.			PATIENT ASSISTANCE
MOORE FOOT AND ANKLE SPECIALISTS 136 MIMOSA DR ASHEVILLE, NC 28806	20-0397108		6,259.	0.			PATIENT ASSISTANCE
ASHEVILLE NEUROLOGY SPECIALISTS PA 31 DOGWOOD RD ASHEVILLE, NC 28806	20-0912649		39,667.	0.			PATIENT ASSISTANCE
COOSA VALLEY MEDICAL CTR PO BOX 890533 CHARLOTTE, NC 28289	20-1282261		54,401.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY & ONCOLOGY PO BOX 60630 CHARLOTTE, NC 28260	20-3911637		15,626.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF NC 2605 BLUERIDGE RD RALEIGH, NC 27607	20-5100384		162,925.	0.			PATIENT ASSISTANCE
CAPE FEAR RETINAL ASSOCIATES 1104 MEDICAL CENTER DR WILMINGTON, NC 28401	20-5203879		56,616.	0.			PATIENT ASSISTANCE
THE MACULA CENTER OF NC 630 5TH AVE W HENDERSONVILLE, NC 28739	20-5724902		16,540.	0.			PATIENT ASSISTANCE
WAVERLY HEMATOLOGY ONCOLOGY PO BOX 601043 CHARLOTTE, NC 28260	20-5815295		36,711.	0.			PATIENT ASSISTANCE

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MARK H. NELSON, MD, PA 750 HIGHLAND OAKS DR WINSTON SALEM, NC 27103	20-5932901		41,659.	0.			PATIENT ASSISTANCE
WAKE FOREST UNIVERSITY HEALTH SCIENCES - PO BOX 344 - WINSTON SALEM, NC 27102	22-3849199		8,458.	0.			PATIENT ASSISTANCE
SUSAN ANDRACCHI, MD 2512 DELANEY AVE WILMINGTON, NC 28403	26-2768233		6,446.	0.			PATIENT ASSISTANCE
PIEDMONT RETINA SPECIALISTS, PA 1132 N CHURCH ST GREENSBORO, NC 27401	26-4687965		124,448.	0.			PATIENT ASSISTANCE
SOUTHERN ONCOLOGY SPECIALIST 10030 GILEAD RD HUNTERSVILLE, NC 28078	27-2598523		78,379.	0.			PATIENT ASSISTANCE
FAMILY FOOT AND ANKLE PHYSICIANS 1432 E FIRETOWER RD GREENVILLE, NC 27858	27-3540235		19,068.	0.			PATIENT ASSISTANCE
CAROLINA UROLOGY PARTNERS 9735 KINCEY AVE HUNTERSVILLE, NC 28078	27-3905550		78,413.	0.			PATIENT ASSISTANCE
CENTRAL PIEDMONT RETINA PA 3333 BROOKVIEW HILLS BLVD WINSTON SALEM, NC 27103	27-4198445		148,661.	0.			PATIENT ASSISTANCE
MOSES CONE AFFILIATED PHYSICIANS 1204 MAPLE ST GREENSBORO, NC 27405	30-0554775		12,227.	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
REGIONAL MED ONCOLOGY CTR 2624 ORTHO DR WILSON, NC 27893	45-5189279		21,554.	0.			PATIENT ASSISTANCE
DLP WESTERN CAROLINA PHYSICIAN PRACTICES LLC - PO BOX 602980 - CHARLOTTE, NC 28260	47-1049674		28,051.	0.			PATIENT ASSISTANCE
NEUROLOGY AND PAIN CONSULTANTS, PLLC - 152 E KINDERTON WAY - ADVANCE, NC 27006	47-1843398		56,177.	0.			PATIENT ASSISTANCE
ALTANTIC UROLOGY CLINICS LLC PO BOX 602460 CHARLOTTE, NC 28260	51-0570029		23,194.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER SPECIALISTS, P.C. PO BOX 60609 CHARLOTTE, NC 28260	54-1795091		47,262.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC PO BOX 601507 CHARLOTTE, NC 28260	54-1922084		173,279.	0.			PATIENT ASSISTANCE
NATALIE A DOYLE MD PA 2806 B WOOTEN BLVD WILSON, NC 27893	54-2072308		11,183.	0.			PATIENT ASSISTANCE
LEVINE CANCER INSTITUTE - MAIN 1021 MOREHEAD MEDICAL DR CHARLOTTE, NC 28204	56-0529945		110,143.	0.			PATIENT ASSISTANCE
RANDOLPH HOSPITAL PO BOX 1048 ASHEBORO, NC 27204	56-0530234		11,132.	0.			PATIENT ASSISTANCE

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MISSION HOSPITALS, INC PO BOX 751177 CHARLOTTE, NC 28275	56-0532141		97,106.	0.			PATIENT ASSISTANCE
HIGH POINT REGIONAL HEALTH SYSTEM 601 N ELM ST HIGH POINT, NC 27262	56-0532309		50,999.	0.			PATIENT ASSISTANCE
COLUMBUS REGIONAL HEALTHCARE 500 JEFFERSON ST WHITEVILLE, NC 28472	56-0538020		6,480.	0.			PATIENT ASSISTANCE
PARK RIDGE HOSPITAL PO BOX 601556 CHARLOTTE, NC 28260	56-0543246		119,173.	0.			PATIENT ASSISTANCE
PRESBYTERIAN HOSPITAL PO BOX 71049 CHARLOTTE, NC 28272	56-0554230		5,904.	0.			PATIENT ASSISTANCE
NEW HANOVER REG MED CTR 2131 S 17TH ST WILMINGTON, NC 28401	56-0887181		5,102.	0.			PATIENT ASSISTANCE
FORSYTH MEMORIAL HOSPITAL, INC PO BOX 75216 CHARLOTTE, NC 28275	56-0928089		78,758.	0.			PATIENT ASSISTANCE
PINEHURST MEDICAL CLINIC PO BOX 63283 CHARLOTTE, NC 28263	56-0942980		23,484.	0.			PATIENT ASSISTANCE
CABARRUS EYE CENTER 201 LEPHILLIP CT NE CONCORD, NC 28025	56-0947951		51,421.	0.			PATIENT ASSISTANCE

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GRAYSTONE OPHTHAMOLOGY PO BOX 3445 HICKORY, NC 28603	56-0962483		67,357.	0.			PATIENT ASSISTANCE
KINSTON MEDICAL SPECIALISTS 701 DOCTORS DR KINSTON, NC 28501	56-0986098		10,763.	0.			PATIENT ASSISTANCE
ROWAN DIAGNOSTIC CLINIC P.A. 611 MOCKSVILLE AVE SALISBURY, NC 28144	56-0988429		6,362.	0.			PATIENT ASSISTANCE
BOICE-WILLIS CLINIC PO BOX 7200 ROCKY MOUNT, NC 27804	56-1025986		7,664.	0.			PATIENT ASSISTANCE
MORGANTON EYE PHYSICIANS, PA 335 E PARKER RD MORGANTON, NC 28655	56-1109834		37,983.	0.			PATIENT ASSISTANCE
UNC HOSPITAL PO BOX 71060 CHARLOTTE, NC 28272	56-1118388		50,904.	0.			PATIENT ASSISTANCE
CAROLINA EYE ASSOCIATES 2170 MIDLAND RD SOUTHERN PINES, NC 28387	56-1183309		182,857.	0.			PATIENT ASSISTANCE
CAPE FEAR PODIATRY ASSOCIATES, PA 1738 METROMEDICAL DR FAYETTEVILLE, NC 28304	56-1245721		7,603.	0.			PATIENT ASSISTANCE
ALLERGY PARTNERS OF CENTRAL IN PO BOX 2227 SKYLAND, NC 28776	56-1249571		24,672.	0.			PATIENT ASSISTANCE

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CAROLINA ONCOLOGY ASSOCIATES 825 W HENDERSON ST SALISBURY, NC 28144	56-1279668		7,287.	0.			PATIENT ASSISTANCE
MECKLENBURG NEUROLOGICAL 1900 SCOTT AVE CHARLOTTE, NC 28203	56-1295421		11,418.	0.			PATIENT ASSISTANCE
CAROLINA OPHTHALMOLOGY PA PO BOX 2300 HENDERSONVILLE, NC 28793	56-1310375		55,963.	0.			PATIENT ASSISTANCE
WHITE EYE ASSOCIATES 301 BOWMAN GRAY DR GREENVILLE, NC 27834	56-1341154		33,656.	0.			PATIENT ASSISTANCE
PINEHURST NEUROLOGY PO BOX 1749 PINEHURST, NC 28370	56-1390310		27,275.	0.			PATIENT ASSISTANCE
CAROLINAS MEDICAL CTR PO BOX 32861 CHARLOTTE, NC 28232	56-1398929		34,079.	0.			PATIENT ASSISTANCE
MECKLENBURG EYE ASSOC 2015 RANDOLPH RD CHARLOTTE, NC 28207	56-1464618		10,483.	0.			PATIENT ASSISTANCE
REX HEMATOLOG ONCOLOGY ASSOCIATES 4420 LAKE BOONE TRL RALEIGH, NC 27607	56-1509260		177,441.	0.			PATIENT ASSISTANCE
DR DANIEL EICHENBAUM MD PO BOX 39 MURPHY, NC 28906	56-1616316		18,119.	0.			PATIENT ASSISTANCE

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SOUTHEASTERN MEDICAL ONCOLOGY CENTER - 203 COX BLVD - GOLDSBORO, NC 27534	56-1711669		407,716.	0.			PATIENT ASSISTANCE
MURPHY MEDICAL CENTER 3990 US HIGHWAY 64 E MURPHY, NC 28906	56-1844262		10,000.	0.			PATIENT ASSISTANCE
BIOLOGIC INC 120 WESTON OAKS CT CARY, NC 27513	56-1861614		19,343.	0.			PATIENT ASSISTANCE
GASTON HEMATOLOGY & ONCOLOGY 2610 ABERDEEN BLVD GASTONIA, NC 28054	56-1875764		127,002.	0.			PATIENT ASSISTANCE
CHARLOTTE EENT ASSOC 6035 FAIRVIEW RD CHARLOTTE, NC 28216	56-1896112		247,941.	0.			PATIENT ASSISTANCE
CORNERSTONE HEALTH CARE PO BOX 896050 CHARLOTTE, NC 28289	56-1935767		57,277.	0.			PATIENT ASSISTANCE
FIRST HEALTH OUTPATIENT CANCER CENTER - PO BOX 8500 - PINEHURST, NC 28374	56-1936354		50,116.	0.			PATIENT ASSISTANCE
PIEDMONT HEALTHCARE SPEC PO BOX 63282 CHARLOTTE, NC 28263	56-1965983		103,720.	0.			PATIENT ASSISTANCE
WESTERN CAROLINA RETINAL ASSOCIATION - 8 MEDICAL PARK DR - ASHEVILLE, NC 28803	56-1967404		135,135.	0.			PATIENT ASSISTANCE

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WILMINGTON HEALTH ASSOC PO BOX 600002 RALEIGH, NC 27675	56-1980160		29,016.	0.			PATIENT ASSISTANCE
RALEIGH NEURO ASSOC PA 1540 SUNDAY DR RALEIGH, NC 27607	56-2002729		139,230.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 4414 LAKE BOONE TRL RALEIGH, NC 27607	56-2043271		421,401.	0.			PATIENT ASSISTANCE
ON SLOW ONCOLOGY PRACTICE 3080 HENDERSON DRIVE EXT JACKSONVILLE, NC 28546	56-2049697		18,055.	0.			PATIENT ASSISTANCE
HORIZON EYE CARE PO BOX 60160 CHARLOTTE, NC 28260	56-2052180		106,818.	0.			PATIENT ASSISTANCE
COASTAL CAROLINA HEALTH CARE PO BOX 12248 NEW BERN, NC 28561	56-2054060		155,176.	0.			PATIENT ASSISTANCE
DUKE UNIVERSITY MEDICAL CENTER PO BOX 751274 CHARLOTTE, NC 28275	56-2070036		33,556.	0.			PATIENT ASSISTANCE
NOVANT HEALTH ONCOLOGY ASSOC PO BOX 602362 CHARLOTTE, NC 28260	56-2084786		9,909.	0.			PATIENT ASSISTANCE
RETINA OF COASTAL CAROLINA 1801 NEW HANOVER MEDICAL PARK DR WILMINGTON, NC 28403	56-2162061		118,829.	0.			PATIENT ASSISTANCE

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ONCOLOGY SPECIALISTS OF CHARLOTTE 2711 RANDOLPH RD CHARLOTTE, NC 28207	56-2179043		146,653.	0.			PATIENT ASSISTANCE
ARTHRITIS - OSTEOPOROSIS CONSULTANTS - PO BOX 63235 - CHARLOTTE, NC 28263	56-2202409		19,243.	0.			PATIENT ASSISTANCE
LAKE NORMAN HEMATOLOGY ONCOLOGY SPECIALISTS - 170 MEDICAL PARK RD - MOORESVILLE, NC 28117	56-2216617		70,590.	0.			PATIENT ASSISTANCE
CAROLINA UROLOGICAL ASSOC.WIN.SALEM - PO BOX 25866 - WINSTON SALEM, NC 27114	56-2227628		19,517.	0.			PATIENT ASSISTANCE
GRACE HEMATOLOGY & ONCOLOGY PO BOX 38 FLETCHER, NC 28732	56-2227967		5,572.	0.			PATIENT ASSISTANCE
MEDICAL EYE ASSOCIATES 1707 MEDICAL PARK DR W WILSON, NC 27893	56-2236739		21,040.	0.			PATIENT ASSISTANCE
TAYLOR RETINA CENTER 1101 DRESSER CT RALEIGH, NC 27609	56-2261355		75,654.	0.			PATIENT ASSISTANCE
MECKLENBURG MEDICAL GROUP - RHEUMATOLOGY - PO BOX 601643 - CHARLOTTE, NC 28260	56-2274416		41,222.	0.			PATIENT ASSISTANCE
HAYWOOD REGIONAL MEDICAL CTR PO BOX 369 CLYDE, NC 28721	56-6000535		7,747.	0.			PATIENT ASSISTANCE

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LENIOR MEMORIAL HOSPITAL PO BOX 1678 KINSTON, NC 28502	56-6000674		5,066.	0.			PATIENT ASSISTANCE
UNIVERSITY MEDICAL ASSOCIATES PO BOX 751461 CHARLOTTE, NC 28275	57-0935917		50,729.	0.			PATIENT ASSISTANCE
BON SECOURS ST FRANCIS HOSPITAL PO BOX 751874 CHARLOTTE, NC 28275	57-1067254		8,457.	0.			PATIENT ASSISTANCE
GREENVILLE HOSPITAL SYSTEM-UNIV MED GRP - PO BOX 60087 - CHARLOTTE, NC 28260	57-6007863		7,338.	0.			PATIENT ASSISTANCE
MOSES H CONE MEM HOSP PO BOX 26580 GREENSBORO, NC 27415	58-1588823		30,394.	0.			PATIENT ASSISTANCE
HAWKINS COUNTY MEMORIAL HOSP PO BOX 904160 CHARLOTTE, NC 28290	62-1816368		115,555.	0.			PATIENT ASSISTANCE
RADIATION THERAPY OF WESTERN NC PO BOX 60914 CHARLOTTE, NC 28260	62-1873675		129,093.	0.			PATIENT ASSISTANCE
NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	56-0543246		119,173.	0.			PATIENT ASSISTANCE
GRUBE RETINA CLINIC 107 3RD AVE NW MANDAN, ND 58554	27-2711099		5,245.	0.			PATIENT ASSISTANCE

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RETINA CONSULTANTS LTD 2345 25TH ST S FARGO, ND 58103	45-0408552		34,319.	0.			PATIENT ASSISTANCE
FIRST EYE ASSOCIATES 8111 DODGE ST OMAHA, NE 68114	20-0321728		30,747.	0.			PATIENT ASSISTANCE
MEDICAL ONC & HEMATOLOGY, PC 4242 FARNAM ST OMAHA, NE 68131	20-2862217		6,365.	0.			PATIENT ASSISTANCE
ARKFELD PARSON GOLDSTEIN PC 16820 FRANCES ST OMAHA, NE 68130	27-0958867		6,076.	0.			PATIENT ASSISTANCE
REGIONAL WEST PHYSICIANS CLINIC PO BOX 1248 SCOTTSBLUFF, NE 69363	36-3314159		5,182.	0.			PATIENT ASSISTANCE
MS CENTER OF NEBRASKA 575 FALLBROOK BLVD LINCOLN, NE 68521	46-1284944		5,929.	0.			PATIENT ASSISTANCE
BEATRICE COMMUNITY HOSPITAL OUTPATIENT DEPART - PO BOX 278 - BEATRICE, NE 68310	47-0379834		6,007.	0.			PATIENT ASSISTANCE
EYE SURGICAL ASSOCIATES 1710 S 70TH ST LINCOLN, NE 68506	47-0626698		118,021.	0.			PATIENT ASSISTANCE
ONCOLOGY ASSOC PC 8303 DODGE ST OMAHA, NE 68114	47-0626996		13,153.	0.			PATIENT ASSISTANCE

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IRA A PRILUCK, MD PC 7710 MERCY RD OMAHA, NE 68124	47-0628387		6,804.	0.			PATIENT ASSISTANCE
BRUMM EYE & LASER VISION CENTER 6751 N 72ND ST OMAHA, NE 68122	47-0672950		6,338.	0.			PATIENT ASSISTANCE
J C WELCH OPHTHALMOLOGY PC 2115 N KANSAS AVE HASTINGS, NE 68901	47-0717975		29,812.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY WEST P.O PO BOX 241578 OMAHA, NE 68124	47-0754790		66,199.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS PO BOX 641850 OMAHA, NE 68164	47-0770654		65,937.	0.			PATIENT ASSISTANCE
ADULT & PEDIATRIC UROLOGY PC PO BOX 8577 OMAHA, NE 68108	47-0779349		21,056.	0.			PATIENT ASSISTANCE
MIDWEST EYE CARE 4353 DODGE ST OMAHA, NE 68137	47-0805428		132,570.	0.			PATIENT ASSISTANCE
HEARTLAND HEMATOLGY & ONCOLOGY 412 W 42ND ST KEARNEY, NE 68845	47-0833506		21,482.	0.			PATIENT ASSISTANCE
OMAHA EYE & LASER INST 11606 NICHOLAS ST OMAHA, NE 68154	47-0842184		27,982.	0.			PATIENT ASSISTANCE

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NEBRASKA HEMATOLOGY AND ONCOLOGY PC - 4004 PIONEER WOODS DR - LINCOLN, NH 68506	91-1806105		7,733.	0.			PATIENT ASSISTANCE
NEBRASKA MEDICAL CENTER PO BOX 3839 OMAHA, NH 68103	91-1858433		32,312.	0.			PATIENT ASSISTANCE
SOUTHEAST NE HEMATOLOGY/ONCOLOGY CONSU - 201 S 68TH STREET PL - LINCOLN, NH 68510	91-1862785		53,582.	0.			PATIENT ASSISTANCE
LAKES REGIONAL GENERAL HOSPITAL 80 HIGHLAND ST LACONIA, NH 03246	02-0222150		7,382.	0.			PATIENT ASSISTANCE
NEW HAMPSHIRE ONC HEMA 200 TECHNOLOGY DR HOOKSETT, NH 03106	02-0335060		25,192.	0.			PATIENT ASSISTANCE
EYE CENTER OF CONCORD 2 PILLSBURY ST CONCORD, NH 03301	02-0339119		5,118.	0.			PATIENT ASSISTANCE
NASHUA EYE ASSOCIATES 5 COLISEUM AVE NASHUA, NH 03063	02-0427686		33,407.	0.			PATIENT ASSISTANCE
FOUNDATION MEDICAL PARTNERS PO BOX 3677 NASHUA, NH 03061	02-0456218		7,352.	0.			PATIENT ASSISTANCE
CONCORD HOSPITAL 250 PLEASANT ST CONCORD, NH 03301	22-2594672		6,533.	0.			PATIENT ASSISTANCE

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RETINA VISION CENTER 107 RIVERWAY PL BEDFORD, NH 03110	74-3256146		13,346.	0.			PATIENT ASSISTANCE
HUNTERDON HEMATOLOGY & ONCOLOGY 2100 WESCOTT DR FLEMINGTON, NJ 08822	02-0543270		21,905.	0.			PATIENT ASSISTANCE
OCEAN COUNTY RETINA PC 780 ROUTE 37 W TOMS RIVER, NJ 08755	02-0673668		26,844.	0.			PATIENT ASSISTANCE
RETINA GROUP OF NY PO BOX 30834 NEWARK, NJ 07188	13-3792500		5,614.	0.			PATIENT ASSISTANCE
WEST SIDE MEDICAL SERVICES, PC PO BOX 99 PALISADES PK, NJ 07650	13-4113433		5,175.	0.			PATIENT ASSISTANCE
ANIL PONNAMBALAM MD 40 BEY LEA RD TOMS RIVER, NJ 08753	20-2814225		47,428.	0.			PATIENT ASSISTANCE
GARDEN STATE RETINA ASSOC 555 SHREWSBURY AVE SHREWSBURY, NJ 07702	20-3631070		12,609.	0.			PATIENT ASSISTANCE
PAUL PHILLIPS EYE & SURGERY CENTER 6 B MINNEAKINING RD FLEMINGTON, NJ 08822	20-5375981		11,328.	0.			PATIENT ASSISTANCE
RETINA ASSOC OF NJ PA 628 CEDAR LN TEANECK, NJ 07666	20-8346981		632,625.	0.			PATIENT ASSISTANCE

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RWJUH HAMILTON PO BOX 48025 NEWARK, NJ 07101	21-0634572		29,570.	0.			PATIENT ASSISTANCE
CAPE REGIONAL MEDICAL CENTER 2 STONE HARBOR BOULEVARD CAPE MAY COURT HOUSE, NJ 08210	21-0662542		6,341.	0.			PATIENT ASSISTANCE
MIDATLANTIC OPHTHALMOLOGY 70 E FRONT ST RED BANK, NJ 07701	22-3204853		8,984.	0.			PATIENT ASSISTANCE
VALLEY HOSPITAL 223 N VAN DIEN AVE RIDGEWOOD, NJ 07450	22-1487307		8,432.	0.			PATIENT ASSISTANCE
HACKENSACK UNIVERSITY MED CTR PO BOX 48027 NEWARK, NJ 07101	22-1487576		6,335.	0.			PATIENT ASSISTANCE
CENTRASTATE MEDICAL CTR INC 901 W MAIN ST FREEHOLD, NJ 07728	22-1750190		11,861.	0.			PATIENT ASSISTANCE
THE MINNITI CTR 174 DEMOCRAT RD MICKLETON, NJ 08056	22-1929064		27,782.	0.			PATIENT ASSISTANCE
ANGIOLETTI RETINA ASSOCIATES 1617 PALISADE AVE FORT LEE, NJ 07024	22-2103115		9,804.	0.			PATIENT ASSISTANCE
THE EYE CENTER 65 MOUNTAIN BOULEVARD EXT WARREN, NJ 07059	22-2116553		7,690.	0.			PATIENT ASSISTANCE

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SOUTH JERSEY EYE PHYSICIANS 509 S LENOLA RD MOORESTOWN, NJ 08057	22-2116946		43,559.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS OF SUSSEX COUNTY 183 HIGH ST NEWTON, NJ 07860	22-2172159		17,067.	0.			PATIENT ASSISTANCE
SOUTHERN HEMATOLOGY ONCOLOGY ASSOC 1027 E CHESTNUT AVE VINELAND, NJ 08360	22-2182145		5,578.	0.			PATIENT ASSISTANCE
OPHTHALMIC PHYSICIANS OF MONMOUTH 733 N BEERS ST HOLMDEL, NJ 07733	22-2229262		6,315.	0.			PATIENT ASSISTANCE
SANTA MARIA EYE CENTER 104 MARKET ST PERTH AMBOY, NJ 08861	22-2237946		13,385.	0.			PATIENT ASSISTANCE
VITREO RETINAL ASSOC 36 NEWARK AVE BELLEVILLE, NJ 07109	22-2284162		44,049.	0.			PATIENT ASSISTANCE
PRINCETON MEDICAL GROUP 419 N HARRISON ST PRINCETON, NJ 08540	22-2306123		14,028.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES OF NORTH JERSEY - 1415 QUEEN ANN RD - TEANECK, NJ 07666	22-2322338		12,079.	0.			PATIENT ASSISTANCE
MERCER BUCKS HEMATOLOY/ONCOLOGY 2 CAPTIAL WAY PENNINGTON, NJ 08534	22-2369868		6,652.	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
PHILLIPS EYE CENTER 619 RIVER RD ELMWOOD PARK, NJ 07407	22-2506392		8,574.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY OF CENTRAL NJ 180 WHITE RD LITTLE SILVER, NJ 07739	22-2538456		9,961.	0.			PATIENT ASSISTANCE
DELAWARE VALLEY RETINA ASSOCIATES 4 PRINCESS RD LAWRENCEVILLE, NJ 08648	22-3142598		73,167.	0.			PATIENT ASSISTANCE
RETINAL & OPHTHALMIC CONSULTANTS 1500 TILTON RD NORTHFIELD, NJ 08225	22-3146260		101,418.	0.			PATIENT ASSISTANCE
DRS ROBERT P FEIN & DAVID A RICHARDS - 75 VERONICA AVE - SOMERSET, NJ 08873	22-3166581		16,352.	0.			PATIENT ASSISTANCE
RETINA VITREOUS CONSULTANTS 349 E NORTHFIELD RD LIVINGSTON, NJ 07039	22-3393043		19,145.	0.			PATIENT ASSISTANCE
NAZHA CANCER CENTER 411 NEW RD NORTHFIELD, NJ 08225	22-3424577		18,232.	0.			PATIENT ASSISTANCE
ONCOLOGY & HEMATOLOGY ASSOC CENTRAL JERSEY P - 2177 OAKTREE RD - EDISON, NJ 08820	22-3439054		15,175.	0.			PATIENT ASSISTANCE
ADULT MEDICAL ONCOLOGY HEMATOLOGY 39 SYCAMORE AVE LITTLE SILVER, NJ 07739	22-3471515		11,699.	0.			PATIENT ASSISTANCE

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GREGORY P MANZULLO MD 100 COMMONS WAY TOMS RIVER, NJ 08756	22-3477172		30,785.	0.			PATIENT ASSISTANCE
DANIEL Y. KIM MD PA 540 BERGEN BLVD PALISADES PK, NJ 07650	22-3500479		15,593.	0.			PATIENT ASSISTANCE
BANNETT EYE CENTERS 620 N BROAD ST WOODBURY, NJ 08096	22-3549309		15,235.	0.			PATIENT ASSISTANCE
COMBINED HEMATOLOGY ONCOLOGY PRACTICE OF NJ - 210 PALISADES AVE - JERSEY CITY, NJ 07306	22-3588361		19,622.	0.			PATIENT ASSISTANCE
ESSEX HEMATOLOGY ONCOLOGY GROUP PA 36 NEWARD AVE BELLEVILLE, NJ 07109	22-3603490		53,923.	0.			PATIENT ASSISTANCE
M&M FLORCZYK CORP 3G PARLIN DR PARLIN, NJ 08859	22-3628478		5,275.	0.			PATIENT ASSISTANCE
BURLINGTON COUNTY HEMATOLOGY ONCOLOGY - 101 BURRS RD - WESTAMPTON, NJ 08060	22-3669121		42,807.	0.			PATIENT ASSISTANCE
NJ HEMATOLOGY ONCOLOGY ASSOCIATES PO BOX 732 BRICK, NJ 08723	22-3741971		68,370.	0.			PATIENT ASSISTANCE
ADULT MEDICAL ONCOLOGY HEMATOLOGY GRP - 39 SYCAMORE AVE - LITTLE SILVER, NJ 07739	22-3763567		7,545.	0.			PATIENT ASSISTANCE

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JOHN F KENNEDY MED CTR PO BOX 18007 NEWARK, NJ 07191	22-6019101		8,137.	0.			PATIENT ASSISTANCE
VENANGO ONCOLOGY HEMATOLOGY ASSOC PO BOX 18837 NEWARK, NJ 07191	25-1896639		50,264.	0.			PATIENT ASSISTANCE
GARDEN STATE UROLOGY, LLC PO BOX 912 WHIPPANY, NJ 07981	26-2127659		21,086.	0.			PATIENT ASSISTANCE
LOVING CARE ONCOLOGY LLC 2130 MILLBURN AVE MAPLEWOOD, NJ 07040	26-3453170		9,550.	0.			PATIENT ASSISTANCE
HUDSON NEUROLOGICS, LLC 1222 KENNEDY BLVD BAYONNE, NJ 07002	26-3815953		27,211.	0.			PATIENT ASSISTANCE
M. H. ALY, MD, P.C 2 TRICORNE CT HOLMDEL, NJ 07733	27-2077616		12,712.	0.			PATIENT ASSISTANCE
THE RETINA CENTER OF NEW JERSEY 1255 BROAD ST BLOOMFIELD, NJ 07003	27-3654710		44,365.	0.			PATIENT ASSISTANCE
BIOLOGIC TX, LLC 40 D COMMERCE WAY TOTOWA, NJ 07512	27-5081887		7,279.	0.			PATIENT ASSISTANCE
HUDSON HEMATOLOGY 377 JERSEY AVE JERSEY CITY, NJ 07306	45-4211891		19,148.	0.			PATIENT ASSISTANCE

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CRYSTAL MEDICAL GROUP 310 CENTRAL AVE EAST ORANGE, NJ 07018	45-4863386		16,577.	0.			PATIENT ASSISTANCE
SOUTH NASSAU ONCOLOGY PRACTICE PC PO BOX 11513 NEWARK, NJ 07101	46-2905667		9,488.	0.			PATIENT ASSISTANCE
ST. MARY'S HOSPITAL 350 BOULEVARD PASSAIC, NJ 07055	46-3499370		5,903.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER & HEMATOLOGY SPECIALISTS - 705 WHITE HORSE RD - VOORHEES, NJ 08043	52-1676914		193,278.	0.			PATIENT ASSISTANCE
AHS HOSPITAL CORP. PO BOX 10219 NEWARK, NJ 07193	52-1958352		34,470.	0.			PATIENT ASSISTANCE
QUALIFY EYE CENTER 6 SAMARA CIR NORTHFIELD, NJ 08225	56-2398390		21,006.	0.			PATIENT ASSISTANCE
SARAH EASAW 1255 ROUTE 70 LAKEWOOD, NJ 08701	86-1153650		18,227.	0.			PATIENT ASSISTANCE
HIGH COUNTRY MACULAR RETINA VITREOUS - 465 ST MICHAELS DR - SANTA FE, NM 87505	20-0660971		36,663.	0.			PATIENT ASSISTANCE
ABQ HEALTH PARTNERS, LLC PO BOX 27829 ALBUQUERQUE, NM 87125	20-4043287		9,484.	0.			PATIENT ASSISTANCE

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WOMENS CANCER AND SURGICAL CARE 4610 JEFFERSON LN NE ALBUQUERQUE, NM 87109	26-4761633		24,010.	0.			PATIENT ASSISTANCE
MASOUD KHORSAND-SAHBAIE MD PO BOX 1574 ROSWELL, NM 88202	74-2823514		9,388.	0.			PATIENT ASSISTANCE
SOUTHWEST EYECARE SPECIALISTS PC 7110 WYOMING BLVD NE ALBUQUERQUE, NM 87109	74-2838103		107,551.	0.			PATIENT ASSISTANCE
FAMILY FOOT HEALTH SPECIALISTS, PC 718 LOMAS BLVD NW ALBUQUERQUE, NM 87102	80-0143006		8,992.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF NEW MEXICO PO BOX 90550 ALBUQUERQUE, NM 87199	85-0246856		227,653.	0.			PATIENT ASSISTANCE
LOVELACE CANCER CARE PROGRAM 715 DR MLK JR AVE NE ALBUQUERQUE, NM 87102	85-0327237		20,126.	0.			PATIENT ASSISTANCE
BISHNU JIBAN RAUTH 4351 E LOHMAN LAS CRUCES, NM 88011	85-0395681		11,999.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC 1001 COAL AVE SE ALBUQUERQUE, NM 87106	85-0460777		5,041.	0.			PATIENT ASSISTANCE
UROLOGY NEVADA CARE CENTER 1500 N E 2ND ST RENO, NV 89502	20-8628418		38,554.	0.			PATIENT ASSISTANCE

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HEALTHCARE PARTNERS MEDICAL CENTER - SAN MART - PO BOX 26237 - LAS VEGAS, NV 89126	88-0133767		12,703.	0.			PATIENT ASSISTANCE
ALPINE HEMATOLOGY AND ONCOLOGY 236 W 6TH ST RENO, NV 89503	88-0152239		6,966.	0.			PATIENT ASSISTANCE
HEALTHCARE PARTNERS MEDICAL GROUP 8285 W ARBY AVE LAS VEGAS, NV 89113	88-0213519		370,759.	0.			PATIENT ASSISTANCE
LUIS DIAZ MD 3150 N TENAYA WAY LAS VEGAS, NV 89128	88-0309662		9,073.	0.			PATIENT ASSISTANCE
RENO ONCOLOGY CONSULTANTS 85 KIRMAN AVE RENO, NV 89502	88-0315123		31,711.	0.			PATIENT ASSISTANCE
CANCER & BLOOD SPECIALISTS OF NV 58 N PECOS RD HENDERSON, NV 89074	88-0370553		286,233.	0.			PATIENT ASSISTANCE
NEVADA RETINA ASSOC 610 SIERRA ROSE DR RENO, NV 89511	88-0383202		32,997.	0.			PATIENT ASSISTANCE
OSTEOPOROSIS AND ARTHRITIS CENTER 10001 S EASTERN AVE HENDERSON, NV 89052	88-0418235		7,499.	0.			PATIENT ASSISTANCE
WINTHROP UNIVERSITY HOSPITAL PO BOX 9562 UNIONDALE, NY 11555	11-1633486		22,805.	0.			PATIENT ASSISTANCE

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HUNTINGTON MEDICAL GROUP PO BOX 10022 UNIONDALE, NY 11555	11-2236309		24,169.	0.			PATIENT ASSISTANCE
LONG ISLAND EYE SURGICAL CARE-BRENTWOOD - 601 SUFFOLK AVE - BRENTWOOD, NY 11717	11-2355523		21,257.	0.			PATIENT ASSISTANCE
NORTHSHORE HEMATOLOGY ONCOLOGY ASSOC - PO BOX 5773 - HICKSVILLE, NY 11802	11-2419534		335,224.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOCIATES 40 CROSSWAYS PARK DR WOODBURY, NY 11797	11-2477852		15,102.	0.			PATIENT ASSISTANCE
KEN CARNEVALE MD 865 MERRICK AVE WESTBURY, NY 11590	11-2498332		131,525.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOC W SUFFOLK - 24 E MAIN ST - BAY SHORE, NY 11706	11-2543318		7,138.	0.			PATIENT ASSISTANCE
LONG ISLAND VITREO RETINAL CONSULTANTS - RIVE - 600 NORTHERN BLVD - GREAT NECK, NY 11021	11-2566918		537,766.	0.			PATIENT ASSISTANCE
DELFINO CRESCENZO, MD 161-50 92ND HOWARD BEACH, NY 11414	11-2770663		11,993.	0.			PATIENT ASSISTANCE
JAMES MAISEL, MD 400 S OYSTER BAY RD HICKSVILLE, NY 11801	11-2806486		37,395.	0.			PATIENT ASSISTANCE

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KINGS PARK SLOPE 357 FLATBUSH AVE BROOKLYN, NY 11238	11-2824774		7,802.	0.			PATIENT ASSISTANCE
SOUTH SHORE NEUROLOGIC ASSOCIATES 712 MAIN ST ISLIP, NY 11751	11-2969525		44,870.	0.			PATIENT ASSISTANCE
RADIATION THERAPIST ASSOCIATES 506 SIXTH ST BROOKLYN, NY 11215	11-3023153		7,582.	0.			PATIENT ASSISTANCE
NORTH SHORE PULMONARY ASSOCIATES PC - 6 OHIO DR - LAKE SUCCESS, NY 11042	11-3088910		6,318.	0.			PATIENT ASSISTANCE
PROHEALTH CARE ASSOCIATES 2800 MARCUS AVE LAKE SUCCESS, NY 11042	11-3355604		25,716.	0.			PATIENT ASSISTANCE
PARK SLOPE MEDICINE PC PO BOX 5450 NEW YORK, NY 10087	11-3362663		105,875.	0.			PATIENT ASSISTANCE
LEV BARSKY MD 3069 WYNSUM AVE N MERRICK, NY 11566	11-3434223		7,454.	0.			PATIENT ASSISTANCE
MEDICAL & SURGICAL 902 49TH ST BROOKLYN, NY 11219	11-3437858		11,615.	0.			PATIENT ASSISTANCE
NORTH SHORE HEMATOLOGY ONCOLOGY 1201 NORTHERN BLVD MANHASSET, NY 11030	11-3472223		40,852.	0.			PATIENT ASSISTANCE

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HEMATOLOGY ONCOLOGY ASSOCIATES OF BROOKLYN - 1660 E 14TH - BROOKLYN, NY 11229	11-3509474		21,175.	0.			PATIENT ASSISTANCE
PROGRESSIVE ONCOLOGY PC 180 E MAIN ST BAY SHORE, NY 11706	11-3587594		5,134.	0.			PATIENT ASSISTANCE
EASTERN LONG ISLAND HEMATOLOGY ONCOLOGY - 1333 E MAIN ST - RIVERHEAD, NY 11901	11-3601943		36,173.	0.			PATIENT ASSISTANCE
MARK R FLECKNER MD PC 520 FRANKLIN AVE GARDEN CITY, NY 11530	11-3625823		29,362.	0.			PATIENT ASSISTANCE
SINA DRUG CORP DBA 225 COMMUNITY DR GREAT NECK, NY 11201	11-3641000		19,048.	0.			PATIENT ASSISTANCE
WEILL CORNELL EYE ASSOC PO BOX 29530 GPO NEW YORK, NY 10087	13-1623978		21,515.	0.			PATIENT ASSISTANCE
MOUNT SINAI HOSPITAL PO BOX 27759 NEW YORK, NY 10087	13-1624096		16,322.	0.			PATIENT ASSISTANCE
NEW YORK PRESBYTERIAN HOSP PO BOX 6154 NEW YORK, NY 10249	13-1624149		7,540.	0.			PATIENT ASSISTANCE
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 10467	13-1740114		102,856.	0.			PATIENT ASSISTANCE

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NYACK HOSPITAL 160 N MIDLAND AVE NYACK, NY 10960	13-1740119		7,655.	0.			PATIENT ASSISTANCE
HUDSON VALLEY HOSPITAL CENTER 1980 COMPOUND RD CORTLANDT MANOR, NY 10567	13-1740120		21,472.	0.			PATIENT ASSISTANCE
CENTRAL PARK HEM AND ONC 12 E 86TH ST NEW YORK, NY 10028	13-2667055		7,189.	0.			PATIENT ASSISTANCE
OPHTHALMOLOGY ASSOC OF STATEN ISLAND - 1460 VICTORY BLVD - STATEN ISLAND, NY 10301	13-2674220		76,293.	0.			PATIENT ASSISTANCE
VITREOUS RETINA MACULA CONSULTANTS OF NY - 460 PARK AVE - 5TH FLOOR NEW YORK, NY 10022	13-2721177		116,565.	0.			PATIENT ASSISTANCE
VINCENT GIOVINAZZO MD 475 SEAVIEW AVE STATEN ISLAND, NY 10305	13-3246743		11,901.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF NY 140 E 80TH ST NEW YORK, NY 10021	13-3362125		48,560.	0.			PATIENT ASSISTANCE
RETINA CONSULTATIONS 915 PALMER RD BRONXVILLE, NY 10708	13-3384277		36,391.	0.			PATIENT ASSISTANCE
GARY GLICKMAN, MD 30 PARK AVE NEW YORK, NY 10016	13-3542847		7,695.	0.			PATIENT ASSISTANCE

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JEFFREY JOSEF MD 257 LAFAYETTE AVENUE RTE 59 AIRMONT, NY 10901	13-3672356		52,128.	0.			PATIENT ASSISTANCE
WESTCHESTER HEMATOLOGY ONCOLOGY ASSOC POP - PO BOX 663 - MOUNT KISCO, NY 10549	13-3672555		12,731.	0.			PATIENT ASSISTANCE
HUDSON RETINA 984 N BROADWAY YONKERS, NY 10701	13-3716955		7,934.	0.			PATIENT ASSISTANCE
GEORGE THOMAS SCHIRRIPIA MD 970 N BROADWAY YONKERS, NY 10701	13-3747064		6,139.	0.			PATIENT ASSISTANCE
HUDSON RETINA 94 PINE ST POUGHKEEPSIE, NY 12601	13-3954402		65,847.	0.			PATIENT ASSISTANCE
CRAIG FERN MD 105 S BEDFORD RD MOUNT KISCO, NY 10549	13-4037432		29,198.	0.			PATIENT ASSISTANCE
QUEENS MEDICAL ASSOCIATES 176-60 UNION TPKE FRESH MEADOWS, NY 11366	13-4145867		111,641.	0.			PATIENT ASSISTANCE
LOUIS MAISEL MD 20 SQUADRON BLVD NEW CITY, NY 10956	13-4168604		32,573.	0.			PATIENT ASSISTANCE
MICHAEL NISSEN MD PC 1317 THIRD AVE NEW YORK, NY 10021	13-4174737		11,996.	0.			PATIENT ASSISTANCE

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BASSETT HEALTHCARE 178 GRANDVIEW DR COBLESKILL, NY 12043	13-5596796		12,241.	0.			PATIENT ASSISTANCE
PREMIER MEDICAL GROUP OF THE HUDSON VALLEY PC - 243 NORTH RD - POUGHKEEPSIE, NY 12601	14-1536357		23,281.	0.			PATIENT ASSISTANCE
MID- HUDSON RETINA CONSULTANTS 450 GIDNEY AVE NEWBURGH, NY 12550	14-1636401		59,570.	0.			PATIENT ASSISTANCE
HUDSON VALLEY HEMA/ONC 19 BAKER AVE POUGHKEEPSIE, NY 12601	14-1645596		105,658.	0.			PATIENT ASSISTANCE
COMMUNITY CARE PHYSICIANS PC 711 TROY-SCHENECTADY RD LATHAM, NY 12110	14-1660131		12,842.	0.			PATIENT ASSISTANCE
DAVID SPERBER CLINIC 113 S JENSEN RD VESTAL, NY 13850	14-1789555		21,733.	0.			PATIENT ASSISTANCE
NEW YORK ONCOLOGY HEMATOLOGY, PC 43 NEW SCOTLAND AVE ALBANY, NY 12208	14-1799724		174,096.	0.			PATIENT ASSISTANCE
RETINA CARE CONSULTANTS 223 GREAT OAKS BLVD ALBANY, NY 12203	14-1814470		194,598.	0.			PATIENT ASSISTANCE
KENNEDY OPHTHALMOLOGY 1675 PROVIDENCE AVE SCHENECTADY, NY 12309	14-1821767		6,612.	0.			PATIENT ASSISTANCE

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NYS CFC OF THE STATE COMPTROLLER BUREAU PO BOX 8000 - PO BOX 8000 - BUFFALO, NY 14267	14-6013200		11,686.	0.			PATIENT ASSISTANCE
CLAXTON- HEPBURN MEDICAL CENTER 214 KING ST OGDENSBURG, NY 13669	15-0559686		26,452.	0.			PATIENT ASSISTANCE
CORNING HOSPITAL 1 GUTHRIE DR S CORNING, NY 14830	16-0393490		12,970.	0.			PATIENT ASSISTANCE
FREDERICK FERRIS THOMPSON HOSPITAL 350 PARRISH ST CANANDAIGUA, NY 14424	16-0743024		6,257.	0.			PATIENT ASSISTANCE
OLEAN GENERAL HOSPITAL 515 MAIN ST OLEAN, NY 14780	16-0743102		14,923.	0.			PATIENT ASSISTANCE
ROCHESTER GENERAL HOSPITAL PO BOX 10758 ROCHESTER, NY 14610	16-0743134		31,216.	0.			PATIENT ASSISTANCE
UNIVERSITY OF ROCHESTER STRONG MEMORIAL HOSPI - 601 ELMWOOD AVE - ROCHESTER, NY 14642	16-0743209		46,565.	0.			PATIENT ASSISTANCE
OLEAN MEDICAL GROUP 535 MAIN ST OLEAN, NY 14760	16-0775812		7,830.	0.			PATIENT ASSISTANCE
MARY M GOOLEY HEMOPHILIA CENTER 1415 PORTLAND AVE ROCHESTER, NY 14621	16-0836536		5,200.	0.			PATIENT ASSISTANCE

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RETINA VITREOUS SURGEONS OF CNY PC 3107 E GENESEE ST SYRACUSE, NY 13224	16-0993668		828,725.	0.			PATIENT ASSISTANCE
BUFFALO MEDICAL GROUP PO BOX 8000 BUFFALO, NY 14267	16-1000580		59,513.	0.			PATIENT ASSISTANCE
CANTON POTSDAM HOSPITAL 50 LEROY ST POTSDAM, NY 13676	16-1012691		11,316.	0.			PATIENT ASSISTANCE
STRONG MEMORIAL HOSPITAL 601 ELMWOOD AVE ROCHESTER, NY 14642	16-1029490		9,845.	0.			PATIENT ASSISTANCE
EYE ASSOCIATES OF UTICA 2206 GENESEE ST UTICA, NY 13502	16-1056604		17,254.	0.			PATIENT ASSISTANCE
RAMAN SOOD PC 617 CENTRAL AVE DUNKIRK, NY 14048	16-1059338		59,978.	0.			PATIENT ASSISTANCE
PETER WM FORGACH, MD 405 INTERNATIONAL DR BUFFALO, NY 14221	16-1149487		26,897.	0.			PATIENT ASSISTANCE
UNITED HEALTH SERVICES HOSPITALS INC - PO BOX 5214 - BINGHAMTON, NY 13902	16-1165049		47,540.	0.			PATIENT ASSISTANCE
UNIVERSITY EYE SPECIALIST 2469 STATE ROUTE 19 N WARSAW, NY 14569	16-1178293		68,101.	0.			PATIENT ASSISTANCE

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RETINA ASSOCIATES OF WESTERN NEW YORK - 160 SAWGRASS DR - ROCHESTER, NY 14620	16-1182825		220,383.	0.			PATIENT ASSISTANCE
AAIR, PC 300 MERIDIAN CTR ROCHESTER, NY 14618	16-1251533		6,586.	0.			PATIENT ASSISTANCE
ISOSCELES D GARBES MD 3612 SENECA ST BUFFALO, NY 14224	16-1320291		68,350.	0.			PATIENT ASSISTANCE
BUFFALO RHEUMATOLOGY 3055 SW N BLVD ORCHARD PARK, NY 14127	16-1359836		23,534.	0.			PATIENT ASSISTANCE
BUFFALO RHEUMATOLOGY 3055 SW N BLVD ORCHARD PARK, NY 14127	16-1359836		35,226.	0.			PATIENT ASSISTANCE
EYE CARE FOR THE ADIRONDACKS 450 MARGARET ST PLATTSBURGH, NY 12901	16-1415081		51,339.	0.			PATIENT ASSISTANCE
MARK COMARATTA MD PO BOX 8000 BUFFALO, NY 14267	16-1446078		7,700.	0.			PATIENT ASSISTANCE
MICHEAL LAHOOD, MD, PC PO BOX 472 VAN BUREN BAY, NY 14048	16-1446218		12,150.	0.			PATIENT ASSISTANCE
INFUSACARE 4811 BUCKLEY RD LIVERPOOL, NY 13088	16-1455340		22,194.	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
ANDREW Y SOH MD 2950 ELMWOOD AVE KENMORE, NY 14120	16-1463804		26,187.	0.			PATIENT ASSISTANCE
DEPARTMENT OF MEDICINE PO BOX 4848 SYRACUSE, NY 13221	16-1475278		21,955.	0.			PATIENT ASSISTANCE
ATUL BUTALA PHYSICIAN PC 807 NEWELL ST UTICA, NY 13502	16-1482569		25,785.	0.			PATIENT ASSISTANCE
UNIVERSITY OPHTHALMOGY SERVICE PO BOX 3297 BUFFALO, NY 14240	16-1492711		16,647.	0.			PATIENT ASSISTANCE
WISA SHOKRI, MD 164 WASHINGTON AVE BATAVIA, NY 14020	16-1550420		9,072.	0.			PATIENT ASSISTANCE
ROSWELL PARK CANCER INSTITUTE PRACTICE PLAN - PO BOX 8000 - BUFFALO, NY 14267	16-1552370		110,987.	0.			PATIENT ASSISTANCE
BROOME ONCOLOGY 30 HARRISON ST JOHNSON CITY, NY 13790	16-1611703		138,517.	0.			PATIENT ASSISTANCE
NEUROLOGY MEDICAL SERVICE GROUP, LLP - PO BOX 4738 - SYRACUSE, NY 13221	16-6066240		18,588.	0.			PATIENT ASSISTANCE
MARTIN A BOSCARINO MD PO BOX 8000 BUFFALO, NY 14267	16-6528607		18,894.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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BUFFALO NIAGRA RETINA ASSOC PO BOX 8000 BUFFALO, NY 14267	16-6528607		20,340.	0.			PATIENT ASSISTANCE
SLOCUM - DIXON MEDICAL GROUP PLLC 1729 BURRSTONE RD NEW HARTFORD, NY 13413	20-0362623		13,005.	0.			PATIENT ASSISTANCE
HARSHIT M PATEL MD PC 120 BETHPAGE RD HICKSVILLE, NY 11801	20-1246306		5,090.	0.			PATIENT ASSISTANCE
CAPITAL RETINA ASSOCIATES PO BOX 129 SLINGERLANDS, NY 12159	20-2288916		22,006.	0.			PATIENT ASSISTANCE
RICHMOND CANCER AND BLOOD DISORDER PC - 15 OLD FARMERS LN - STATEN ISLAND, NY 10304	20-3064911		5,545.	0.			PATIENT ASSISTANCE
ALTERMAN, MODI, AND WOLTER 20 SQUADRON BLVD NEW CITY, NY 10956	20-3506987		6,757.	0.			PATIENT ASSISTANCE
DR TARUN WASIL, MD 1575 HILLSIDE AVE NEW HYDE PARK, NY 11040	20-3706118		10,510.	0.			PATIENT ASSISTANCE
INTEGRATED MEDICAL PROFESSIONALS PLLC - 532 BROADHOLLOW RD - MELVILLE, NY 11747	20-4483367		115,838.	0.			PATIENT ASSISTANCE
SARATOGA VITREO RETINAL 465 MAPLE AVE SARATOGA SPGS, NY 12866	20-8260244		9,789.	0.			PATIENT ASSISTANCE

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ASSOCIATED MEDICAL PROFESSIONALS OF NY PLLC - 1226 E WATER ST - SYRACUSE, NY 13210	20-8928235		78,253.	0.			PATIENT ASSISTANCE
ST BARNABAS CANCER CTR PO BOX 29958 NEW YORK, NY 10087	22-1494440		13,226.	0.			PATIENT ASSISTANCE
GUTHRIE CLINIC 130 CENTERWAY CORNING, NY 14830	25-0815795		65,672.	0.			PATIENT ASSISTANCE
CAPITAL REGION RETINA PLLC 1365 WASHINGTON AVE ALBANY, NY 12206	26-1078622		111,298.	0.			PATIENT ASSISTANCE
SAMARITAN MEDICAL PRACTICE, PC PO BOX 2002 EAST SYRACUSE, NY 13057	26-1528342		37,183.	0.			PATIENT ASSISTANCE
ALBANY-TROY CATARACT AND LASER ASSO. - 3 ATRIUM DR - ALBANY, NY 12205	26-3812418		83,360.	0.			PATIENT ASSISTANCE
HENRY C LEE MD PC PO BOX 8000 BUFFALO, NY 14267	26-3842661		47,554.	0.			PATIENT ASSISTANCE
KWIAT EYE AND LASER SURGERY 100 HOLLAND CIRCLE DR AMSTERDAM, NY 12010	26-4503687		14,049.	0.			PATIENT ASSISTANCE
MOHAMED AHMED, MD 908 NIAGARA FALLS BLVD TONAWANDA, NY 14120	27-0437873		98,283.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ASSOCIATED RETINA SPECIALIST LLC 20 W 13TH ST NEW YORK, NY 10011	27-0892014		7,796.	0.			PATIENT ASSISTANCE
SUFFOLK PULMONARY ASSOCIATES 60 N COUNTRY RD PORT JEFFERSON STATION, NY 11777	27-1656868		6,405.	0.			PATIENT ASSISTANCE
LIFE INFUSION PHARMACY PO BOX 335 HEWLETT, NY 11557	27-5090580		9,309.	0.			PATIENT ASSISTANCE
CCS ONCOLOGY 617 CENTRAL AVE DUNKIRK, NY 14048	30-0744192		284,285.	0.			PATIENT ASSISTANCE
ORANGETOWN OPHTHALMOLOGY 2 CROSFIELD AVE WEST NYACK, NY 10994	46-4188740		18,758.	0.			PATIENT ASSISTANCE
LIRAOC RHEUMATOLOGY PC 500 W MAIN ST BABYLON, NY 11702	47-1419418		7,979.	0.			PATIENT ASSISTANCE
CENTRAL NEW YORK RETINAL ASSOCIATES PC - 1101 ERIE BLVD E - SYRACUSE, NY 13210	47-1573644		8,655.	0.			PATIENT ASSISTANCE
ALPHA NEUROLOGY 27 NEW DORP LN STATEN ISLAND, NY 10306	52-1720823		20,303.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS PO BOX 668 SLINGERLANDS, NY 12159	71-0870207		114,085.	0.			PATIENT ASSISTANCE

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RX CARE PROVIDERS CORP 39-50 CRESCENT ST ASTORIA, NY 11101	74-3103518		5,444.	0.			PATIENT ASSISTANCE
TRI-STATE REGIONAL CANCER CENTER PO BOX 200 EAST LIVERPOOL, OH 43920	20-0105817		17,715.	0.			PATIENT ASSISTANCE
SPRINGFIELD HEMATOLOGY AND ONCOLOGY ASSOCIATE - 148 W NORTH ST - SPRINGFIELD, OH 45504	20-0240117		6,093.	0.			PATIENT ASSISTANCE
CENTRAL OHIO UROLOGY GROUP INC PO BOX 712616 CINCINNATI, OH 45271	20-1781799		81,108.	0.			PATIENT ASSISTANCE
DAYTON PHYSICIANS PO BOX 635098 CINCINNATI, OH 45263	20-3130844		527,023.	0.			PATIENT ASSISTANCE
RETINA SPECIALIST OF OHIO LLC PO BOX 490 RICHFIELD, OH 44289	20-3541487		8,815.	0.			PATIENT ASSISTANCE
OH RETINA ASSOC 4690 MUNSON ST NW CANTON, OH 44718	20-3787354		108,266.	0.			PATIENT ASSISTANCE
ALLEGHENY CTR FOR DIGESTIVE HEALTH PO BOX 951845 CLEVELAND, OH 44193	25-1838458		6,404.	0.			PATIENT ASSISTANCE
ALLE-KISKI MEDICAL CENTER PO BOX 951871 CLEVELAND, OH 44193	25-1875178		6,187.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CLEVELAND EYECARE & SURGERY 24755 CHARGIN BLVD BEACHWOOD, OH 44122	27-0379599		5,953.	0.			PATIENT ASSISTANCE
UNITY HEALTH NETWORK LLC PO BOX 640 CUYAHOGA FLS, OH 44222	27-0815205		53,826.	0.			PATIENT ASSISTANCE
FORT HAMILTON HOSPITAL PO BOX 634682 CINCINNATI, OH 45263	31-0536662		6,184.	0.			PATIENT ASSISTANCE
GOOD SAMARITAN HOSPITAL PO BOX 633580 CINCINNATI, OH 45263	31-0537486		12,065.	0.			PATIENT ASSISTANCE
KETTERING MEDICAL CENTER PO BOX 713086 COLUMBUS, OH 43271	31-0621866		6,352.	0.			PATIENT ASSISTANCE
HIGHLAND 1275 N HIGH ST HILLSBORO, OH 45133	31-0653685		6,770.	0.			PATIENT ASSISTANCE
SOUTHERN OH MEDICAL CENTER 1248 KINNEYS LN PORTSMOUTH, OH 45662	31-0678022		7,334.	0.			PATIENT ASSISTANCE
DAYTON VITREO-RETINAL ASSOC INC 301 W 1ST ST DAYTON, OH 45402	31-0891742		10,719.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY CONSULTANTS 495 COOPER RD WESTERVILLE, OH 43081	31-0957876		24,557.	0.			PATIENT ASSISTANCE

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RETINA PHYSICIANS & SURGEONS INC 89 SYLVANIA DR DAYTON, OH 45440	31-1011691		93,611.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY CARE PO BOX 641174 CINCINNATI, OH 45264	31-1106418		951,168.	0.			PATIENT ASSISTANCE
MIDWEST RETINA PO BOX 713286 CINCINNATI, OH 45271	31-1116017		38,114.	0.			PATIENT ASSISTANCE
MID OHIO ONCOLOGY HEMATOLOGY INC ZANGMEISTER - 3100 PLAZA PROPERTIES BLVD ZANGMEISTER CTR - COLUMBUS, OH 43085	31-1141868		7,079.	0.			PATIENT ASSISTANCE
ALLIANCE PHYSICIANS INC. PO BOX 71-1808 COLUMBUS, OH 43271	31-1175717		77,009.	0.			PATIENT ASSISTANCE
MICHAEL PORDY MD INC 4760 E GALBRAITH RD CINCINNATI, OH 45236	31-1284755		13,513.	0.			PATIENT ASSISTANCE
DAYTON CTR FOR NEUROLOGICAL DISORDERS - PO BOX 711749 - CINCINNATI, OH 45271	31-1303977		18,178.	0.			PATIENT ASSISTANCE
ELAINE A BEED MD INC 10172 WINDSOR WAY POWELL, OH 43065	31-1350566		9,219.	0.			PATIENT ASSISTANCE
OHIOHEALTH PHYSICIAN GROUP DEPT L3652 COLUMBUS, OH 43260	31-1351965		19,530.	0.			PATIENT ASSISTANCE

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RIVERHILLS HEALTHCARE INC 111 WELLINGTON PL CINCINNATI, OH 45219	31-1412447		101,061.	0.			PATIENT ASSISTANCE
ONC HEM CONSULTANTS OF SE OH, INC 751 FOREST AVE ZANESVILLE, OH 43701	31-1418514		14,179.	0.			PATIENT ASSISTANCE
COLUMBUS ARTHRITIS CTR 1211 DUBLIN RD COLUMBUS, OH 43215	31-1425166		103,535.	0.			PATIENT ASSISTANCE
FAIRFIELD HEALTHCARE PROFESSIONALS PO BOX 2563 LANCASTER, OH 43130	31-1425884		5,319.	0.			PATIENT ASSISTANCE
THE RETINA GROUP, INC PO BOX L2861 COLUMBUS, OH 43260	31-1460051		171,006.	0.			PATIENT ASSISTANCE
EYE CARE ASSOCIATES OF GREATER CINCINNATI, I - 5535 FAIR LN - CINCINNATI, OH 45227	31-1466305		10,304.	0.			PATIENT ASSISTANCE
CINCINNATI EYE INSTITUTE PO BOX 633854 CINCINNATI, OH 45263	31-1473421		185,237.	0.			PATIENT ASSISTANCE
G.O.E.S PHYSICIANS, INC 2330 E HIGH ST SPRINGFIELD, OH 45505	31-1499979		15,598.	0.			PATIENT ASSISTANCE
ADENA HEALTH SYSTEM 272 HOSPITAL RD CHILLICOTHE, OH 45601	31-4379443		32,336.	0.			PATIENT ASSISTANCE

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MARIETTA MEMORIAL HOSPITAL 401 MATTHEW ST MARIETTA, OH 45750	31-4379509		30,277.	0.			PATIENT ASSISTANCE
LICKING MEMORIAL HOSPITAL 1320 W MAIN ST NEWARK, OH 43055	31-4379519		15,786.	0.			PATIENT ASSISTANCE
MEMORIAL HOSPITAL OF UNION COUNTY PO BOX 931316 CLEVELAND, OH 44193	31-6402480		14,579.	0.			PATIENT ASSISTANCE
ST ELIZABETH HEALTH CENTER PO BOX 636458 CINCINNATI, OH 45263	34-0505560		26,819.	0.			PATIENT ASSISTANCE
AKRON GENERAL MEDICAL CTR PO BOX 715228 COLUMBUS, OH 43271	34-0714478		35,632.	0.			PATIENT ASSISTANCE
AULTMAN INFUSION HOSPITAL 2821 WOODLAWN AVE NW CANTON, OH 44708	34-0714538		20,383.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC PO BOX 931058 CLEVELAND, OH 44193	34-0714585		56,914.	0.			PATIENT ASSISTANCE
FAIRVIEW HOSPITAL 18200 LORAIN AVE CLEVELAND, OH 44111	34-0714618		20,322.	0.			PATIENT ASSISTANCE
SUMMA HEALTH SYSTEM 161 N FORGE ST AKRON, OH 44304	34-0714755		39,712.	0.			PATIENT ASSISTANCE

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SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY RD SCC MIDDLEBURG HEIGHTS, OH 44130	34-0753531		59,323.	0.			PATIENT ASSISTANCE
TOLEDO CLINIC INC 4235 SECOR RD TOLEDO, OH 43623	34-0936207		89,944.	0.			PATIENT ASSISTANCE
UNIVERSITY OF TOLEDO MEDICAL CENTER - 3000 ARLINGTON AVE - TOLEDO, OH 43614	34-0967014		5,620.	0.			PATIENT ASSISTANCE
MIDWEST COMMUNITY HEALTH ASSOC 442 W HIGH ST BRYAN, OH 43506	34-1045870		15,000.	0.			PATIENT ASSISTANCE
AULTMAN NORTH CANTON MEDICAL GROUP 6046 WHIPPLE AVE CANTON, OH 44720	34-1088530		74,237.	0.			PATIENT ASSISTANCE
BLANCHARD VALLEY MEDICAL ASSOC 1900 S MAIN ST FINDLAY, OH 45840	34-1148970		5,406.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOC 2213 CHERRY ST TOLEDO, OH 43608	34-1196311		421,541.	0.			PATIENT ASSISTANCE
TRI-COUNTY HEMATOLOGY& ONCOLOGY PO BOX 36660 CANTON, OH 44735	34-1294692		494,175.	0.			PATIENT ASSISTANCE
FAIRVIEW EYE CENTER 21375 LORAIN RD FAIRVIEW PARK, OH 44126	34-1311807		15,362.	0.			PATIENT ASSISTANCE

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VITREO RETINAL CONSULTANTS, INC 4676 DOUGLAS CIR CANTON, OH 44718	34-1390523		8,510.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF CLEVELAND 3401 ENTERPRISE PKWY BEACHWOOD, OH 44122	34-1411937		326,594.	0.			PATIENT ASSISTANCE
SOUTHWEST UROLOGY MIDDLEBURGHT 6900 PEARL RD CLEVELAND, OH 44130	34-1509612		13,649.	0.			PATIENT ASSISTANCE
UNIVERSITY HOSPITALS OF CLEVELAND PO BOX 94688 CLEVELAND, OH 44194	34-1567805		14,876.	0.			PATIENT ASSISTANCE
ROBERT M STERN MD INC 29101 HEALTH CAMPUS DR WESTLAKE, OH 44145	34-1570257		6,585.	0.			PATIENT ASSISTANCE
DONALD STEPHENS, III 518 WEST AVE TALLMADGE, OH 44278	34-1572960		6,768.	0.			PATIENT ASSISTANCE
BLOOD & CANCER CENTER INC 3695 A BOARDMAN CANFIELD RD CANFIELD, OH 44406	34-1588272		196,981.	0.			PATIENT ASSISTANCE
DRS MUBASHIR MARQUINEZ REHMAN INC 224 W EXCHANGE ST AKRON, OH 44302	34-1733317		58,238.	0.			PATIENT ASSISTANCE
THE RETINA GROUP OF NE OH INC 75 ARCH ST AKRON, OH 44304	34-1760572		320,127.	0.			PATIENT ASSISTANCE

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NASHAT Y GABRAIL MD INC 4875 HIGBEE AVE NW CANTON, OH 44718	34-1769608		46,723.	0.			PATIENT ASSISTANCE
PREMIER PHYSICIANS CENTER PO BOX 74692 CLEVELAND, OH 44194	34-1783789		6,719.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC 1455 HARRISON AVE NW CANTON, OH 44708	34-1806921		11,066.	0.			PATIENT ASSISTANCE
CLEVELAND CLINIC PO BOX 931087 CLEVELAND, OH 44193	34-1855775		6,075.	0.			PATIENT ASSISTANCE
SUMMA HEALTH SYSTEM 525 E MARKET ST AKRON, OH 44309	34-1887844		5,678.	0.			PATIENT ASSISTANCE
MORNING STAR HEMATOLOGY ONCOLOGY 2600 6TH ST SW CANTON, OH 44646	34-1920787		7,200.	0.			PATIENT ASSISTANCE
FLOWER HOSPITAL PO BOX 632280 CINCINNATI, OH 45263	34-4428794		13,684.	0.			PATIENT ASSISTANCE
WOOSTER COMMUNITY HOSPITAL PO BOX 714537 COLUMBUS, OH 43271	34-6003129		22,546.	0.			PATIENT ASSISTANCE
WYANDOT MEMORIAL HOSPITAL 885 N SANDUSKY AVE SANDSKY, OH 43351	34-6408698		13,521.	0.			PATIENT ASSISTANCE

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THE CHRIST HOSPITAL MEDICAL SPECIALIST 2 - PO BOX 637627 - CINCINNATI, OH 45263	45-2681845		89,344.	0.			PATIENT ASSISTANCE
TERRENCE FOLEY MD INC 7527 FREDLE DR CONCORD TOWNSHIP, OH 44077	45-4522761		9,910.	0.			PATIENT ASSISTANCE
MID-OH ONCOLOGY HEMATOLOGY ZANGMEISTER CTR - 3100 PLAZA PROPERTIES BLVD ZANGMEISTER CTR - COLUMBUS, OH 43085	45-5395632		314,241.	0.			PATIENT ASSISTANCE
SUBER SZU-PAI HUANG, MD 1611 S GREEN RD SOUTH EUCLID, OH 44121	47-1540004		5,584.	0.			PATIENT ASSISTANCE
LOURDES HOSPITAL PO BOX 931290 CLEVELAND, OH 44193	61-0600313		12,851.	0.			PATIENT ASSISTANCE
THE UROLOGY GROUP PO BOX L1080 CINCINNATI, OH 45270	61-1257391		176,869.	0.			PATIENT ASSISTANCE
UNIVERSITY OF KY HOSPITAL PO BOX 951326 CLEVELAND, OH 44193	61-6001218		16,693.	0.			PATIENT ASSISTANCE
ROBERT REYNOLDS MD 13301 N MERIDIAN AVE NICHOLS HILLS, OK 73120	20-2001573		25,425.	0.			PATIENT ASSISTANCE
CANCER CTRS OF SW OK 104 NW 31ST ST LAWTON, OK 73505	20-3315309		8,848.	0.			PATIENT ASSISTANCE

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SAMI S DAHR MD 3366 NW EXPY OKLAHOMA CITY, OK 73112	20-4783995		13,902.	0.			PATIENT ASSISTANCE
ALLERGY, ASTHMA, & IMMUNOLOGY CENTER - 7307 S YALE AVE - TULSA, OK 74136	20-5933043		6,048.	0.			PATIENT ASSISTANCE
OKLAHOMA STATE UNIVERSITY MEDICAL CENTER - 744 W 9TH ST - TULSA, OK 74127	26-4331175		10,021.	0.			PATIENT ASSISTANCE
RETINA VITREOUS CENTER PO BOX 2492 EDMOND, OK 73083	27-0159123		43,923.	0.			PATIENT ASSISTANCE
DARIN R. HAIVALA MD PLLC 12318 ST ANDREWS DR OKLAHOMA CITY, OK 73120	27-2472886		7,799.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CENTER OF OK PO BOX 20526 OKLAHOMA CITY, OK 73156	32-0044441		44,296.	0.			PATIENT ASSISTANCE
WAGONER COMMUNITY HOSPITAL DEPT 2403 TULSA, OK 74182	35-2276246		8,681.	0.			PATIENT ASSISTANCE
TULSA RETINA CONSULTANTS PLLC 220 W 71ST ST TULSA, OK 74132	46-3683868		5,023.	0.			PATIENT ASSISTANCE
OKLAHOMA MEDICAL RESEARCH FOUNDATION - 825 NE 13TH ST - OKLAHOMA CITY, OK 73104	73-0580274		55,620.	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		29,397.	0.			PATIENT ASSISTANCE
M DEREK SMITH DPM 1700 N 5TH ST PONCA CITY, OK 74601	73-1256528		6,001.	0.			PATIENT ASSISTANCE
THE EYE INSTITUTE PO BOX 21228 TULSA, OK 74121	73-1373096		66,470.	0.			PATIENT ASSISTANCE
OU PHYSICIANS 825 NE 10TH ST OKLAHOMA CITY, OK 73104	73-1477155		99,456.	0.			PATIENT ASSISTANCE
FRANCISCO H DEXEUS MD 825 E OWEN GARRIOTT ENID, OK 73701	73-1486420		64,379.	0.			PATIENT ASSISTANCE
CHARLES GARRETT MD 6606 S YALE TULSA, OK 74136	73-1493869		6,956.	0.			PATIENT ASSISTANCE
OKLAHOMA CTR FOR ARTHRITIS THERAPY AND RESEAR - PO BOX 21228 - TULSA, OK 74121	73-1522819		19,299.	0.			PATIENT ASSISTANCE
COMANCHE COUNTY MEMORIAL HOSPITAL PO BOX 129 LAWTON, OK 73502	73-6061037		12,292.	0.			PATIENT ASSISTANCE
DEAN MCGEE EYE INST PO BOX 26507 OKLAHOMA CITY, OK 73126	73-6109395		37,403.	0.			PATIENT ASSISTANCE

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NORTH TEXAS INFECTIOUS DISEASE PO BOX 26303 OKLAHOMA CITY, OK 73126	75-1772118		11,962.	0.			PATIENT ASSISTANCE
DESCHUTES RHEUMATOLOGY PO BOX 490 BEND, OR 97709	01-0922194		14,620.	0.			PATIENT ASSISTANCE
PORTLAND RHEUMATOLOGY CLINIC LLC 10230 SW CAPITOL HWY PORTLAND, OR 97219	20-5978270		10,806.	0.			PATIENT ASSISTANCE
OREGON EYE PHYSICIANS AND SURGEONS 20015 SW PACIFIC HWY SHERWOOD, OR 97140	26-0210091		7,662.	0.			PATIENT ASSISTANCE
OREGON MEDICAL GROUP PO BOX 1648 EUGENE, OR 97440	27-3674492		5,466.	0.			PATIENT ASSISTANCE
THE RETINA CENTER 748 STATE ST MEDFORD, OR 97504	32-0020235		157,285.	0.			PATIENT ASSISTANCE
OREGON RETINA SPECIALIST LLC 2859 STATE ST MEDFORD, OR 97504	35-2323010		67,059.	0.			PATIENT ASSISTANCE
PROVIDENCE HOLY FAMILY HOSPITAL PO BOX 3177 PORTLAND, OR 97208	35-2345508		27,910.	0.			PATIENT ASSISTANCE
OREGON RETINA 1550 OAK ST EUGENE, OR 97401	45-5560377		41,469.	0.			PATIENT ASSISTANCE

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WILLIAM P MAIER MD PC 633 E 11TH AVE EUGENE, OR 97401	46-0485850		10,344.	0.			PATIENT ASSISTANCE
ORION EYE CENTER 1775 SW UMATILLA AVE REDMOND, OR 97756	46-1197687		13,607.	0.			PATIENT ASSISTANCE
RIVER VALLEY RHEUMATOLOGY & INFUSION - 960 LIBERTY ST SE - SALEM, OR 97302	46-5517930		11,192.	0.			PATIENT ASSISTANCE
ONCOLOGY MANAGEMENT OF ROSEBURG PC 2880 NW STEWART PKWY ROSEBURG, OR 97471	47-1502011		24,561.	0.			PATIENT ASSISTANCE
BEND MEMORIAL CLINIC PO BOX 6048 BEND, OR 97708	68-0637976		33,720.	0.			PATIENT ASSISTANCE
ALBANY GENERAL HOSPITAL PO BOX 1188 CORVALLIS, OR 97339	93-0110095		5,756.	0.			PATIENT ASSISTANCE
PROVIDENCE MEDICAL CENTER PO BOX 3395 PORTLAND, OR 97208	93-0386906		19,374.	0.			PATIENT ASSISTANCE
PROVIDENCE ST VINCENT MEDICAL CENTER - PO BOX 3396 - PORTLAND, OR 97208	93-0386929		12,779.	0.			PATIENT ASSISTANCE
SALEM HOSPITAL PO BOX 2747 PORTLAND, OR 97208	93-0579722		7,136.	0.			PATIENT ASSISTANCE

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NORTH BEND MEDICAL CTR 1900 WOODLAND DR COOS BAY, OR 97420	93-0635514		9,307.	0.			PATIENT ASSISTANCE
OREGON UROLOGY INSTITUTE PC 2400 HARTMAN LN SPRINGFIELD, OR 97477	93-0636837		84,414.	0.			PATIENT ASSISTANCE
HILLSBORO EYE CLINIC 512 E MAIN ST HILLSBORO, OR 97123	93-0721833		42,311.	0.			PATIENT ASSISTANCE
RETINA NORTHWEST PC 2525 NW LOVEJOY PORTLAND, OR 97210	93-0727712		162,536.	0.			PATIENT ASSISTANCE
KAISER PERMANENTE 5725 NW NE 138TH AVE PORTLAND, OR 97230	93-0798039		124,063.	0.			PATIENT ASSISTANCE
EYE HEALTH NW PO PO BOX 22009 MILWAUKIE, OR 97269	93-1014730		48,986.	0.			PATIENT ASSISTANCE
WILLIAM A PETTIT MD 1404 GEKELER LN LA GRANDE, OR 97850	93-1086169		6,422.	0.			PATIENT ASSISTANCE
NORTHWEST RHEUMATOLOGY ASSOC 9155 SW BARNES RD PORTLAND, OR 97225	93-1100743		8,203.	0.			PATIENT ASSISTANCE
RETINA AND VITREOUS CENTER 246 CATALINA DR ASHLAND, OR 97520	93-1148483		90,735.	0.			PATIENT ASSISTANCE

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RETINA CONSULTANTS 2450 12TH ST SE SALEM, OR 97302	93-1152985		170,458.	0.			PATIENT ASSISTANCE
OREGON HEALTH & SCIENCE UNIVERSITY PO BOX 3595 PORTLAND, OR 97208	93-1176109		17,658.	0.			PATIENT ASSISTANCE
MCMINNVILLE EYE CENTER 235 SE NORTON LN MCMINNVILLE, OR 97128	93-1235600		6,048.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY ASSOCIATES 2828 E BARNETT RD MEDFORD, OR 97504	93-1272455		26,915.	0.			PATIENT ASSISTANCE
HEMATOLOGY/ONCOLOGY OF SALEM, LLP 875 OAK ST SE SALEM, OR 97301	93-1273254		94,222.	0.			PATIENT ASSISTANCE
OREGON EYE CONSULTANTS, LLC 1550 OAK ST EUGENE, OR 97401	93-1292903		9,859.	0.			PATIENT ASSISTANCE
OPHTHALMOLOGY PHYSICIANS & SURGEONS - 331 N YORK RD - HATBORO, PA 19040	02-0697486		14,730.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW CANCER ASSOCIATION/ARNOLD PALME - PO BOX 643388 - PITTSBURGH, PA 15264	03-0480551		220,700.	0.			PATIENT ASSISTANCE
NEUROLOGY AND STROKE ASSOCIATES 640 E OREGON RD LITITZ, PA 17543	05-0533574		5,000.	0.			PATIENT ASSISTANCE

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MEDICAL CENTER CLINIC 247 MOREWOOD AVE PITTSBURGH, PA 15213	11-3683376		36,852.	0.			PATIENT ASSISTANCE
MT KISCO MEDICAL GROUP PC PO BOX 7247 PHILADELPHIA, PA 19170	13-3544120		20,603.	0.			PATIENT ASSISTANCE
SARATOGA HOSPITAL PO BOX 347332 PITTSBURGH, PA 15251	14-1338547		9,857.	0.			PATIENT ASSISTANCE
ARMSTRONG COLT GEORGE OPHTHAMOLOGY - ABINGTON - 345 N YORK RD - HATBORO, PA 19040	20-0201730		16,403.	0.			PATIENT ASSISTANCE
TLC CANCER CLINIC 1600 SIXTH AVE YORK, PA 17403	20-0381821		12,888.	0.			PATIENT ASSISTANCE
BLOOD AND CANCER CTR 671 WILSON AVE HANOVER, PA 17331	20-1862706		6,801.	0.			PATIENT ASSISTANCE
UROLOGY HEALTH SPECIALIST LLC PO BOX 1287 BLUE BELL, PA 19422	20-1982990		9,746.	0.			PATIENT ASSISTANCE
ACADEMIC UROLOGY OF PA PO BOX 95000-3505 PHILADELPHIA, PA 19195	20-5328092		27,865.	0.			PATIENT ASSISTANCE
VIRTUA WEST JERSEY HEALTH PO BOX 8500-8032 PHILA, PA 19178	21-0634532		5,447.	0.			PATIENT ASSISTANCE

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HEMATOLOGY ONCOLOGY ASSOCIATES PO BOX 95000-7110 PHILADELPHIA, PA 19195	22-2369793		21,097.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CARE ASSOC PO BOX 95000-7110 PHILADELPHIA, PA 19195	22-3141761		405,859.	0.			PATIENT ASSISTANCE
GABRIEL T TATARIAN D.O 1015 CHESTNUT ST PHILA, PA 19107	22-3831887		5,040.	0.			PATIENT ASSISTANCE
CHESTER CO ONCOLOGY & HEMATOLOGY 440 E MARSHALL ST WEST CHESTER, PA 19380	23-0469150		10,977.	0.			PATIENT ASSISTANCE
ABINGTON MEMORIAL HOSPITAL PO BOX 786306 PHILA, PA 19178	23-1352152		40,795.	0.			PATIENT ASSISTANCE
MAIN LINE HEM ONC PO BOX 85004875 PHILA, PA 19178	23-1352160		43,324.	0.			PATIENT ASSISTANCE
DOYLESTOWN HOSPITAL 595 W STATE ST DOYLESTOWN, PA 18901	23-1352174		11,973.	0.			PATIENT ASSISTANCE
GRAND VIEW HOSPITAL PO BOX 902 SELLERSVILLE, PA 18960	23-1352181		7,082.	0.			PATIENT ASSISTANCE
MERCY PHILADELPHIA HOSPITAL PO BOX 828281 PHILADELPHIA, PA 19143	23-1352191		11,943.	0.			PATIENT ASSISTANCE

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READING HOSPITAL PO BOX 16051 READING, PA 19612	23-1352204		148,015.	0.			PATIENT ASSISTANCE
SACRED HEART HOSP 421 W CHEW ST ALLENTOWN, PA 18102	23-1352208		10,776.	0.			PATIENT ASSISTANCE
ST JOSEPH MEDICAL CENTER PO BOX 644171 PITTSBURGH, PA 15264	23-1352211		10,450.	0.			PATIENT ASSISTANCE
ST LUKE'S HOSPITAL 801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213		8,623.	0.			PATIENT ASSISTANCE
GETTYSBURG HOSPITAL PO BOX 1349 YORK, PA 17405	23-1352220		5,000.	0.			PATIENT ASSISTANCE
YORK HOSPITAL PO BOX 2767 YORK, PA 17405	23-1352222		13,331.	0.			PATIENT ASSISTANCE
DREXEL UNIVERSITY PO BOX 95000 PHILADELPHIA, PA 19195	23-1352630		11,516.	0.			PATIENT ASSISTANCE
HOSPITAL UNIV OF PA PO BOX 824336 PHILADELPHIA, PA 19182	23-1352685		36,106.	0.			PATIENT ASSISTANCE
TEMPLE RHEUMATOLOGY ASSOC PO BOX 827770 PHILADELPHIA, PA 19182	23-1365971		13,626.	0.			PATIENT ASSISTANCE

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ALBERT EINSTEIN MEDICAL CENTER PO BOX 8500-7135 PHILADELPHIA, PA 19178	23-1396794		30,046.	0.			PATIENT ASSISTANCE
UPMC BEDFORD MEMORIAL PO BOX 371724 PITTSBURGH, PA 15251	23-1396795		9,541.	0.			PATIENT ASSISTANCE
LEHIGH VALLEY HOSP PO BOX 4120 ALLENTOWN, PA 18105	23-1689692		21,265.	0.			PATIENT ASSISTANCE
BRYN MAWR MEDICAL SPECIALISTS ASSOC - 933 HAVERFORD RD - BRYN MAWR, PA 19010	23-1714249		47,016.	0.			PATIENT ASSISTANCE
NEVYAS EYE ASSOCIATES 2 BALA PLZ BALA CYNWYD, PA 19004	23-1715581		21,472.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTANTS, LTD 845 W CHESTER PIKE W CHESTER, PA 19382	23-1716852		22,752.	0.			PATIENT ASSISTANCE
BERKS EYE PHYSICIANS & SURGEONS 1802 PAPERMILL RD WYOMISSING, PA 19610	23-1720360		5,446.	0.			PATIENT ASSISTANCE
CARTY EYE ASSOCIATES 830 OLD LANCASTER RD BRYN MAWR, PA 19010	23-1730747		8,892.	0.			PATIENT ASSISTANCE
DELTA MEDIX PC 225 PENN AVE SCRANTON, PA 18503	23-1732306		7,639.	0.			PATIENT ASSISTANCE

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EYE CONSULTANTS OF PA 1 GRANITE POINT DR READING, PA 19610	23-1876291		81,679.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY ASSOCIATES 170 W GERMANTOWN PIKE NORRISTOWN, PA 19401	23-1882160		7,657.	0.			PATIENT ASSISTANCE
BLOOM EYE ASSOCIATES 525 JAMESTOWN ST PHILADELPHIA, PA 19128	23-1915488		13,893.	0.			PATIENT ASSISTANCE
RETINOVITREOUS ASSOC 4060 BUTLER PIKE PLYMOUTH MEETING, PA 19462	23-1932869		1,082,056.	0.			PATIENT ASSISTANCE
GEISINGER WYOMING VALLEY MEDICAL CENTER - PO BOX 827713 - PHILADELPHIA, PA 19182	23-1996150		27,968.	0.			PATIENT ASSISTANCE
LEHIGH VALLEY CENTER FOR SIGHT 1739 W FAIRMONT ST ALLENTOWN, PA 18104	23-2075494		12,779.	0.			PATIENT ASSISTANCE
BETZ OPHTHOMOLOGY ASSOCIATES 3 HOSPITAL DR LEWISBURG, PA 17837	23-2076715		11,153.	0.			PATIENT ASSISTANCE
EDWARD DEGLIN MD 780 PERIWINKLE LN WYNNEWOOD, PA 19096	23-2114730		53,637.	0.			PATIENT ASSISTANCE
CANCER CARE ASSOCIATES OF YORK 25 MONUMENT RD YORK, PA 17403	23-2122436		206,636.	0.			PATIENT ASSISTANCE

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ASSOCIATES IN HEMATOLOGY-ONCOLOGY 1 MEDICAL CENTER BLVD CHESTER, PA 19013	23-2131037		35,038.	0.			PATIENT ASSISTANCE
HEMATOLOGY AND ONCOLOGY ASSOCIATES OF NEPA - 1100 MEAD ST - DUNMORE, PA 18512	23-2137083		67,441.	0.			PATIENT ASSISTANCE
KAY & TABAS OPHTHALMOLOGY 601 WALNUT ST PHILADELPHIA, PA 19106	23-2148414		9,035.	0.			PATIENT ASSISTANCE
PENNSYLVANIA RETINA SPECIALISTS 220 GRANDVIEW AVE CAMP HILL, PA 17011	23-2152842		343,206.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY ASSOC 382 PIERCE ST KINGSTON, PA 18704	23-2170323		56,484.	0.			PATIENT ASSISTANCE
LANCASTER CANCER CENTER PO BOX 10396 LANCASTER, PA 17605	23-2174179		20,383.	0.			PATIENT ASSISTANCE
SOLDIERS AND SAILORS MEMORIAL HOSPITAL - 32-36 CENTRAL AVE - WELLSBORO, PA 16901	23-2176963		7,413.	0.			PATIENT ASSISTANCE
ABINGTON HEMO ONCOL ASSOC 2500 MARYLAND RD WILLOW GROVE, PA 19090	23-2188111		205,419.	0.			PATIENT ASSISTANCE
EYE CENTER OF CENTRAL PA 66 ENTERPRISE BLVD ALLENWOOD, PA 17810	23-2196399		26,773.	0.			PATIENT ASSISTANCE

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BENJAMIN BLOOM MD 2 PENN BLVD PHILADELPHIA, PA 19144	23-2236571		21,565.	0.			PATIENT ASSISTANCE
NORTHEASTERN EYE INSTITUTE 200 MIFFLIN AVE SCRANTON, PA 18503	23-2287632		40,725.	0.			PATIENT ASSISTANCE
MAIN LINE HEALTHCARE PO BOX 8538 PHILADELPHIA, PA 19171	23-2359401		10,646.	0.			PATIENT ASSISTANCE
ANDREWS & PATEL ASSOC 3912 TRINDLE ROAD CP CAMP HILL, PA 17011	23-2382727		250,516.	0.			PATIENT ASSISTANCE
PROGRESSIVE VISION INSTITUTE 201 E LAUREL BLVD POTTSVILLE, PA 17901	23-2413259		27,329.	0.			PATIENT ASSISTANCE
EYE CARE SPECIALISTS 703 RUTTER AVE KINGSTON, PA 18704	23-2460617		105,028.	0.			PATIENT ASSISTANCE
SUSQUEHANNA UROLOGIC ASSOC 1705 WARREN AVE WILLIAMSPORT, PA 17701	23-2461415		21,369.	0.			PATIENT ASSISTANCE
STOKEN OPHTHALMOLOGY 338 ALEXANDER SPRING RD CARLISLE, PA 17015	23-2471453		38,523.	0.			PATIENT ASSISTANCE
MEADOWBROOK NEUROLOGY GRP 1650 HUNTINGDON PIKE JENKINTOWN, PA 19046	23-2529051		18,111.	0.			PATIENT ASSISTANCE

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RETINA ASSOC OF GREATER PHILA LTD 124 DEKALB PIKE N WALES, PA 19454	23-2546366		26,011.	0.			PATIENT ASSISTANCE
GABRIELLE SCHORPPNER, MD 3735 NAZARETH RD EASTON, PA 18045	23-2565428		16,926.	0.			PATIENT ASSISTANCE
SATISH A SHAH MD PC 250 FAME AVE HANOVER, PA 17311	23-2586060		87,717.	0.			PATIENT ASSISTANCE
CARIM EYE AND RETINA CENTER 2630 W VIEW DR READING, PA 19610	23-2628951		12,585.	0.			PATIENT ASSISTANCE
ROY D. BROD, MD 2150 HARRISBURG PIKE LANCASTER, PA 17604	23-2653958		12,230.	0.			PATIENT ASSISTANCE
D GARY KOLVA MD 301 S 7TH AVE READING, PA 19611	23-2655347		7,812.	0.			PATIENT ASSISTANCE
ALLENTOWN ALLERGY AND ASTHMA 1605 N CEDAR CREST BLVD ALLENTOWN, PA 18104	23-2729488		5,732.	0.			PATIENT ASSISTANCE
CHESTER COUNTY EYE CARE ASSOC 915 OLD FERN HILL RD WEST CHESTER, PA 19380	23-2747926		44,331.	0.			PATIENT ASSISTANCE
MOORE EYE CARE PC 100 W SPROUL RD SPRINGFIELD, PA 19064	23-2768443		118,662.	0.			PATIENT ASSISTANCE

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LEHIGH VALLEY EYE CENTER 400 N 17TH ST ALLENTOWN, PA 18104	23-2785660		39,269.	0.			PATIENT ASSISTANCE
JEFFERSON UNIVERSITY PHYSICIANS 146 MONTGOMERY AVE BALA CYNWYD, PA 19004	23-2809585		11,343.	0.			PATIENT ASSISTANCE
CONSULTANTS IN MEDICAL ONCOLOGY & HEMATOLOGY - 2100 KEYSTONE AVE - DREXEL HILL, PA 19026	23-2826618		17,355.	0.			PATIENT ASSISTANCE
LEHIGH RETINA SPECIALISTS 1251 S CEDAR CREST BLVD ALLENTOWN, PA 18103	23-2847909		124,712.	0.			PATIENT ASSISTANCE
UNIVERSITY OF PITTSBURGH PHYSICIANS PO BOX 382053 PITTSBURGH, PA 15251	23-2919472		27,142.	0.			PATIENT ASSISTANCE
PHYSICIANS ALLIANCE LTD PO BOX 729E PETERSBURG, PA 17520	23-2960500		25,605.	0.			PATIENT ASSISTANCE
REGIONAL HEMATOLOGY ONCOLOGY ASSOC 240 MIDDLETON BLVD LANGHORNE, PA 19047	23-2979889		77,693.	0.			PATIENT ASSISTANCE
IC LASER EYECARE 3046 KNIGHT RD BENSALEM, PA 19020	23-2982368		7,435.	0.			PATIENT ASSISTANCE
PAOLI HEMATOLOGY ONCOLOGY ASSOCIATES P.C. - 209 W LANCASTER AVE - PAOLI, PA 19301	23-2986317		54,301.	0.			PATIENT ASSISTANCE

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MAIN LINE ONCOLOGY HEMATOLOGY ASSOC - 100 E LANCASTER AVE - WYNEWOOD, PA 19096	23-3000687		32,670.	0.			PATIENT ASSISTANCE
RITTENHOUSE HEMATOLOGY/ONCOLOGY 1840 SOUTH ST PHILADELPHIA, PA 19146	23-3004350		6,304.	0.			PATIENT ASSISTANCE
THE RETINA GROUP OF PA 800 W 4TH ST WILLIAMSPORT, PA 17701	23-3022925		29,118.	0.			PATIENT ASSISTANCE
PREMIER VISION LASER CTR PO BOX 1032 WILLOW GROVE, PA 19090	23-3032079		7,323.	0.			PATIENT ASSISTANCE
GREENSTEIN NEUROLOGY ASSOC & MS INST - 1341 N DELAWARE AVE - PHILADELPHIA, PA 19125	23-3085580		38,250.	0.			PATIENT ASSISTANCE
PMA MEDICAL SPECIALIS PO BOX 525 PHOENIXVILLE, PA 19460	23-3092765		14,477.	0.			PATIENT ASSISTANCE
GEISINGER MED CENTER 100 N ACADEMY AVE DANVILLE, PA 17822	23-6291113		62,313.	0.			PATIENT ASSISTANCE
MONONGAHELA VALLEY HOSPITAL 1163 COUNTRY CLUB RD MONONGAHELA, PA 15063	23-7218917		8,252.	0.			PATIENT ASSISTANCE
THE ROBERT PACKER HOSPITAL PO BOX 900 SAYRE, PA 18840	24-0795463		19,396.	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
GEISINGER MED CTR 100 N ACADEMY AVE DANVILLE, PA 17822	24-0795959		66,760.	0.			PATIENT ASSISTANCE
DIVINE PROVIDENCE HOSPITAL 1100 GRAMPAN BLVD WILLIAMSPORT, PA 17701	24-0799343		69,784.	0.			PATIENT ASSISTANCE
UPMC NW CANCER CTR PO BOX 371601 PITTSBURGH, PA 15251	25-0489010		11,333.	0.			PATIENT ASSISTANCE
UPMC CANCER CENTER PO BOX 382007 PITTSBURGH, PA 15250	25-0523970		11,583.	0.			PATIENT ASSISTANCE
JAMESON HOSPITAL - SOUTH CAMPUS 1211 WILMINGTON AVE NEW CASTLE, PA 16105	25-0965406		5,301.	0.			PATIENT ASSISTANCE
MAGEE- WOMENS HOSPITAL OF UPMC PO BOX 223239 PITTSBURGH, PA 15251	25-0965420		383,390.	0.			PATIENT ASSISTANCE
UPMC MCKEESPORT PO BOX 382007 PITTSBURGH, PA 15250	25-0965423		28,811.	0.			PATIENT ASSISTANCE
UPMC PRESBYTERIAN PO BOX 382007 PITTSBURGH, PA 15250	25-0965480		19,265.	0.			PATIENT ASSISTANCE
THE WESTERN PENN HOSPITAL PO BOX 644650 PITTSBURGH, PA 15264	25-0969492		94,605.	0.			PATIENT ASSISTANCE

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CLARION HOSPITAL 1 HOSPITAL DR CLARION, PA 16214	25-1010039		29,450.	0.			PATIENT ASSISTANCE
ASSOCIATES IN OPHTHALMOLOGY LTD PO BOX 644214 PITTSBURGH, PA 15264	25-1100359		177,961.	0.			PATIENT ASSISTANCE
NOVAK, BERKOWITZ, AND ROSENBERG, PC - 532 S AIKEN AVE - PITTSBURGH, PA 15232	25-1190184		13,072.	0.			PATIENT ASSISTANCE
BLAIR MEDICAL ASSOC 1414 9TH AVE ALTOONA, PA 16602	25-1219302		52,436.	0.			PATIENT ASSISTANCE
JAN C. SESKI & ASSOCIATES, PC 3358 FIFTH AVE PITTSBURGH, PA 15213	25-1236746		11,461.	0.			PATIENT ASSISTANCE
EVERETT AND HURITE OPHTHALMIC ASSOC - 1835 FORBES AVE - PITTSBURGH, PA 15219	25-1253504		165,363.	0.			PATIENT ASSISTANCE
ASSOC IN NEUROLOGY OF PITTSBURG 5750 CENTRE AVE PITTSBURGH, PA 15206	25-1313633		16,664.	0.			PATIENT ASSISTANCE
LAUREL EYE CLINIC 50 WATERFORD PIKE BROOKVILLE, PA 15825	25-1375158		12,020.	0.			PATIENT ASSISTANCE
REGIONAL CANCER CTR 2500 W 12TH ST ERIE, PA 16505	25-1385075		353,137.	0.			PATIENT ASSISTANCE

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RETINA VITREOUS CONSULTANTS 3501 FORBES AVE PITTSBURGH, PA 15213	25-1492985		72,074.	0.			PATIENT ASSISTANCE
CHAMBERSBURG HEALTH SVCS 755 NORLAND AVE CHAMBERSBURG, PA 17201	25-1515376		12,285.	0.			PATIENT ASSISTANCE
CONEMAUGH CANCER CARE ASSOC 1020 FRANKLIN ST JOHNSTOWN, PA 15905	25-1658283		365,953.	0.			PATIENT ASSISTANCE
GATEWAY FOOT AND ANKLE 1200 BROOKS LN JEFFERSON HILLS, PA 15025	25-1668205		6,955.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC PO BOX 643042 PITTSBURGH, PA 15264	25-1762980		5,726.	0.			PATIENT ASSISTANCE
PINNACLE HEALTH MEDICAL OPT UNIT PO BOX 2353 HARRISBURG, PA 17105	25-1778644		55,419.	0.			PATIENT ASSISTANCE
HERSHEY MEDICAL CENTER 500 UNIVERSITY DR HERSHEY, PA 17033	25-1854772		20,722.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY ASSOC OF NORTHERN PA, PC - PO BOX 447 - DU BOIS, PA 15801	25-1886123		83,824.	0.			PATIENT ASSISTANCE
SCRANTON HEMATOLOGY ONCOLOGY 743 JEFFERSON AVE SCRANTON, PA 18510	26-0004460		6,335.	0.			PATIENT ASSISTANCE

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PATEL RETNA INSTITUTE LLC 210 N STATE ST CLARK SUMMIT, PA 18411	27-1272490		86,646.	0.			PATIENT ASSISTANCE
CHESTNUT HILL ALLERGY AND ASTHMA ASSOCIATES, - 40 W EVERGREEN AVE - PHILADELPHIA, PA 19118	27-1694483		11,632.	0.			PATIENT ASSISTANCE
NEUROLOGIC HEALTH ASSOC., P.C. 555 2ND AVE COLLEGEVILLE, PA 19426	27-3225216		21,059.	0.			PATIENT ASSISTANCE
LUTHERVILLE HEMATOLOGY ONCOLOGY SERVICE LLC - PO BOX 824407 - PHILADELPHIA, PA 19182	27-4697590		5,530.	0.			PATIENT ASSISTANCE
UPMC EAST PO PO BOX 382007 PITTSBURGH, PA 15250	27-4814831		6,004.	0.			PATIENT ASSISTANCE
JAMES CANCER HOSP PO BOX 643662 PITTSBURGH, PA 15264	31-1322863		29,672.	0.			PATIENT ASSISTANCE
PENNSYLVANIA HEALTH SYSTEM 230 W WASHINGTON SQ PHILADELPHIA, PA 19106	31-1538725		23,483.	0.			PATIENT ASSISTANCE
MAHONING VALLEY HEMA ONC PO BOX 8500-6536 PHILADELPHIA, PA 19178	34-1105439		248,912.	0.			PATIENT ASSISTANCE
ST JOSEPH MERCY HOSPITAL PO BOX 223087 PITTSBURGH, PA 15251	38-3175878		5,997.	0.			PATIENT ASSISTANCE

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NEW JERSEY UROLOGY, LLC CL4480 PO BOX 95000 PHILADELPHIA, PA 19195	41-2257491		14,215.	0.			PATIENT ASSISTANCE
UPMC CANCER CENTER PO BOX 371980 PITTSBURGH, PA 15250	42-1648357		8,325.	0.			PATIENT ASSISTANCE
HEMATOLOGY ONCOLOGY GROUP PC 1205 LANGHORNE NEWTOWN LANGHORNE, PA 19047	45-2552343		888,555.	0.			PATIENT ASSISTANCE
JAHLENE EYE ASSOCIATES 210 W CHESTER PIKE HAVERTOWN, PA 19083	45-4685955		26,426.	0.			PATIENT ASSISTANCE
PROGRESSIVE VISION INSTITUTE OF ALLENTOWN - 201 E LAUREL BLVD - POTTSVILLE, PA 17901	45-5039203		7,195.	0.			PATIENT ASSISTANCE
SUSQUEHANNA EYE ASSOCIATES 930 BELLAFONTE AVE LOCKHAVEN, PA 17745	46-0710616		23,676.	0.			PATIENT ASSISTANCE
UNION HOSPITAL OF CECIL PO BOX 4273 LANCASTER, PA 17604	52-0607945		5,458.	0.			PATIENT ASSISTANCE
MID ATLANTIC RETINA- CHERRY HILL 910 E WILLOW GROVE AVE WYNDMOOR, PA 19038	52-1249671		311,636.	0.			PATIENT ASSISTANCE
WHEELING HOSPITAL PO BOX 644106 PITTSBURGH, PA 15264	55-0357057		54,271.	0.			PATIENT ASSISTANCE

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HEMATOLOGY AND ONCOLOGY CONSULTANTS OF PA - 3 WALNUT ST - LEMOYNE, PA 17043	65-1208336		67,997.	0.			PATIENT ASSISTANCE
THE FOX MEDICAL ONCOLOGY CENTER PC 21 INDUSTRIAL BLVD PAOLI, PA 19301	75-3062649		36,200.	0.			PATIENT ASSISTANCE
MON VALLEY HSP CANCER CENTER 1163 COUNTRY CLUB RD MONONGAHELA, PA 15063	80-0703620		24,850.	0.			PATIENT ASSISTANCE
CENTURY EYE CARE LTD 216 MILL ST BRISTOL, PA 19007	86-1072293		23,928.	0.			PATIENT ASSISTANCE
RHODE ISLAND HOSPITAL PO BOX 373 PROVIDENCE, RI 02901	05-0258954		11,945.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS, INC 690 EDDY ST PROVIDENCE, RI 02903	05-0380297		44,599.	0.			PATIENT ASSISTANCE
KOCH EYE ASSOCIATES 566 TOLLGATE RD WARWICK, RI 02886	05-0391364		20,805.	0.			PATIENT ASSISTANCE
NEUROLOGY FOUNDATION 34 PARSONAGE ST PROVIDENCE, RI 02903	05-0448314		14,156.	0.			PATIENT ASSISTANCE
HEMATOLOGY & ONCOLOGY ASSOC OF RI 1220 PONTIAC AVE CRANSTON, RI 02920	05-0475195		100,461.	0.			PATIENT ASSISTANCE

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RHODE ISLAND EYE INSTITUTE 150 E MANNING ST PROVIDENCE, RI 02906	05-0493136		49,651.	0.			PATIENT ASSISTANCE
UNIVERSITY UROLOGICAL ASSOCIATES 195 COLLYER ST N PROVIDENCE, RI 02904	06-1470514		6,665.	0.			PATIENT ASSISTANCE
ARTHRITIS CENTER OF RI 132 OLD RIVER RD LINCOLN, RI 02865	20-1705738		8,392.	0.			PATIENT ASSISTANCE
CANCER CENTER INSTITUTE OF CAROLINA - 111 MIRACLE DR - AIKEN, SC 29801	20-0566725		28,387.	0.			PATIENT ASSISTANCE
EAST COAST RETINA 8609 MONTAGUE LN MYRTLE BEACH, SC 29588	20-3859386		6,641.	0.			PATIENT ASSISTANCE
CHARLESTON HEMATOLOGY-ONCOLOGY 2085 HENRY TECKLENBURG BLVD CHARLESTON, SC 29414	20-5615148		370,363.	0.			PATIENT ASSISTANCE
CAROLINA BLOOD & CANCER CARE 1583 HEALTHCARE DR ROCKHILL, SC 29730	35-2221941		40,223.	0.			PATIENT ASSISTANCE
UPSTATE PODIATRY GROUP, PA 114B HOSPITAL DR SIMPSONVILLE, SC 29681	46-2904279		8,484.	0.			PATIENT ASSISTANCE
PALMETTO UROLOGY PA 1747 VILLAGE PARK DR ORANGEBURG, SC 29118	54-2081076		47,383.	0.			PATIENT ASSISTANCE

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SAAD UPSTATE NEUROLOGY PO BOX 2716 COLUMBIA, SC 29202	56-2053696		63,062.	0.			PATIENT ASSISTANCE
SELF REGIONAL HEALTHCARE 1325 SPRING ST GREENWOOD, SC 29646	57-0331865		17,594.	0.			PATIENT ASSISTANCE
GEORGETOWN MEMORIAL 2405 N FRASER ST GEORGETOWN, SC 29440	57-0341194		48,219.	0.			PATIENT ASSISTANCE
MCLEOD REGIONAL MEDICAL 555 E CHEVES ST FLORENCE, SC 29506	57-0370242		11,801.	0.			PATIENT ASSISTANCE
STOKES REGIONAL EYE CENTER 602 E CHEVES ST FLORENCE, SC 29506	57-0523600		7,937.	0.			PATIENT ASSISTANCE
CAROLINA MEDICAL AFFILIATES PO BOX 2288 SPARTANBURG, SC 29304	57-0563123		7,235.	0.			PATIENT ASSISTANCE
NEUROLOGY ASSOCIATES OF GREENVILLE 1130 GROVE RD GREENVILLE, SC 29605	57-0637705		7,214.	0.			PATIENT ASSISTANCE
PIEDMONT ARTHRITIS CLINIC 3 ST FRANCIS DR GREENVILLE, SC 29601	57-0702625		14,022.	0.			PATIENT ASSISTANCE
ANDERSON AREA CANCER CTR 2000 E GREENVILLE ST ANDERSON, SC 29621	57-0749974		9,389.	0.			PATIENT ASSISTANCE

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METROLINA NEUROLOGICAL ASSOCIATES, PA - 200 S HERLONG AVE - ROCK HILL, SC 29732	57-0753692		15,105.	0.			PATIENT ASSISTANCE
ASSOCIATED MEDICAL SPECIALISTS PA 8121 ROURK ST MYRTLE BEACH, SC 29572	57-0777346		198,006.	0.			PATIENT ASSISTANCE
SOUTH CAROLINA ONCOLOGY ASSOCIATES PO BOX 2046 WEST COLUMBIA, SC 29171	57-0787600		431,389.	0.			PATIENT ASSISTANCE
LEXINGTON MEDICAL SPECIALIST 110 E MEDICAL LN WEST COLUMBIA, SC 29169	57-0874077		63,402.	0.			PATIENT ASSISTANCE
PALMETTO RETINA CENTER PO BOX 8864 RICHLAND, SC 29202	57-0955585		351,786.	0.			PATIENT ASSISTANCE
CAROLINA REGIONAL CANCER CTR 4708 OLEANDER DR MYRTLE BEACH, SC 29577	57-0956164		69,694.	0.			PATIENT ASSISTANCE
UROLOGY CENTER OF SPARTANBURG 391 SERPINTINE DR SPARTANBURG, SC 29303	57-0959374		14,692.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF CAROLINA 1126 GROVE RD GREENVILLE, SC 29605	57-0991865		158,545.	0.			PATIENT ASSISTANCE
INTERNAL MEDICINE ASSOCIATES 1025 VERDAE BLVD GREENVILLE, SC 29607	57-1004971		11,850.	0.			PATIENT ASSISTANCE

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CHARLESTON CANCER CTR 2910 TRICOM ST CHARLESTON, SC 29406	57-1071425		43,930.	0.			PATIENT ASSISTANCE
SANTEE HEMATOLOGY ONCOLOGY 1105 N LAFAYETTE DR SUMTER, SC 29150	57-1111938		72,603.	0.			PATIENT ASSISTANCE
KERSHAW COUNTY MEDICAL CENTER PO BOX 7003 CAMDEN, SC 29020	57-6005963		13,044.	0.			PATIENT ASSISTANCE
CAROLINA EYE CARE PHYSICIANS 2861 TRICOM ST CHARLESTON, SC 29406	58-2353352		9,810.	0.			PATIENT ASSISTANCE
HORIZON HEMATOLOGY ONCOLOGY 1455 E MAIN ST SPARTANBURG, SC 29307	58-2423840		29,365.	0.			PATIENT ASSISTANCE
GALLOWAY REGIONAL EYE CENTER PO BOX 49847 GREENWOOD, SC 29649	65-1176165		6,766.	0.			PATIENT ASSISTANCE
AVERA MCKENNAN HOME INFUSION 1020 S CLIFF AVE SIOUX FALLS, SD 57104	46-0224743		12,925.	0.			PATIENT ASSISTANCE
OPHTHOMOLOGY LIMITED 5601 S MINNESOTA AVE SIOUX FALLS, SD 57108	46-0311856		6,478.	0.			PATIENT ASSISTANCE
YANKTON MEDICAL CLINIC 1104 W 8TH ST YANKTON, SD 57078	46-0363830		20,726.	0.			PATIENT ASSISTANCE

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BLACK HILLS REGIONAL EYE INSTITUTE 2800 3RD ST RAPID CITY, SD 57701	46-0461540		34,144.	0.			PATIENT ASSISTANCE
SLINGSBY & WRIGHT EYE CARE LLC 240 MINNESOTA ST RAPID CITY, SD 57701	46-0461850		12,369.	0.			PATIENT ASSISTANCE
ACCREDITO HEALTH GROUP 1640 CENTURY CTR MEMPHIS, TN 38134	11-3358535		562,429.	0.			PATIENT ASSISTANCE
EAST TENNESSEE VASCULAR CENTER 1125 W 1ST NORTH ST MORRISTOWN, TN 37814	20-0382097		20,767.	0.			PATIENT ASSISTANCE
TARECK A. KADRIE 721 GLENWOOD DR CHATTANOOGA, TN 37404	20-0519589		5,000.	0.			PATIENT ASSISTANCE
TENNESSEE CANCER SPECIALISTS PO BOX 10988 KNOXVILLE, TN 37939	20-0677400		1,060,337.	0.			PATIENT ASSISTANCE
UPPER CUMBERLAND CANCER CARE PO BOX 847 CROSSVILLE, TN 38557	20-2845809		15,593.	0.			PATIENT ASSISTANCE
CHATTANOOGA'S PROGRAM IN WOMEN'S ONCOLOGY - 102 CENTRAL AVE - CHATTANOOGA, TN 37403	20-3130701		16,089.	0.			PATIENT ASSISTANCE
WILLIAMS FOOT CENTER, PLLC 1725 MEDICAL CENTER PKWY MURFREESBORO, TN 37129	20-3661316		5,644.	0.			PATIENT ASSISTANCE

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TRI-STATE NEUROLOGY, PLLC PO BOX 1000 DEPT 479 MEMPHIS, TN 38148	20-8070565		7,687.	0.			PATIENT ASSISTANCE
CHATTANOOGA NEUROLOGY ASSOCIATES 721 GLENWOOD DR CHATTANOOGA, TN 37404	23-7137397		10,000.	0.			PATIENT ASSISTANCE
GRACE CLINIC 405 TYSON AVE PARIS, TN 38242	27-1591966		5,768.	0.			PATIENT ASSISTANCE
CHATTANOOGA RETINA 1949 GUNBARREL RD CHATTANOOGA, TN 37421	27-5008941		8,989.	0.			PATIENT ASSISTANCE
UNIV OF TN MEDICAL CTR PO BOX 440164 NASHVILLE, TN 37244	31-1626179		197,752.	0.			PATIENT ASSISTANCE
MEMPHIS EYE CLINIC 6029 WALNUT GROVE RD MEMPHIS, TN 38120	39-2067210		8,061.	0.			PATIENT ASSISTANCE
SULLIVAN SPECIALTY PHARMACY 2204 PAVILION DR KINGSPORT, TN 37660	46-4750517		7,561.	0.			PATIENT ASSISTANCE
JOHNSTON MEMORIAL HOSPITAL PO BOX 1100 JOHNSON CITY, TN 37605	54-0544705		10,737.	0.			PATIENT ASSISTANCE
PRECISION HEALTHCARE INC PO BOX 306075 NASHVILLE, TN 37214	58-2520108		33,366.	0.			PATIENT ASSISTANCE

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JOHNSON CITY MEDICAL PO BOX 1817 JOHNSON CITY, TN 37605	62-0476282		12,738.	0.			PATIENT ASSISTANCE
FORT SANDERS REGIONAL INFUSION DEPT 888001 KNOXVILLE, TN 37995	62-0528340		26,562.	0.			PATIENT ASSISTANCE
SEMMER MURPHY CLINIC PO BOX 1000 MEMPHIS, TN 38148	62-0642575		30,693.	0.			PATIENT ASSISTANCE
ALLERGY ASTHMA & SINUS CTR PO BOX 51770 KNOXVILLE, TN 37950	62-0863368		67,897.	0.			PATIENT ASSISTANCE
MURFREESBORO MEDICAL CLINIC 1272 GARRISON DR MURFREESBORO, TN 37129	62-0864163		8,074.	0.			PATIENT ASSISTANCE
EAST TN NEUROLOGY CLINIC PC 9000 EXECUTIVE PARK DR KNOXVILLE, TN 37923	62-0953187		11,284.	0.			PATIENT ASSISTANCE
RETINA VITREOUS ASSOC TN 345 23RD AVE N NASHVILLE, TN 37203	62-1042760		1,565,634.	0.			PATIENT ASSISTANCE
RHEUMATOLOGY CONSULTANTS 4707 PAPERMILL DR KNOXVILLE, TN 37909	62-1064119		25,281.	0.			PATIENT ASSISTANCE
SE RETINA ASSOCIATES 979 E 3RD ST CHATTANOOGA, TN 37421	62-1094813		812,651.	0.			PATIENT ASSISTANCE

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TRI STATE MOUNTAIN NEUROLOGY 105 WOODLAWN DR JOHNSON CITY, TN 37604	62-1105910		11,493.	0.			PATIENT ASSISTANCE
BMH TIPTON INFUSION CENTER 6005 PARK AVE MEMPHIS, TN 38101	62-1113167		54,557.	0.			PATIENT ASSISTANCE
JOHNSON CITY EYE CLINIC 110 MED TECH PKWY JOHNSON CITY, TN 37604	62-1137305		38,037.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF NASHVILLE 3443 DICKERSON PARK NASHVILLE, TN 37207	62-1449857		13,224.	0.			PATIENT ASSISTANCE
VRF EYE SPECIALTY GROUP 825 RIDGE LAKE BLVD MEMPHIS, TN 38120	62-1463001		32,038.	0.			PATIENT ASSISTANCE
W. BARNEY SMITH MD 105 GLEN OAK BLVD HENDERSONVILLE, TN 37075	62-1515293		9,727.	0.			PATIENT ASSISTANCE
ARTHRITIS ASSOCIATES OF KINGSPORT 3 SHERIDAN SQ KINGSPORT, TN 37660	62-1523356		33,198.	0.			PATIENT ASSISTANCE
WEST CLINIC PO BOX 240728 MEMPHIS, TN 38124	62-1526296		247,964.	0.			PATIENT ASSISTANCE
UROLOGY & UROLOGIC SURGERY, PC PO BOX 888158 KNOXVILLE, TN 37995	62-1561221		7,484.	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
DAVID A. RANKINE, MD 979 E THIRD ST CHATTANOOGA, TN 37403	62-1601801		23,959.	0.			PATIENT ASSISTANCE
WELLMONT HEALTH SYSTEM PO BOX 1089 BRISTOL, TN 37621	62-1636465		91,185.	0.			PATIENT ASSISTANCE
CHARLES RETINA INSTITUTE PO BOX 1000 MEMPHIS, TN 38148	62-1641241		57,019.	0.			PATIENT ASSISTANCE
TENNESSEE ONCOLOGY PO BOX 440100 NASHVILLE, TN 37244	62-1647259		1,840,916.	0.			PATIENT ASSISTANCE
E TN HEMATOLOGY ONCOLOGY 1406 TUSCULUM BLVD GREENEVILLE, TN 37745	62-1663564		18,076.	0.			PATIENT ASSISTANCE
UROLOGY ASSOCIATES 2801 CHARLOTTE AVE NASHVILLE, TN 37209	62-1664297		69,525.	0.			PATIENT ASSISTANCE
MID SOUTH RETINA ASSO PO BOX 1000 MEMPHIS, TN 38148	62-1703455		65,408.	0.			PATIENT ASSISTANCE
THE JONES CLINIC PO BOX 1000 MEMPHIS, TN 38148	62-1717770		49,935.	0.			PATIENT ASSISTANCE
SANDBERG FOOT HEALTH CENTER 939 E EMERALD AVE KNOXVILLE, TN 37917	62-1732005		8,697.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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NASHVILLE ONCOLOGY ASSOC 2011 CHURCH ST NASHVILLE, TN 37203	62-1762036		40,587.	0.			PATIENT ASSISTANCE
LAUGHLIN MEDICAL GROUP GENERAL SURGERY - 1410 TUSCULUM BLVD - GREENEVILLE, TN 37745	62-1776681		7,000.	0.			PATIENT ASSISTANCE
SOUTHEAST EYE SPECIALIST PLLC PO BOX 6188 CHATTANOOGA, TN 37401	62-1791165		123,996.	0.			PATIENT ASSISTANCE
EYE CENTERS OF TENNESSEE 768 A S WILLOW AVE COOKEVILLE, TN 38501	62-1813450		19,846.	0.			PATIENT ASSISTANCE
KNOXVILLE NEUROLOGY SPECIALISTS PO BOX 415000-MSC NASHVILLE, TN 37241	62-1835541		19,886.	0.			PATIENT ASSISTANCE
COOKEVILLE REGIONAL CANCER CENTER 142 W 5TH ST COOKEVILLE, TN 38501	62-6002166		5,126.	0.			PATIENT ASSISTANCE
MAURY REGIONAL HOSPITAL 1224 TROTWOOD AVE COLUMBIA, TN 38401	62-6002623		21,647.	0.			PATIENT ASSISTANCE
HENRY COUNTY MEDICAL CENTER PO BOX 1030 PARIS, TN 38242	62-6007078		18,431.	0.			PATIENT ASSISTANCE
JACKSON-MADISON COUNTY GENERAL HOSPITAL - PO BOX 3855 - JACKSON, TN 38303	62-6010402		96,696.	0.			PATIENT ASSISTANCE

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BMH DESOTO PO BOX 415000 NASHVILLE, TN 37241	64-0682111		9,043.	0.			PATIENT ASSISTANCE
BAPTIST MEM HOSP N MS INC 6005 PARK AVE MEMPHIS, TN 38119	64-0772726		6,187.	0.			PATIENT ASSISTANCE
HIGHLAND CLINIC PO BOX 415000 NASHVILLE, TN 37241	72-0703150		235,816.	0.			PATIENT ASSISTANCE
TENNESSEE PLATEAU ONCOLOGY 49 CLEVELAND ST CROSSVILLE, TN 38555	90-0111512		73,282.	0.			PATIENT ASSISTANCE
HOUSTON RETINA ASSOC 7789 SOUTHWEST FWY HOUSTON, TX 77074	01-0699322		6,650.	0.			PATIENT ASSISTANCE
SCOTT SURGICAL CLINIC 10119 US HIGHWAY 59 RD WHARTON, TX 77488	01-0791920		11,595.	0.			PATIENT ASSISTANCE
ADRIANA POP-MOODY MD PA PO BOX 3806 CORPUS CHRISTI, TX 78463	05-0592086		30,671.	0.			PATIENT ASSISTANCE
VALLEY CANCER ASSOC PA 1719 TREASURE HILLS BLVD HARLINGEN, TX 78550	06-1831543		52,372.	0.			PATIENT ASSISTANCE
EAST TEXAS INFECTIOUS DISEASE CONSULTANTS, PL - PO BOX 131629 - TYLER, TX 75713	11-3678481		9,162.	0.			PATIENT ASSISTANCE

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GOLDEN TRIANGLE RADIATION ONCOLOGY DEPT 283 - PO BOX 4869 - HOUSTON, TX 77210	13-4212115		66,649.	0.			PATIENT ASSISTANCE
RIO BRAVO CANCER & BLOOD PA 1301 AVENUE G DEL RIO, TX 78840	20-0148164		7,433.	0.			PATIENT ASSISTANCE
MULTISPECIALTY GROUP OF TX PA 1200 BINZ HOUSTON, TX 77004	20-0244683		36,341.	0.			PATIENT ASSISTANCE
RETINA CENTER, PA 2806 E 29TH ST BRYAN, TX 77802	20-0872732		19,826.	0.			PATIENT ASSISTANCE
HARSHI BAINS MD PA 1519 E FRONT ST TYLER, TX 75702	20-0937057		90,938.	0.			PATIENT ASSISTANCE
VINCENT F MACALUSO, MD 1920 N MEMORIAL WAY HOUSTON, TX 77007	20-1689066		15,485.	0.			PATIENT ASSISTANCE
DEACONESS HOSPITAL PO BOX 842350 DALLAS, TX 75824	20-2257411		5,060.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF SOUTH TEXAS 137 PRIMROSE PL SAN ANTONIO, TX 78209	20-2397444		9,690.	0.			PATIENT ASSISTANCE
HOUSTON METRO UROLOGY PA PO BOX 1400 HOUSTON, TX 77251	20-4473802		33,790.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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DENTON ONCOLOGY CENTER 2900 N INTERSTATE 35 DENTON, TX 76201	20-5036142		18,200.	0.			PATIENT ASSISTANCE
UZMA IQBAL MD PA 11307 FM 1960 W HOUSTON, TX 77065	20-8770785		18,333.	0.			PATIENT ASSISTANCE
LONE STAR CANCER ASSOCIATION PO BOX 781905 SAN ANTONIO, TX 78278	26-3747461		10,164.	0.			PATIENT ASSISTANCE
NORTH HOUSTON CANCER CLINICS 3115 COLLEG PARK DR SHENANDOAH, TX 77384	26-3969669		7,289.	0.			PATIENT ASSISTANCE
GRACE MEDICAL CENTER 2412 50TH ST LUBBOCK, TX 79412	26-4021016		6,389.	0.			PATIENT ASSISTANCE
VALLEY VITREORETINAL CONSULTANTS 2103 E GRIFFIN PKWY MISSION, TX 78572	26-4472604		5,556.	0.			PATIENT ASSISTANCE
GREATER HOUSTON PHYSICIAN MEDICAL ASSOCIATION - 8850 SIX PINES DR - SHENANDOAH, TX 77380	27-0573017		13,446.	0.			PATIENT ASSISTANCE
CAPITOL FOOT AND ANKLE 900 E 30TH ST AUSTIN, TX 78705	27-1664184		5,974.	0.			PATIENT ASSISTANCE
WILSON N JONES REGIONAL PO BOX 846044 DALLAS, TX 75284	27-2025690		5,222.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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JAWAD A QURESHI MD PO BOX 975673 DALLAS, TX 75397	27-3557509		6,956.	0.			PATIENT ASSISTANCE
SCOTT WHITE HOSPITAL COLLEGE PO BOX 844658 DALLAS, TX 75284	27-4434451		5,000.	0.			PATIENT ASSISTANCE
BAPTIST ST ANTHONY'S HLTH PO BOX 950 AMARILLO, TX 79105	30-0754305		13,532.	0.			PATIENT ASSISTANCE
BAYLOR COLLEGE OF MEDICINE BC CENTER - PO BOX 4766 - HOUSTON, TX 77210	30-0791563		5,313.	0.			PATIENT ASSISTANCE
THE OAK CLINIC PO BOX 131886 HOUSTON, TX 77219	34-1930683		123,775.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF NORTH FLORIDA - PO BOX 674377 - DALLAS, TX 75267	41-2152274		121,742.	0.			PATIENT ASSISTANCE
MARY MCWILLIAMS MD 1920 N MEMORIAL WAY HOUSTON, TX 77007	42-6827271		13,366.	0.			PATIENT ASSISTANCE
BERKELEY EYE INSTITUTE, PA PO BOX 4219 HOUSTON, TX 77210	43-2012505		10,970.	0.			PATIENT ASSISTANCE
OPHTHALMOLOGY SPECIALISTS OF TEXAS PA - 5441 HEALTH CENTER DR - ABILENE, TX 79606	45-0466456		26,209.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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W TX RETINA CONSULTANTS 5441 HEALTH CENTER DR ABILENE, TX 79606	45-0468456		7,155.	0.			PATIENT ASSISTANCE
VHS BROWNSVILLE HOSPITAL PO BOX 731572 DALLAS, TX 75373	45-2663071		6,787.	0.			PATIENT ASSISTANCE
TEXOMA HEALTH 5012 S US HIGHWAY 75 DENISON, TX 75020	46-0656951		15,239.	0.			PATIENT ASSISTANCE
MEMORIAL HEALTH SYSTEM PO BOX 732029 DALLAS, TX 75373	46-0796114		11,476.	0.			PATIENT ASSISTANCE
AUSTIN CANCER CENTERS 2211 W BRAKER LN AUSTIN, TX 78758	46-0829574		207,182.	0.			PATIENT ASSISTANCE
PULMONARY & SLEEP PHYSICANS OF HOUSTON PA - 501 ORCHARD ST - WEBSTER, TX 77598	46-1375202		6,495.	0.			PATIENT ASSISTANCE
ONCOLOGY SAN ANTONIO PA PO BOX 65057 SAN ANTONIO, TX 78265	47-2050793		328,935.	0.			PATIENT ASSISTANCE
BLOOD & CANCER CTR OF TX 825 MEDICAL DR TYLER, TX 75701	48-1285510		32,562.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS OF SAN ANTONIO 9480 HUEBNER RD SAN ANTONIO, TX 78240	51-0599870		49,162.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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RIO GRANDE UROLOGY WESTSIDE 7420 REMCON CIR EL PASO, TX 79912	61-1519241		29,193.	0.			PATIENT ASSISTANCE
ARKANSAS ONCOLOGY ASSOCIATES - HOT SPRINGS - PO BOX 910860 - DALLAS, TX 75391	71-0492053		5,383.	0.			PATIENT ASSISTANCE
TEXAS HEALTHCARE PO BOX 961205 FORT WORTH, TX 76161	71-0892430		7,478.	0.			PATIENT ASSISTANCE
CHRISTUS ST PATRICK PO BOX 846039 DALLAS, TX 75284	72-0411322		5,375.	0.			PATIENT ASSISTANCE
EAST JEFFERSON GEN HOSPITAL PO BOX 975479 DALLAS, TX 75397	72-0692834		9,689.	0.			PATIENT ASSISTANCE
BATON ROUGE GENERAL MEDICAL CENTER PO BOX 974544 DALLAS, TX 75397	72-1025017		24,066.	0.			PATIENT ASSISTANCE
MIDWEST ONCOLOGY GROUP PO BOX 205257 DALLAS, TX 75320	73-1648179		6,801.	0.			PATIENT ASSISTANCE
USMD HOSPITAL AT ARLINGTON LP PO BOX 732166 DALLAS, TX 76373	73-1662763		11,130.	0.			PATIENT ASSISTANCE
CHRISTUS SPOHN CANCER CTR PO BOX 730244 DALLAS, TX 75373	74-1109836		88,287.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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THE METHODIST HOSPITAL PO BOX 4755 HOUSTON, TX 77210	74-1180155		7,875.	0.			PATIENT ASSISTANCE
ST JOSEPH REG HEALTH PO BOX 202536 DALLAS, TX 75320	74-1282696		10,093.	0.			PATIENT ASSISTANCE
HARRIS COUNTY HOSPITAL DISTRICT PO PO BOX 4835 HOUSTON, TX 77210	74-1536936		10,000.	0.			PATIENT ASSISTANCE
CHARLES THOMAS MD RADIATION ONCO 7979 WURZBACH RD SAN ANTONIO, TX 78229	74-1586031		50,645.	0.			PATIENT ASSISTANCE
BAYLOR CLINIC PO BOX 4803 HOUSTON, TX 77210	74-1613878		19,777.	0.			PATIENT ASSISTANCE
AUSTIN DIAGNOSTIC CLINIC PO BOX 843770 DALLAS, TX 75284	74-1625143		18,620.	0.			PATIENT ASSISTANCE
OPHTHALMOLOGY ASSOCIATES OF SAN ANTONIO - 414 NAVARRO - SAN ANTONIO, TX 78285	74-1665466		20,424.	0.			PATIENT ASSISTANCE
THURMOND EYE ASSOCIATES 1519 E 6TH ST WESLACO, TX 78596	74-1695861		5,793.	0.			PATIENT ASSISTANCE
CITIZENS MEDICAL CENTER PO BOX 2024 VICTORIA, TX 77902	74-1698143		5,363.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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RHEUMATOLOGY ASSOC 8144 WALNUT HILL LN DALLAS, TX 75231	74-1958530		8,630.	0.			PATIENT ASSISTANCE
SOUTHWEST RETINA CONSULTANTS 1700 CURIE EL PASO, TX 79902	74-1997502		7,557.	0.			PATIENT ASSISTANCE
AUSTIN RETINA ASSOCIATES 801 W 38TH ST AUSTIN, TX 78705	74-2034080		17,071.	0.			PATIENT ASSISTANCE
SOUTH TEXAS THERAPY CENTER 3003 S LOOP W HOUSTON, TX 77054	74-2066793		30,592.	0.			PATIENT ASSISTANCE
MOHAMED HAQ MD 3301 PLAINS VW PASADENA, TX 77504	74-2104565		5,054.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS OF HOUSTON PA 6560 FANNIN HOUSTON, TX 77030	74-2109903		444,085.	0.			PATIENT ASSISTANCE
MEDICAL CENTER OPHTHALMOLOGY ASSOC PO BOX 1358 SAN ANTONIO, TX 78295	74-2143569		16,921.	0.			PATIENT ASSISTANCE
VICTORIA EYE CTR 107 JAMES COLEMAN DR VICTORIA, TX 77904	74-2208337		5,398.	0.			PATIENT ASSISTANCE
W. DARRELL WILLERSON JR MD 303 E QUINCY SAN ANTONIO, TX 78215	74-2280885		34,400.	0.			PATIENT ASSISTANCE

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ONCOLOGY OF SAN ANTONIO PO BOX 847265 DALLAS, TX 75284	74-2332650		305,378.	0.			PATIENT ASSISTANCE
CENTRAL TX NEUROLOGY CONSULTANTS 16040 PARK VALLEY DR ROUND ROCK, TX 78681	74-2710396		11,342.	0.			PATIENT ASSISTANCE
UROLOGY SAN ANTONIO PO BOX 2952 SAN ANTONIO, TX 78299	74-2719352		57,893.	0.			PATIENT ASSISTANCE
CANCER SPECIALISTS OF SOUTH TEXAS 1625 RODD FIELD RD CORPUS CHRISTI, TX 78412	74-2722597		106,724.	0.			PATIENT ASSISTANCE
BRIAN BERGER MD PA 3705 MEDICAL PKWY AUSTIN, TX 78705	74-2740163		57,194.	0.			PATIENT ASSISTANCE
PREMIER EYE CARE 11111 RESEARCH BLVD AUSTIN, TX 78759	74-2754960		7,501.	0.			PATIENT ASSISTANCE
ALLERGY, ASHTMA & IMMUNOLOGY 2414 BABCOCK RD SAN ANTONIO, TX 78229	74-2763430		9,849.	0.			PATIENT ASSISTANCE
VALLEY RETINA INSTITUTE 1309 E RIDGE RD MCALLEN, TX 78501	74-2768498		278,978.	0.			PATIENT ASSISTANCE
CANCER CARE CENTER OF SOUTH TEXAS PO BOX 911234 DALLAS, TX 75391	74-2782325		609,458.	0.			PATIENT ASSISTANCE

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SOUTH TX RETINA CONSULTANTS 5540 SARATOGA CORPUS CHRISTI, TX 78413	74-2784568		18,730.	0.			PATIENT ASSISTANCE
RETINA ASSOC OF S TX 7940 FLOYD CURL DR SAN ANTONIO, TX 78229	74-2798760		11,129.	0.			PATIENT ASSISTANCE
KUMUD S, TRIPATHY AND ASSOCIATES 2215 E VILLA MARIA RD BRYAN, TX 77802	74-2803009		23,568.	0.			PATIENT ASSISTANCE
VICTORIA SURGERY CTR 105 JAMES COLEMAN DR VICTORIA, TX 77904	74-2803100		22,670.	0.			PATIENT ASSISTANCE
OPHTHALMIC CONSULTS OF TX PA PO BOX 4830 EDINBURG, TX 78540	74-2879098		41,915.	0.			PATIENT ASSISTANCE
HAROUTIOUN SHAHINIAN MD 7812 GATEWAY EAST BLVD EL PASO, TX 79915	74-2881122		9,471.	0.			PATIENT ASSISTANCE
MCALLEN SURGEONS 1801 S 5TH ST MCALLEN, TX 78503	74-2890800		7,074.	0.			PATIENT ASSISTANCE
COASTAL BEND CANCER CTR PO BOX 3069 CORPUS CHRISTI, TX 78463	74-2898314		193,679.	0.			PATIENT ASSISTANCE
SOUTH TX ONCOLOGY & HEMATOLOGY PO BOX 268 SAN ANTONIO, TX 78291	74-2915297		223,234.	0.			PATIENT ASSISTANCE

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EDUARDO MIRANDA MD 2344 LANUNA LAREDO, TX 78041	74-2921934		50,483.	0.			PATIENT ASSISTANCE
MCALLEN ONCOLOGY PO BOX 720-878 MCALLEN, TX 78504	74-2966092		8,673.	0.			PATIENT ASSISTANCE
UNIVERSITY TRANSPLANT CENTER 4502 MEDICAL DR SAN ANTONIO, TX 78229	74-6002164		5,945.	0.			PATIENT ASSISTANCE
PRESBYTERIAN HOSPITAL OF DALLAS PO BOX 910115 DALLAS, TX 75391	75-1047527		83,356.	0.			PATIENT ASSISTANCE
COLLUM AND CARNEY CLINIC 5002 COWHORN CREEK RD TEXARKANA, TX 75503	75-1151440		23,135.	0.			PATIENT ASSISTANCE
CANCER CENTER ASSOCIATES 4201 MEDICAL CENTER DR MCKINNEY, TX 75069	75-1312419		66,552.	0.			PATIENT ASSISTANCE
TEXAS RETINAL ASSOCIATES 7150 GREENVILLE AVE DALLAS, TX 75231	75-1362336		152,664.	0.			PATIENT ASSISTANCE
LUBBOCK UROLOGY CLINIC 6102 82ND ST LUBBOCK, TX 79424	75-1514281		21,508.	0.			PATIENT ASSISTANCE
TEXOMA NEUROLOGY ASSOC. 321 N HIGHLAND AVE SHERMAN, TX 75092	75-1739707		9,971.	0.			PATIENT ASSISTANCE

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TEXAS ONCOLOGY PA PO BOX 911230 DALLAS, TX 75391	75-2131429		1,773,002.	0.			PATIENT ASSISTANCE
TYLER HEMATOLOGY ONCOLOGY PA 721A CLINIC DR TYLER, TX 75701	75-2288596		229,271.	0.			PATIENT ASSISTANCE
DANNY R BARTEL 1722 NINTH ST WICHITA FALLS, TX 76301	75-2298758		37,261.	0.			PATIENT ASSISTANCE
GREGORY A ECHT MD PA PO BOX 674004 DALLAS, TX 75267	75-2338371		79,109.	0.			PATIENT ASSISTANCE
DEHAVEN EYE CLINIC PO BOX 130639 TYLER, TX 75713	75-2341676		28,536.	0.			PATIENT ASSISTANCE
ROBERT TORTI MD PO BOX 730990 DALLAS, TX 75373	75-2415520		22,872.	0.			PATIENT ASSISTANCE
NORTH TEXAS GYNECOLOGY & ONCOLOGY 12200 PARK CENTRAL DR DALLAS, TX 75251	75-2511887		5,148.	0.			PATIENT ASSISTANCE
ONCOLOGY HEMATOLOGY CONSULTANTS PA 800 W MAGNOLIA AVE FORT WORTH, TX 76104	75-2512142		318,834.	0.			PATIENT ASSISTANCE
MEDICAL CLINIC OF NORTH TEXAS, PA PO BOX 99356 FORT WORTH, TX 76199	75-2566987		67,409.	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
KANE HALL BARRY CLINIC 1305 AIRPORT FWY BEDFORD, TX 76021	75-2600199		45,376.	0.			PATIENT ASSISTANCE
EAST TX HEMATOLOGY & ONCOLOGY CLINIC, PA - 1202 W FRANK AVE - LUFKIN, TX 75904	75-2604409		157,780.	0.			PATIENT ASSISTANCE
AIRCAREMD PO BOX 203228 DALLAS, TX 75320	75-2637714		7,664.	0.			PATIENT ASSISTANCE
SOUTHWEST HEMATOLOGY ONCOLOGY ASSOC - 4002 21ST ST - LUBBOCK, TX 79410	75-2638688		35,581.	0.			PATIENT ASSISTANCE
RGB EYE ASSOCIATES 1625 HIGHWAY 75 N SHERMAN, TX 75090	75-2645716		10,932.	0.			PATIENT ASSISTANCE
TEXAS NEUROLOGY, P.A PO BOX 847758 DALLAS, TX 75284	75-2654757		48,182.	0.			PATIENT ASSISTANCE
OPHTHALMIC PARTNERS PO BOX 911791 DALLAS, TX 75391	75-2664866		412,751.	0.			PATIENT ASSISTANCE
PANHANDLE EYE GROUP LLP PO BOX 50720 AMARILLO, TX 79159	75-2741195		5,489.	0.			PATIENT ASSISTANCE
UROLOGY CLINICS OF NORTH TEXAS PLLC - 7515 GREENVILLE AVE - DALLAS, TX 75231	75-2788839		29,448.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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ALLERGY A.R.T. 6842 S PLUM CREEK DR AMARILLO, TX 79124	75-2848936		9,132.	0.			PATIENT ASSISTANCE
UT SOUTHWESTERN MEDICAL CENTER 5939 HARRY HINES BLVD DALLAS, TX 75390	75-3175630		16,613.	0.			PATIENT ASSISTANCE
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT - PO BOX 731911 - DALLAS, TX 75373	75-6001354		7,505.	0.			PATIENT ASSISTANCE
UNIVERSITY OF TEXAS PO BOX 845347 DALLAS, TX 75284	75-6002868		9,454.	0.			PATIENT ASSISTANCE
THE NEUROLOGY CENTER 7505 S MAIN ST HOUSTON, TX 77030	76-0219310		5,577.	0.			PATIENT ASSISTANCE
EMERARDO FALCON JR MD PA 100 B MEDICAL DR LAKE JACKSON, TX 77566	76-0326352		54,322.	0.			PATIENT ASSISTANCE
HOUSTON CANCER INSTITUTE 1220 BLALOCK HOUSTON, TX 77055	76-0326673		14,539.	0.			PATIENT ASSISTANCE
MEMORIAL HERMAN CANCER CENTER 6400 FANNIN ST HOUSTON, TX 77030	76-0385980		16,153.	0.			PATIENT ASSISTANCE
KELSEY SEYBOLD CLINIC 11511 SHADOW CREEK PKWY PEARLAND, TX 77584	76-0386391		290,077.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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UNIVERSITY EYE ASSOCIATES PO BOX 20209 HOUSTON, TX 77225	76-0387779		12,521.	0.			PATIENT ASSISTANCE
FOOT & ANKLE CENTER OF N HOUSTON 17215 RED OAK DR HOUSTON, TX 77090	76-0403505		25,849.	0.			PATIENT ASSISTANCE
UT RHEUMATOLOGY PHYSICIANS PRACTICE - PO BOX 301173 - DALLAS, TX 75303	76-0459500		9,310.	0.			PATIENT ASSISTANCE
COASTAL EYE ASSOC 3333 BAYSHORE BLVD PASADENA, TX 77504	76-0468441		7,426.	0.			PATIENT ASSISTANCE
TEI AND ASSOCIATES 7710 BEECHNUT HOUSTON, TX 77074	76-0469306		48,318.	0.			PATIENT ASSISTANCE
HEA CLINIC PA PO BOX 4958 HOUSTON, TX 77210	76-0512625		57,027.	0.			PATIENT ASSISTANCE
MILLENNIUM PHYSICIANS ASSOCIATIONS 22710 PROFESSIONAL DR KINGWOOD, TX 77339	76-0528826		84,666.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS OF TX PLLC DEPT 4069-1 - PO BOX 4069 - HOUSTON, TX 77210	76-0534711		25,352.	0.			PATIENT ASSISTANCE
AMIRALI POPATIA MD 1603 MAIN ST RICHMOND, TX 77469	76-0599320		36,517.	0.			PATIENT ASSISTANCE

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ONCOLOGY CONSULTANTS, P.A. 925 GESSNER RD HOUSTON, TX 77024	76-0605200		797,812.	0.			PATIENT ASSISTANCE
EYE CENTER OF TX 6565 W LOOP SOUTH BELLAIRE, TX 77401	76-0684453		27,478.	0.			PATIENT ASSISTANCE
WILLIAM L. PHELPS, M.D. 10611 GARLAND RD DALLAS, TX 75218	80-0020694		6,357.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN CANCER CTRS PO BOX 911263 DALLAS, TX 75391	84-1457488		486,474.	0.			PATIENT ASSISTANCE
PREMIER ONCOLOGY 12121 RICHMOND HOUSTON, TX 77082	84-1668631		30,400.	0.			PATIENT ASSISTANCE
UNIVERSITY MEDICAL CTR PO BOX 840334 DALLAS, TX 75284	86-0492210		11,717.	0.			PATIENT ASSISTANCE
ARIZONA ONCOLOGY ASSOCIATES PO BOX 910221 DALLAS, TX 75391	86-0938204		757,254.	0.			PATIENT ASSISTANCE
COMPREHENSIVE CANCER CENTERS OF NV PO BOX 911265 DALLAS, TX 75391	88-0350180		318,239.	0.			PATIENT ASSISTANCE
COASTAL BEND RETINA PA 5722 ESPLANADE DR CORPUS CHRISTI, TX 78414	90-0145614		14,988.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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INNOVATIVE INFUSIONS LLC 235 NE LOOP 820 HURST, TX 76053	90-0213778		95,255.	0.			PATIENT ASSISTANCE
HEALTHTEXAS PROVIDER NETWORK PO BOX 842001 DALLAS, TX 75284	91-1947573		14,242.	0.			PATIENT ASSISTANCE
CAREMARK, INC PO BOX 840688 DALLAS, TX 75284	95-3382344		74,179.	0.			PATIENT ASSISTANCE
SIERRA MED CTR PO BOX 849770 DALLAS, TX 75284	95-4537720		9,759.	0.			PATIENT ASSISTANCE
JOHN FOLEY MD PO BOX 95970 SO JORDAN, UT 84095	01-0759642		146,097.	0.			PATIENT ASSISTANCE
UTAH HEMATOLOGY ONCOLOGY 4403 HARRISON BLVD OGDEN, UT 84403	26-0043031		209,137.	0.			PATIENT ASSISTANCE
DOUGLAS S MEHR MD PC 3855 W 7800S WEST JORDAN, UT 84088	26-0421988		12,629.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS SURGEONS OF UT 1055 N 300 W PROVO, UT 84604	26-3420389		44,415.	0.			PATIENT ASSISTANCE
PROCTOR COMMUNITY HOSPITAL PO BOX 26708 SALT LAKE CITY, UT 84126	37-0681540		5,000.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)

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CACHE VALLEY CANCER TREATMENT & RESEARCH CLIN - 1281 N 600 E - LOGAN, UT 84341	45-0486684		10,394.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF SOUTHERN UTAH 230 N 1680 E ST GEORGE, UT 84790	45-4843605		5,533.	0.			PATIENT ASSISTANCE
RETINA SPECIALISTS OF TENNESSEE PO BOX 572528 SALT LAKE CITY, UT 84157	45-5025073		8,224.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF ORANGE COUNTY PO BOX 572528 SALT LAKE CITY, UT 84157	51-0665933		59,082.	0.			PATIENT ASSISTANCE
CENTRAL UT CLINIC PO BOX 30079 SALT LAKE CITY, UT 84130	87-0281028		111,040.	0.			PATIENT ASSISTANCE
EXCEL EYE CENTER 1735 N STATE ST PROVO, UT 84604	87-0283576		16,662.	0.			PATIENT ASSISTANCE
ROCKY MOUNTAIN RETINA CONSULTANTS 4400 S 700 E SALT LAKE CITY, UT 84107	87-0302621		189,450.	0.			PATIENT ASSISTANCE
INSIGHT LASER AND CATARACT EYE SPECIALISTS - 2255 N 1700 W - LAYTON, UT 84041	87-0355879		7,398.	0.			PATIENT ASSISTANCE
THE EYE INSTITUTE OF UT 755 E 3900 SOUTH SALT LAKE CITY, UT 84107	87-0450251		5,991.	0.			PATIENT ASSISTANCE

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UTAH CANCER SPECIALISTS 1121 E 3900 S HOLLADAY, UT 84124	87-0519691		414,099.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES OF UT 5169 S COTTONWOOD ST MURRAY, UT 84107	87-0525682		520,397.	0.			PATIENT ASSISTANCE
MOUNTAIN VIEW EYE CENTER 1580 W ANTELOPE DR LAYTON, UT 84041	87-0539841		11,438.	0.			PATIENT ASSISTANCE
COUNTRY HILLS EYE CENTER 875 E COUNTRY HILLS DR OGDEN, UT 84403	87-0575989		11,774.	0.			PATIENT ASSISTANCE
MT OGDEN EYE CENTER 4360 WASHINGTON BLVD OGDEN, UT 84403	87-0617733		41,291.	0.			PATIENT ASSISTANCE
RICHENS EYE CENTER 161 W 200 N SAINT GEORGE, UT 84770	87-0675814		16,564.	0.			PATIENT ASSISTANCE
WNA 1151 E 3900 SOUTH SALT LAKE CITY, UT 84124	87-0687383		17,937.	0.			PATIENT ASSISTANCE
IV THERAPY IHC 2250 S 1300 W SALT LAKE, UT 84119	94-2854057		101,853.	0.			PATIENT ASSISTANCE
ROBERT MCCORMICK 3344 EMMAUS RD HARRISONBURG, VA 22801	03-0454223		7,510.	0.			PATIENT ASSISTANCE

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VA RETINA CONSULTANTS 600 PETER JEFFERSON PKWY CHARLOTTESVILLE, VA 22911	03-0549949		24,546.	0.			PATIENT ASSISTANCE
DANVILLE HEMATOLOGY ONCOLOGY 125 EXECUTIVE DR DANVILLE, VA 24541	20-2999870		66,117.	0.			PATIENT ASSISTANCE
MANDELL RETINA CENTER PC 397 LITTLE NCK VIRGINIA BCH, VA 23452	20-8242063		26,970.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS CONSULTANTS OF VA - 420 W JUBAL EARLY DR - WINCHESTER, VA 22601	26-3300015		7,341.	0.			PATIENT ASSISTANCE
INTRAVENE LLC 2215 LANDOVER PL LYNCHBURG, VA 24501	45-3049735		77,089.	0.			PATIENT ASSISTANCE
SHENANDOAH ONCOLOGY PC 1870 AMHERST ST WINCHESTER, VA 22601	45-4759270		76,366.	0.			PATIENT ASSISTANCE
RETINA OF VIRGINIA PLC 1951 EVELYN BYRD AVE HARRISONBURG, VA 22801	46-4092849		6,661.	0.			PATIENT ASSISTANCE
SHORE HEALTH SERVICES PO BOX 17 NASSAWADOX, VA 23413	54-0560500		8,955.	0.			PATIENT ASSISTANCE
VISTAR EYE CENTER PO BOX 1789 ROANOKE, VA 24008	54-0853078		196,678.	0.			PATIENT ASSISTANCE

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WINCHESTER NEUROLOGY CONSULTANTS 125A MEDICAL CIR WINCHESTER, VA 22601	54-0895530		5,000.	0.			PATIENT ASSISTANCE
PULMONARY ASSOCIATES OF RICHMOND INC - 1000 BOULDERS PKWY - RICHMOND, VA 23225	54-0965764		30,966.	0.			PATIENT ASSISTANCE
VIRGINIA CANCER INSTITUTE 6605 W BROAD ST RICHMOND, VA 23230	54-1066435		386,384.	0.			PATIENT ASSISTANCE
LYNCHBURG HEMATOLOGY & ONCOLOGY CLINIC - 1701 THOMSON DR - LYNCHBURG, VA 24501	54-1111445		11,781.	0.			PATIENT ASSISTANCE
PIEDMONT EYE CENTER, INC 2402 ATHERHOLT RD LYNCHBURG, VA 24501	54-1120525		26,843.	0.			PATIENT ASSISTANCE
MEDICAL ASSOCIATES OF CENTRAL VIRGINIA - 2215 LANDOVER PL - LYNCHBURG, VA 24501	54-1131672		9,994.	0.			PATIENT ASSISTANCE
VIRGINIA EYE CONSULTANTS 241 CORPORATE BLVD NORFOLK, VA 23502	54-1150779		20,411.	0.			PATIENT ASSISTANCE
NEURO CTR OF FAIRFAX 3020 HAMAKER CT FAIRFAX, VA 22031	54-1184461		5,639.	0.			PATIENT ASSISTANCE
ARTHRITIS & RHEUMATIC DISEASES 329 MCLAWS CIR WILLIAMSBURG, VA 23185	54-1374556		22,797.	0.			PATIENT ASSISTANCE

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RETINA AND VITREOUS CTR PC 968 COLONIAL RD VIRGINIA BCH, VA 23454	54-1406743		70,316.	0.			PATIENT ASSISTANCE
HEMATLOGY ONCOLOGY ASSOC OF FREDERICKSBURG - 231 PARK HILL DR - FREDERICKSBURG, VA 22041	54-1441458		110,762.	0.			PATIENT ASSISTANCE
HAMPTON ROADS EYE ASSOCIATES 11800 ROCK LANDING DR NEWPORT NEWS, VA 23606	54-1519724		7,870.	0.			PATIENT ASSISTANCE
CANCER & BLOOD SPECIALIST OF N VA 2280 OPITZ BLVD WOODBIDGE, VA 22191	54-1566860		11,356.	0.			PATIENT ASSISTANCE
RETINAL CONSULTANTS, INC 802 MEDICAL TOWER NORFOLK, VA 23507	54-1589493		11,178.	0.			PATIENT ASSISTANCE
MEDICAL ONCOLOGY & HEMATOLOGY ASSOCS OF N VIR - 8501 ARLINGTON BLVD - FAIRFAX, VA 22031	54-1591462		8,581.	0.			PATIENT ASSISTANCE
RETINA ASSOCIATES 190 CAMPUS BLVD WINCHESTER, VA 22601	54-1628131		15,739.	0.			PATIENT ASSISTANCE
AUGUSTA EYE ASSOCIATES PLC 17 N MEDICAL PARK DR FISHERSVILLE, VA 22939	54-1738160		70,388.	0.			PATIENT ASSISTANCE
VIRGINIA ONCOLOGY ASSOC - NORFOLK 5900 LAKE WRIGHT DR NORFOLK, VA 23502	54-1768662		252,750.	0.			PATIENT ASSISTANCE

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TIDEWATER EYE CENTER, PC 3235 ACADEMY AVE PORTSMOUTH, VA 23703	54-1890466		7,338.	0.			PATIENT ASSISTANCE
NEUROLOGY SPECIALISTS 6161 KEMPSVILLE CIR NORFOLK, VA 23502	54-1911947		55,680.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE OF VIRGINIA 8700 STONY POINT PKWY RICHMOND, VA 23235	54-1950215		186,155.	0.			PATIENT ASSISTANCE
S BUTCHALIAH KONDRAGUNTA LLC 34 MEDICAL PARK BLVD PETERSBURG, VA 23805	54-1989200		41,747.	0.			PATIENT ASSISTANCE
INDEPENDENT ASSOCIATES 7605 FOREA AVE RICHMOND, VA 23229	54-2008646		11,187.	0.			PATIENT ASSISTANCE
HAMPTON ROADS RETINA CENTER PO BOX 2430 CHESAPEAKE, VA 23320	54-2058080		15,592.	0.			PATIENT ASSISTANCE
INTEGRATED NEUROLOGY SERVICES 6355 WALKER LN ALEXANDRIA, VA 22310	65-1210763		9,508.	0.			PATIENT ASSISTANCE
TYSONS THERAPEUTIC PLLC 8320 OLD COURTHOUSE RD VIENNA, VA 22182	75-3226695		30,017.	0.			PATIENT ASSISTANCE
THE VA RETINA CENTER 211 GIBSON ST NW LEESBURG, VA 20176	80-0101113		45,643.	0.			PATIENT ASSISTANCE

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FLETCHER ALLEN HEALTH CARE PO BOX 1063 BURLINGTON, VT 05402	03-0219309		6,545.	0.			PATIENT ASSISTANCE
RETINA CENTER OF VERMONT 99 SWIFT ST SOUTH BURLINGTON, VT 05403	20-3110154		15,604.	0.			PATIENT ASSISTANCE
SOUND RETINA PS 22445 S 19TH ST TACOMA, WA 98405	27-1727189		140,878.	0.			PATIENT ASSISTANCE
MIDNIGHT SUN ONCOLOGY PO BOX 111288 TACOMA, WA 98411	37-1517932		12,015.	0.			PATIENT ASSISTANCE
PACIFIC NORTH WEST EYE ASSOCIATES 3602 S 19TH ST TACOMA, WA 98405	45-3155522		18,192.	0.			PATIENT ASSISTANCE
RETINA SPECIALISTS NW PLLC 33915 1ST WAY S FEDERAL WAY, WA 98003	45-5618108		43,690.	0.			PATIENT ASSISTANCE
RETINA INSTITUTE, PLLC 4300 TALBOT RD S RENTON, WA 98055	46-1427591		29,798.	0.			PATIENT ASSISTANCE
SUMMIT EYE CONSULTANTS, PLLC 945 HILDEBRAND LN BAINBRIDGE ISLAND, WA 98110	46-2634350		6,844.	0.			PATIENT ASSISTANCE
RETINA & MACULAR SPECIALIST 2914 S ALDER ST TACOMA, WA 98409	52-7256590		89,689.	0.			PATIENT ASSISTANCE

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NORTHWEST NEUROLOGY 11 BELLWETHER WAY BELLINGHAM, WA 98225	87-0711928		16,445.	0.			PATIENT ASSISTANCE
THE EVERETT CLINIC PO BOX 5127 EVERETT, WA 98206	91-0214500		33,706.	0.			PATIENT ASSISTANCE
THE POLYCLINIC PO BOX 34490 SEATTLE, WA 98124	91-0369070		5,855.	0.			PATIENT ASSISTANCE
SWEDISH HOMECARE SERVICES 5701 6TH AVE S SEATTLE, WA 98108	91-0433740		11,025.	0.			PATIENT ASSISTANCE
GROUP HEALTH COOPERATIVE PO BOX 34585 SEATTLE, WA 98124	91-0511770		782,235.	0.			PATIENT ASSISTANCE
ST JOSEPH MEDICAL CTR PO BOX 34935 SEATTLE, WA 98124	91-0564491		9,165.	0.			PATIENT ASSISTANCE
VIRGINIA MASON MEDICAL CENTER PO BOX 91046 SEATTLE, WA 98111	91-0565539		13,902.	0.			PATIENT ASSISTANCE
HARRISON HEALTH PARTNERS - BREMERTON - 2520 CHERRY AVE - BREMERTON, WA 98310	91-0565546		8,058.	0.			PATIENT ASSISTANCE
YAKIMA VALLEY MEMORIAL HOSPITAL 2811 TIETON DR YAKIMA, WA 98902	91-0567263		54,278.	0.			PATIENT ASSISTANCE

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PROVIDENCE REGIONAL CANCER SYSTEM 2015 COOKS HILL RD CENTRALIA, WA 98531	91-0573108		18,711.	0.			PATIENT ASSISTANCE
KADLEC MEDICAL CENTER 888 SWIFT BLVD RICHLAND, WA 99352	91-0655392		5,580.	0.			PATIENT ASSISTANCE
HIGHLINE MEDICAL CENTER PO BOX 66657 BURIEN, WA 98166	91-0712166		8,443.	0.			PATIENT ASSISTANCE
WHIDBEY GENERAL HOSPITAL PO BOX 3603 SEATTLE, WA 98124	91-0843135		10,971.	0.			PATIENT ASSISTANCE
THE VANCOUVER CLINIC PO BOX 873010 VANCOUVER, WA 98687	91-0851599		54,159.	0.			PATIENT ASSISTANCE
SPOKANE EYE CLINIC 427 S BERNARD ST SPOKANE, WA 99204	91-0852217		179,733.	0.			PATIENT ASSISTANCE
CANCER CARE NORTHWEST PO PO BOX 3868 SPOKANE, WA 99220	91-1007627		15,861.	0.			PATIENT ASSISTANCE
HSUSHI YEH MD 1311 S UNION AVE TACOMA, WA 98405	91-1118320		9,035.	0.			PATIENT ASSISTANCE
MULTICARE HEALTH SYSTEM PO BOX 34779 SEATTLE, WA 98124	91-1352172		18,748.	0.			PATIENT ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKWOOD CANCER TREATMENT 910 W 5TH AVE SPOKANE, WA 99204	91-1352993		41,334.	0.			PATIENT ASSISTANCE
CASCADE EYE & SKIN CENTER PC 1703 S MERIDIAN PUYALLUP, WA 98371	91-1525215		15,061.	0.			PATIENT ASSISTANCE
THE DOCTOR'S CLINIC 9621 RIDGETOP BLVD NW SILVERDALE, WA 98383	91-1538918		10,636.	0.			PATIENT ASSISTANCE
PROLIANCE SURGEONS INC PS 1750 112TH AVE NE BELLEVUE, WA 98004	91-1606533		60,273.	0.			PATIENT ASSISTANCE
EVERGREEN EYE CENTER PO BOX 25020 FEDERAL WAY, WA 98093	91-1628032		16,411.	0.			PATIENT ASSISTANCE
UROLOGY 6005 NW 244TH ST MOUNTLAKE TER, WA 98043	91-1685391		22,774.	0.			PATIENT ASSISTANCE
SEATTLE CANCER TREATMENT & WELLNESS CENTER - 900 SW 16TH ST - RENTON, WA 98057	91-1817443		9,479.	0.			PATIENT ASSISTANCE
CHARLES C SUNG MD 317 N DELAWARE AVE KENNEWICK, WA 99336	91-1920503		7,447.	0.			PATIENT ASSISTANCE
CENTRAL WASHINGTON PODIATRY SERVICE - 307 S 12TH AVE - YAKIMA, WA 98902	91-1940092		5,005.	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 WASHINGTON EYE SPECIALIST - 1724 W MARINE VIEW DR - EVERETT, WA 98201	91-2047345		41,630.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS 1530 N 115TH ST SEATTLE, WA 98133	91-2062004		61,426.	0.			PATIENT ASSISTANCE
RETINA CENTER 9800 NW LEVIN RD SILVERDALE, WA 98383	91-2086736		177,599.	0.			PATIENT ASSISTANCE
ARTHRITIS NORTHWEST PLLC 105 W 8TH AVE SPOKANE, WA 99204	91-2152662		7,293.	0.			PATIENT ASSISTANCE
UNIVERSITY OF WA DIGESTIVE DIS CTR PO BOX 24366 SEATTLE, WA 98124	91-6001537		21,927.	0.			PATIENT ASSISTANCE
SOUTHWEST WA MEDICAL CENTER PO BOX 1588 VANCOUVER, WA 98668	91-6068143		6,941.	0.			PATIENT ASSISTANCE
SWEDISH CANCER INSTITUTE 21632 HIGHWAY 99 EDMONDS, WA 98026	97-0433740		6,100.	0.			PATIENT ASSISTANCE
VERRE YOUNG EYE CLINC N89W16785 APPLETON AVE MENOMONEE FALLS, WI 53051	02-0572864		35,207.	0.			PATIENT ASSISTANCE
GREEN BAY ORTHOPEDIC LTV 2223 LIME KILN RD GREEN BAY, WI 54311	26-1132759		26,558.	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
FROEDTERT HEALTH MED GROUP PO BOX 78600 MILWAUKEE, WI 53278	27-2042610		6,636.	0.			PATIENT ASSISTANCE
MARSHFIELD CLINIC 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970		225,840.	0.			PATIENT ASSISTANCE
AURORA CANCER CARE - MILWAUKEE SOUTH PO BOX 404 - PO BOX 404 - MILWAUKEE, WI 53201	39-0806181		76,312.	0.			PATIENT ASSISTANCE
AURORA LAKELAND MEDICAL CENTER 1055 N MAYFAIR RD MILWAUKEE, WI 53226	39-0806347		7,740.	0.			PATIENT ASSISTANCE
FRANCISCAN HEALTH CTR 700 W AVENUE S LA CROSSE, WI 54601	39-0806374		5,000.	0.			PATIENT ASSISTANCE
HOLY FAMILY MEMORIAL INC PO BOX 2170 MANITOWOC, WI 54221	39-0806395		27,051.	0.			PATIENT ASSISTANCE
FOND DU LAC REGIONAL CLINIC 420 E DIVISION ST FOND DU LAC, WI 54935	39-0807236		7,208.	0.			PATIENT ASSISTANCE
MERCY HEALTH SYSTEM PO BOX 5081 JANESVILLE, WI 53547	39-0816848		15,809.	0.			PATIENT ASSISTANCE
WHEATON FRANCISCAN INC PO BOX 68-9510 MILWAUKEE, WI 53268	39-0816857		7,015.	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
BELLIN MEMORIAL HOSP PO BOX 23400 GREEN BAY, WI 54305	39-0884478		19,334.	0.			PATIENT ASSISTANCE
WAUKESHA MEMORIAL HOSP 725 AMERICAN AVE VERNON, WI 53188	39-0910727		7,584.	0.			PATIENT ASSISTANCE
AURORA SHEBOYGAN MEM PO BOX 8940 GREEN BAY, WI 54308	39-0930748		6,769.	0.			PATIENT ASSISTANCE
AURORA MEDICAL CENTER OF OSHKOSH PO BOX 8950 GREEN BAY, WI 54308	39-1027676		5,109.	0.			PATIENT ASSISTANCE
EYE CLINIC OF WISCONSIN 614 N 1ST ST WAUSAU, WI 54402	39-1093716		33,470.	0.			PATIENT ASSISTANCE
EYE PHYSICIAN ASSOCIATES PO BOX 44370 MADISON, WI 53744	39-1129753		6,749.	0.			PATIENT ASSISTANCE
CHIPPEWA VALLEY EYE CLINIC 2715 DAMON ST EAU CLAIRE, WI 54701	39-1138126		56,204.	0.			PATIENT ASSISTANCE
GREEN BAY ONCOLOGY - ST. VINCENT PO BOX 13453 GREEN BAY, WI 54307	39-1314853		79,272.	0.			PATIENT ASSISTANCE
EYE CARE SPECIALISTS 735 W WISCONSIN AVE MILWAUKEE, WI 53233	39-1344972		81,848.	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 SUBURBAN CENTER FOR ARTHRITIS 601 N BARKER RD BROOKFIELD, WI 53045	39-1418162		44,651.	0.			PATIENT ASSISTANCE
RETINA & VITREOUS CONSULTANTS OF WI LTD - 2600 N MAYFAIR RD - MILWAUKEE, WI 53226	39-1439215		298,890.	0.			PATIENT ASSISTANCE
AURORA MEDICAL GROUP PO BOX 979 SHEBOYGAN, WI 53082	39-1678306		13,898.	0.			PATIENT ASSISTANCE
FOX VALLEY HEMATOLOGY & ONCOLOGY 900 E GRANT ST APPLETON, WI 54911	39-1682233		37,796.	0.			PATIENT ASSISTANCE
NEUROSCIENCE GROUP OF NE WI 1305 W AMERICAN DR NEENAH, WI 54956	39-1731465		5,438.	0.			PATIENT ASSISTANCE
EYE PHYSICIANS AND SURGEONS 1311 S LINCOLN ST ELKHORN, WI 53121	39-1742928		7,015.	0.			PATIENT ASSISTANCE
VALLEY EYE ASSOCIATES 21 PARK PL APPLETON, WI 54914	39-1791932		21,089.	0.			PATIENT ASSISTANCE
UW HEALTH EYE CLINIC PO BOX 78864 MILWAUKEE, WI 53278	39-1824445		30,847.	0.			PATIENT ASSISTANCE
UNIVERSITY OF WI HOSPITALS & CLINICS - PO BOX 853 - MILWAUKEE, WI 53278	39-1835630		5,186.	0.			PATIENT ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST WISCONSIN RETINA 200 THEDA CLARK PLZ NEENAH, WI 54956	39-1842462		51,894.	0.			PATIENT ASSISTANCE
ANDERSON SHAPIRO EYE SURGEONS PO BOX 44370 MADISON, WI 53744	39-1924563		8,679.	0.			PATIENT ASSISTANCE
BAY CARE CLINIC GREEN BAY EYE CLINIC - 2253 W MASON ST - GREEN BAY, WI 54307	39-1943214		68,595.	0.			PATIENT ASSISTANCE
AURORA BAYCARE MED CTR PO BOX 8920 GREEN BAY, WI 54308	39-1947472		10,574.	0.			PATIENT ASSISTANCE
CAMDEN CLARK MEMORIAL HOSPITAL PO BOX 11345 CHARLESTON, WV 25339	31-1524546		7,810.	0.			PATIENT ASSISTANCE
ST MARY'S MEDICAL CENTER INC PO BOX 3108 HUNTINGTON, WV 25702	55-0357050		16,069.	0.			PATIENT ASSISTANCE
CITY HOSPITAL INC PO BOX 1418 MARTINSBURG, WV 25402	55-0383321		5,897.	0.			PATIENT ASSISTANCE
PRINCETON COMMUNITY HOSP PO BOX 1369 PRINCETON, WV 24740	55-0483245		8,404.	0.			PATIENT ASSISTANCE
UHC RHEUM & OSTEO CLINIC PO BOX 1680 CLARKSBURG, WV 26302	55-0525724		8,525.	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
ULTIMATE HEALTH SVCS INC. 5170 US ROUTE 60 E HUNTINGTON, WV 25705	55-0578595		42,181.	0.			PATIENT ASSISTANCE
OHIO VALLEY MEDICAL CTR 2000 EOFF ST WHEELING, WV 26003	55-0614866		19,781.	0.			PATIENT ASSISTANCE
WEST VIRGINIA UNIVERSITY HOSPITALS, INC - 1 MEDICAL CENTER DR - MORGANTOWN, WV 26506	55-0643304		14,246.	0.			PATIENT ASSISTANCE
BECKLEY ONCOLOGY ASSOCIATES 275 DRY HILL RD BECKLEY, WV 25801	55-0699734		125,984.	0.			PATIENT ASSISTANCE
RETINA CONSULTANTS PO BOX 3970 CHARLESTON, WV 25339	55-0703678		179,465.	0.			PATIENT ASSISTANCE
CRAIG MORGAN, MD 1611 13TH AVE HUNTINGTON, WV 25701	55-0726025		271,650.	0.			PATIENT ASSISTANCE
REGIONAL EYE ASSOCIATES INC 1255 PINEVIEW DR MORGANTOWN, WV 26505	55-0740986		45,168.	0.			PATIENT ASSISTANCE
PRIMARY ONCOLOGY NETWORK 1325 LOCUST AVE FAIRMONT, WV 26554	55-0763359		58,429.	0.			PATIENT ASSISTANCE
WYOMING RETINA ASSOCIATES PO BOX 51800 CASPER, WY 82605	45-3264999		13,125.	0.			PATIENT ASSISTANCE

Schedule I (Form 990)



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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	6151	5,719,725.	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 VERIFICATION AGAINST CRITERIA SET BY THE BOARD AND A DOCTOR'S ATTESTATION TO VALIDATE THE PATIENT MEDICAL NEED, PAN ENSURES THAT ALL PATIENTS WHO REQUEST OUR SERVICES MEET THE CRITERIA FOR A DISEASE FUND BEFORE ANY FUNDS ARE DISBURSED. THE PATIENT'S GRANT WILL PROVIDE ASSISTANCE FOR THEIR RESPONSIBILITY (DEDUCTIBLE, CO-PAYMENT, OR COINSURANCE) FOR COVERED MEDICATION SERVICES AFTER PAYMENT FROM THE PRIMARY INSURANCE OR THE AMOUNT



**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).

**2015**

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 on 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 checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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 on 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 on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**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 on 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL KLEIN PRESIDENT & CEO	(i)	301,212.	0.	0.	10,600.	13,724.	325,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD GOLDSTEIN CFO & TREASURER (THRU 12/31/15)	(i)	196,400.	0.	0.	7,856.	49,580.	253,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN CROUT COO & GENERAL COUNSEL (START 4.6.15)	(i)	136,648.	0.	0.	2,775.	43,508.	182,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SVETLANA DURKOVIC DIRECTOR OF OPERATIONS	(i)	157,570.	0.	0.	3,657.	25,829.	187,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY NILES DIRECTOR OF ALLIANCE DEVELOPMENT	(i)	154,500.	0.	0.	0.	34,530.	189,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM JOHNSON DIRECTOR OF PROVIDER RELATIONS	(i)	140,000.	0.	0.	5,600.	47,604.	193,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DREW SAELENS VP DEVELOPMENT	(i)	143,500.	0.	0.	5,740.	22,702.	171,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**SCHEDULE J LINE 4A**

SVETLANA DURKOVIC RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$10,782.



**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	195,689.	FREDERICK M		X
SOUTH CAROLINA ONCOLOGY AS	ROBERT E. SMITH, MD	431,389.	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 OF CGCC AND A BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 195,689.

(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 \$ 431,389.

(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

**2015**

Open to Public  
Inspection

Name of the organization

PATIENT ACCESS NETWORK FOUNDATION

Employer identification number

20-1184743

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

TREATMENT THEY NEED BY PAYING FOR THEIR OUT-OF-POCKET COSTS AND  
ADVOCATING FOR IMPROVED ACCESS AND AFFORDABILITY.

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 500,000 PATIENTS BY GIVING OUT  
APPROXIMATELY \$1 BILLION THROUGH MORE THAN 50 DISEASE FUNDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PHONE CALLS. PAN'S REACH INCLUDES PARTNERSHIPS WITH OVER 26,000  
SPECIALTY PHARMACIES AND MORE THAN 84,000 PROVIDERS ACROSS THE USA.

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. IN ADDITION, THAT MEMBER WILL ABSTAIN  
FROM ALL DISCUSSIONS AND VOTE ON THE MATTER. IF IT IS MATERIAL, WE INVOLVE  
LEGAL COUNSEL AND A DETAILED FOLLOW UP AND RESOLUTION WILL OCCUR.

Name of the organization PATIENT ACCESS NETWORK FOUNDATION	Employer identification number 20-1184743
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FORM 990, PART VI, SECTION B, LINE 15:

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. A STAFF COMPENSATION STUDY WAS COMPLETED IN 2014 AS WELL AS 2016. THE BOARD REVIEWED FINDINGS AND TOOK THEM INTO CONSIDERATION WHEN DETERMINING COMPENSATION LEVELS. IN ADDITION, PERIODICALLY, THE STAFF REVIEWS FORMS 990 OF ORGANIZATIONS WITH SIMILAR MISSIONS TO HELP DETERMINE COMPENSATION. ALL DISCUSSIONS ARE DOCUMENTED IN THE MEETING MINUTES.

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, RISK, OVERSIGHT AND COMPLIANCE COMMITTEE'S (AROC) 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.