

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2012 calendar year, or tax year beginning **2012**, and ending **2012**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminate  
 Amended return  
 Application pending

**C** Name of organization **Center To Protect Patient Rights, Inc.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. Box 72465**  
 City, town or post office, state, and ZIP code  
**Phoenix, AZ 85050**

**D** Employer identification number  
**26-4683643**

**E** Telephone number  
**(925) 452-7771**

**G** Gross receipts \$ **148,569,081**

**F** Name and address of principal officer:  
**Sean Noble - P.O. Box 72465 Phoenix, AZ 85050**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3)  501(c)(4) (insert no.)  4947(a)(1) or  527

**J** Website: **None**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2009** **M** State of legal domicile: **MD**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**Building a coalition of like-minded organizations and individuals, and educating the public on issues related to limited government, free enterprise, and health care with an emphasis on patient rights. Engaging in issue advocacy and activities to influence legislation related to limited government, free enterprise, and health care.**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **2**

**5** Total number of individuals employed in calendar year 2012 (Part V, line 2a) **0**

**6** Total number of volunteers (estimate if necessary) **0**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **0**

**7b** Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	25,318,576	146,564,969
<b>9</b> Program service revenue (Part VIII, line 2g)	-	-
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,246	4,112
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	-
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,321,822	146,569,081
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,805,986	112,158,149
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	-	-
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	-
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	-	-
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	-	-
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,366,170	24,722,324
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,172,155	136,880,451
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,149,667	9,688,430
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 5,370,031	End of Year 15,058,461
<b>21</b> Total liabilities (Part X, line 26)	-	-
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,370,031	15,058,461

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *[Signature]* Date: **11/14/13**  
 Type or print name and title: **Courtney Koshaw, Director + Secretary**

**Paid Preparer Use Only**

Print/Type preparer's name: **Howard Skolnik** Preparer's signature: *[Signature]* Date: **11/14/13** Check  if self-employed PTIN: **P01064967**  
 Firm's name: **Howard Skolnik CPA** Firm's EIN: **602-524-0974**  
 Firm's address: **11846 N. 129th Way, Scottsdale, AZ 85259** Phone no.: **602-524-0974**

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

Building a coalition of like-minded organizations and individuals, and educating the public on issues related to limited government, free enterprise, and health care with an emphasis on patient rights. Engaging in issue advocacy and activities to influence legislation related to limited government, free enterprise, and health 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  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  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 \$ 114,228,149 including grants of \$ 112,158,149 ) (Revenue \$ )

Coalition Building: The organization helped to build a coalition of like-minded organizations and individuals, which worked to educate the public about limited government, free enterprise, and healthcare reform and to advocate in favor of limited government, free enterprise, and patient rights.

4b (Code: ) (Expenses \$ 21,875,340 including grants of \$ ) (Revenue \$ )

Issue Advocacy/Legislative Advocacy: The organization engaged in helping to plan, create, design, and execute an issue advocacy/legislative awareness campaign in conjunction with its broad based limited government, free enterprise, and healthcare coalition.

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 136,103,489

