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Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	For the	2010 cale <u>ndar year, or ta</u>			, 2010, and endin			, 20	
В	Check if	pplicable C Name of organ	ization Center To F	Protect Patient Rights, Inc.		D	Employe	er identification nui	nber
	Address	hange Doing Business	s As					26-4683543	
	Name ch		eet (or P O box if mail is	s not delivered to street address)	Room/sui	te E	Telephor	ne number	
	Initial ret		5				4	480-252-0 7 72	
$\overline{\Box}$	Terminat	···	tate or country, and ZI	P + 4					
	Amende		-			G	Gross re	ceints \$ 60.8	85,692
			dress of principal office	cer				or affiliates? Yes	
ш	Applicati	ar ponding [PO Box 72465 Ph					cluded? Yes	
					7(0)(1) 01			ciuded? 🗀 res list (see instructions	
<u>!</u>		pt status 501(c)(3)	<u> </u>	(4) ◀ (insert no) ☐ 494	7(a)(1) or 527				,
<u>J</u>		: ▶ None	¬			H(c) Group ex			140
K		ganization Corporation	Trust Associa	tion Other	L Year of forma	ation 2009	vi State	of legal domicile	MD
نا	art I	Summary							
	1	•		on or most significant ac					
ø				zations and individulals, a		. 		ed to	
ä				rights Engaging in issue	advocacy and ac	tivities to influe	nce		
Ē		legislation related to he			·				
Š	2	Check this box 🕨 🗌 if	the organization disco	ntinued its operations or disposi	ed of more than 25%	of its net assets.			
ox O	3	Number of voting mem	nbers of the gover	ning body (Part VI, line 1	a)		3		3
Se	4	Number of independer	nt voting members	s of the governing body	(Part VI, line 1b)		4		2
Activities & Governance	5	Total number of individ	luals employed in	calendar year 2010 (Pai	t V, line 2a)		5		0
ŧ	6	Total number of volunt	eers (estimate if r	ecessary)			6		0
⋖	7a	Total unrelated busines	ss revenue from F	Part VIII, column (C), line	12		7a		0
-	Ь			from Form 990-T, line 34			7b	<u> </u>	0
Revenue			· ··			Prior Year	<u>'</u>	Current Year	r
> ,	8	Contributions and gran	nts (Part VIII, line	lh)	[13,65	6,500	61,8	38,792
Revenue	9	Program service reven		•	-		0		0
	10	_		, lines 3, 4, and 7d) .	}		211		2,470
jě	11	·		s 5, 6d, 8c, 9c, 10c, and			0		0
	12			ust equal Part VIII, colum		13.65	6,711	61.8	341,262
_	13			(, column (A), lines 1-3)			3,500		99,946
-	14			, column (A), line 4) .			0		0
4 ,,	1	· · · · · · · · · · · · · · · · · · ·	•	enefits (Part IX, column (<u></u>		0		
Expenses	16a	Professional fundraisin		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	4,927	7	212,138
, je	b	Total fundraising expen	-		212,139		1,027		
Expe	17			es 11a-11d;-11f-24f)		1 11	0,525	15.4	133,307
•	1			equal Part IX, column (A)			8,952		245,391
	18	•	•	•	· .		8,260		95,871
_	19	Revenue less expense	s. Subtract line 1	3 from line 12		Beginning of Currer		End of Year	
ssets or				S. MAN -				····	
SSel	20	Total assets (Part X, lir		•	> ⊕ 5013 + , F	1,60	8,260	3,2	220,364
Net As	21	Total liabilities (Part X,		· · · · · · · · · · · · · · · · · · ·	4		500		0
_		Net assets or fund bala	ances Subtract II	ne 21 from line 20	<u> </u>	1,60	7,760	3,2	220,364
ľ	art II	Signature Block				<u> </u>			
U	der pena	nes of perjury, I declare that I	I have examined this re	eturn, including accompanying	schedules and state	ments, and to the t	est of m	y knowledge and b	elief, it is
	e, correc	and complete yeclaration of	preparer (other than	officer) is based on all informat	on of which prepare	r nas any knowledg	6 7 77	4	
		NOV	Ve				(YV	lay 2013	
Si	-	Signature of officer	11. D.	1 4		Date		t	
Н	ere	Jean 1	Joble Presi	dent					
		Type or print name an	d title						
P	aid	Print/Type preparer's nan	ne	Preparer's signature		ate /	Check 🗸	f PTIN	
	epare	Howard Sckolnik		you Il			self-empl		967
	epare se Onl		ard Sckolnik CPA			Firm's I	EIN ►		
U:	e Un	/		cottsdale, AZ 85259		Phone		602-524-0974	4
Ma	y the If			hown above? (see instru	ictions)			· Yes	
_								- 00	

Form 99	0 (2010)			Page 2
Part				
1	Building a coalition of like-minded organizations and individuals, and educating the public on issues related to health care with an emphasis on patients rights. Engaging in issue advocacy and activities to influence legislation related to health care. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ne public on issues related to		
2	prior Form 990 or 990-EZ?			☑ No
. 3	Did the organization cease conduction			✓ No
4	Describe the exempt purpose achieves 501(c)(3) and 501(c)(4) organizations	vements for each of the organization's thre and section 4947(a)(1) trusts are required	to report the amount of grants and alloc	
4a	Coalition Building The organization h	elped to build a coalition of like minded orga	nizations and individuals, which)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d			\$)	
4e		\$59.274.135		

Part _	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	162	√
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	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? If "Yes," complete Schedule D, Part VII	11b	_	1
	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? If "Yes," complete Schedule D, Part VIII	11c		/
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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)? If "Yes," complete Schedule D, Part X.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	/
14 a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising			✓
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		\ <u>\</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		1	Ť
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions or Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.			1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
b		201		

art	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	:	√
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
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? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	1
С	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? If "Yes," complete Schedule L, Part IV .	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	√	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			007	(2010)

18 Enter the number reported in Box 3 of Form 1098. Enter -0-if not applicable	Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
be Eiter the number of Forms W-2G included in line 1a. Enter-0- if not applicable. Did the organization comply with backing unless for reportable payments to vendors and reportable garning (garnbling) withonings to prize winners? 2				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b Icit the organization have unrelated business gross income of \$1,000 or more during the year? 3c Icit the organization have unrelated business gross income of \$1,000 or more during the year? 3c Icit the organization have unrelated business gross income of \$1,000 or more during the year? 3c Icit the organization have unrelated business gross income of \$1,000 or more during the year? 3c Icit the organization have unrelated business gross income of \$1,000 or more during the year? 3c Icit the organization have unrelated business gross income of \$1,000 or more during the year? 3c Icit the organization have unrelated business gross income of \$1,000 or more or a signature or other authority over, a financial account; or other financial account;	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 of if at least one is reported on line 2a, did the organization fall are gauser defend employment star entures? Note, if the sum of lines it and 2a is greater than 280, you may be required to e-filer, (see instructions) 10 of the organization have unrelated business gross income of \$1,000 or more during the year? 11 of 11 of 12 of 12 of 12 of 13 of 14 of 14 of 15 of	b	Zittor the flexible of the first Zer metaded in time far Zitter e in the application			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-file. Gee instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization had be organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account)? 3c Did and the foreign country (such as a bank account, securities account, or other financial account)? 3c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 4c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization approach and any the during the tax year? 5c Does the organization sell and any the end of the organization solicit any contributions that were not tax deductible? 5c Did the organization sell and the very solicitation an express statement that such contributions or gilts were not tax deductible? 5c Did the organization receive deductible contributions under section 170(c). 5d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 5d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 5d Did the organization sell, exchange, or otherwise dispose of tangible personal pr	С				
Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file, (see instructions) 12 bit the organization have unrelated business greater shan 250, you may be required to e-file, (see instructions) 13 bit the organization have unrelated business greater shan 250, you may be required to e-file, (see instructions) 14 l' Yes, 'has if filed a Form 990-1 for this year? If 'No, ' provide an explanation in Schedule 0 15 did the organization have unrelated business greater shan 250, you may be required to e-file, (see instructions) 16 l' Yes, 'has if filed a Form 990-1 for this year? If 'No, ' provide an explanation in Schedule 0 17 did the organization have an interest in year a signature or other authority over, a financial account in a foreign country Pool 221, Report of Foreign Bank and Financial Accounts. 18 Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 18 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 19 If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 19 Organizations that may receive deductible contributions under section 170(c). 20 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 20 Did the organization shall provide the payor? 21 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 22 To define the payor of the payor of the value of the goods or services provided? 23 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 25 Did the organization shall provide the payor of the payo	22		1C	✓	
Note, if the sum of lines 12, did the organization file all required federal employment tax returns? Note, if the sum of lines 12 and 22 is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, "has it fide a Form 990-T for this year? If "No," provide an explanation in Schedule 0. b If Yes," has it fide a Form 990-T for this year? If "No," provide an explanation in Schedule 0. b If Yes," a financial account in a foreign country (such as a bank account, securities account, or other financial account? b If Yes," the set the name of the foreign country ▶ b If Yes," enter the name of the foreign country ▶ see instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5a	24				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3	b	· · · · · · · · · · · · · · · · · · ·	2b		
b If "Yes," has it fled a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts. By the seem structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By the seem structions of thing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By the seem structions of thing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By the seem structions of thing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By the seem structions of thing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By the seem structions of thing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. By the seem structions of the system structure and the seem structure and the system structure and th					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country.) b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 4a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization fle Form 886-T? 6 Does the organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible? c Did the organization stall any receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? If the organization received a contribution of validities property, did the organization file Form 8890 as required? If the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization is licensed to ensure qualifi	3a	· · · · · · · · · · · · · · · · · · ·	3a		<u>√</u>
over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b If "Yes," enter the name of the foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization and that were not tax deductible? 6d Does the organization organization income that were not tax deductible? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(e). 6d If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a The Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c The Yes," indicate the number of Forms 8282 filed during the year 7d The organization received a contribution of qualified intellectual property, did the organization file Form 898 serequerd? 7f The organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 898 serequerd? 7f The organization maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 7s Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 7s Sponsoring organizations maintaining donor advised funds. 7s Did the organization make any taxable distributions under section 4966?	b	· · · · · · · · · · · · · · · · · · ·	3b		
See instructions for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts. 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 9 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 9 Organization solicit any contributions that were not tax deductible? 9 If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 9 Did the organization stat may receive deductible contributions under section 170(c). 9 Dif "Yes" indicate the number of Forms 8282 filed during the year party is a contribution and partly for goods and services provided to the payor? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 14 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 8990 as required? 15 Section 501(c)(17) organizations. Enter: 16 If the organization make any taxable distributions under section 4966? 17 Did the organization make any taxable distributions under section 4966? 18 Section 501(c)(17) organizations.	4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		✓
b	þ				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 7 5c 6 6a 7 5c 7 7c 7 Organization start may receive deductible contributions under section 170(c). 5c 7a 7b 7c 7c 7c 7c 7c 7c 7c					
c If "Yes" to line 5 aor 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8282? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8282? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organizati	_				✓
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	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 99 0	(2010)

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ► Star Eiting 20118 N 67th Ave Ste 300-615 Glendale, Arizona, USA 85308

and financial statements available to the public.

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Page	- 4

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Compensated E	mployees,
	and Independent Contract	ors			

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 noi (A)	(B)				 >)	•		(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Sean Noble, Director & President & Executive Director	40	1		✓				0	0	0
(2) Dr Courtney Koshar, Director & Secretary	1	1		1				0	0	0
(3)										
(4)										
(5)										
(6)										
(7)										
(8)					-					
(9)										
(10)	-							10.		
(11)										
(12)										
(13)										
(14)										
(15)										
(16)	-			-					-	

Part	VII Section A. Officers, Directors, Trus (A)	(B)	Empi	руеє		ina C)	nigne	est	(D)	(E)	Oriande	(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tri or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation for related organizations (W-2/1099-MIS	s	Estimated amount of other compensation from the organization and related organizations
(17)							ā	_				
(18)												
(19)					_							
(20)		-			-							
(21)		-										
(22)												
(23)						l						
(24)										,		
(25)												
(26)		-										
(27)												
(28)			ļ									
1b c d	Sub-total	VII, Section	on A	•		· •	 	A A	C	L	0	0
<u> </u>	Total number of individuals (including bu reportable compensation from the organ			nose	e lis	ted 	abov	e) v	vno received m	ore than \$10	U,000 E	Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	I for s	uch	ina	livid	lual				•	3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	nan \$ 	150	,000)? i	lf "Y∈ · ·	es," ·	complete Sci	hedule J for 	such	4 1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidual	5 🗸
	on B. Independent Contractors					1 4			tour that us salv	- d +b	¢100	000 of
1	Complete this table for your five highest compensation from the organization.	compensa	tea in	aep	enc	ient	CONT	raci	tors that receiv	ed more man		
	(A) Name and business ad	dress							(B) Description of	services	С	(C) ompensation
	& Associates P.O Box 44293 Phoenix, AZ 8			055	152				anagement serv			340,000
	/ord Doctors LLC 1800 Diagonal Road Ste 6 ct Education LLC 84 Autumn Dr , Tolland, C		ia, vA	852	253			_	arketing Consulundraising Mana			150,507 131,162
	man Vogel 98 Alexandria Pike # 53 Warrento		6-2849	}				-	egal	igement		109,815
2	Total number of independent contract	ors (includ	ing b	ut r	not	lımı	ited t	o t	hose listed at	ove) who		

received more than \$100,000 in compensation from the organization ▶ 4

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a	0				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	0				
9, E	С	Fundraising events 1c	0				
i i	d	Related organizations 1d	0				•
s, g	e	Government grants (contributions) 1e	0				
is is	f	All other contributions, gifts, grants,					
he be		and similar amounts not included above 1f	61,838,792				
	g	Noncash contributions included in lines 1a-1f: \$	- 1,000,000				
a Co	h	Total. Add lines 1a–1f	•	61,838,792			
		Total Add Milos Ta A T T T T	Business Code	.,,,			
Program Service Revenue	2a	<u> </u>					
Rev	b		· · · · - · ·				
95	C						
ervi	d				-		
n S	e						
Jrar	f	All other program service revenue .		0	0	0	0
ò	g	Total. Add lines 2a–2f	>	0	Ū		U
	3	Investment income (including divide					
		and other similar amounts)		2,470	o	2,470	0
	4	Income from investment of tax-exempt bo		2,110			
	5						
		Royalties	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d		▶	0	0	0	0
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	ь	Less. cost or other basis and sales expenses .					
	c	Gain or (loss)					
	d	Net gain or (loss)	•	0	0	0	0
Revenue	8a	Gross income from fundraising					
Ver		events (not including \$					
æ		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
Other	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising	events . ►	0		0	0
	9a	Gross income from gaming activities.					
	1	See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming active	vities ▶	0	0	0	0
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inve		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a						
	b						<u> </u>
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u> ▶	61,841,262	0	2,470	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	44,599,946	44,599,946		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	o	0.		
3	· · · · · · · · · · · · · · · · · · ·	-			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_			
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	o	0	0
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	o	o	0
7		0	0	0	0
7 8	Other salaries and wages		<u> </u>		
0			٦	_	•
_	and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)·	1			
а	Management	340,000	0	340,000	0
b	Legal	326,274	0	326,274	0
C	Accounting	21,225	0	21,225	0
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17	212,139			212,139
_	_	0	0	0	0
f	Investment management fees			0	
g	Other	4,367,101	4,367,101		
12	Advertising and promotion	0	0	0	0
13	Office expenses	32,000	0	32,000	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	10 920	0	10,920	0
17	Travel	28,698	0	28,698	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	l ol	o	o	0
19	Conferences, conventions, and meetings .	0	0	0	0
		0	0	0	0
20	Interest			0	0
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Communications and surveys	10,307,089	10,307,089	0	0
b	***************************************				
					-
۲ C					<u></u> -
d				-	
е				-	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	60,245,391	59,274,135	759,117	212,139
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational	1			
	campaign and fundraising solicitation				
					Form 990 (2010)

art X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	1,608,260	1	1,646,29
2	Savings and temporary cash investments	0	2	1,574,07
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
_	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	
7	Notes and loans receivable, net	0	7	
8	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	5,341	9	
10a	Land, buildings, and equipment: cost or	3,541	3	
IUa	other basis. Complete Part VI of Schedule D 10a 0			
Ь	Less: accumulated depreciation 10b 0	0	10c	
11	Investments—publicly traded securities	0	11	
12	Investments—other securities. See Part IV, line 11	0	12	
13	Investments—program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	0	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,613,601	16	3,220,3
17	Accounts payable and accrued expenses	500		
18	Grants payable	0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0		
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0		
24	Unsecured notes and loans payable to unrelated third parties	0		
25	Other liabilities. Complete Part X of Schedule D	0		
26	Total liabilities. Add lines 17 through 25	500		·
	Organizations that follow SFAS 117, check here ▶ ☐ and complete		20	
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	0	27	_
28	Temporarily restricted net assets	0	-	
29	Permanently restricted net assets	0		
	Organizations that do not follow SFAS 117, check here ▶ ✓ and complete lines 30 through 34.			•
30	Capital stock or trust principal, or current funds	0	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0	-	
32	Retained earnings, endowment, accumulated income, or other funds.	1,613,101	32	3,220,
33	Total net assets or fund balances	1,613,101	_	3,220,
34	Total liabilities and net assets/fund balances	1,613,101		3,220,3

Form 99	90 (2010)				Pa	ge 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>		·		V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	1,84	1,262
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	0,24	5,391
3	Revenue less expenses. Subtract line 2 from line 1	3			1,59	5,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,61	3,101
5	Other changes in net assets or fund balances (explain in Schedule O)	5			1	1,392
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6			3,22	0,364
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		<u></u>	•		
1	Accounting method used to prepare the Form 990.	plaın	ın		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a		✓
b	Were the organization's financial statements audited by an independent accountant?		_	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account			2c	√	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar we	re			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		I	3b		

Form **990** (2010)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Center To Protect Patient Rights, Inc. 26-4683543 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 certified historic structure ☐ Protection of natural habitat Preservation of open space 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 Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: Assets included in Form 990, Part X .

Schedule	D (Forn	n 990)	2010

Part	III Organizations Maintaining	Collections of	Art, His	tori	cal T	reasures,	or Ot	her Similar A	ssets	s (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds,	checl	any of the	follov	ving that are a	sıgnif	icant u	se of its
а	Public exhibition		d		Loai	n or exchan	ge pro	grams			
b	Scholarly research		е		Othe	er					
C	Preservation for future generation										
4	Provide a description of the organiza XIV.	tion's collections	and expl	ain h	ow th	ey further t	he org	janization's exe	mpt p	ourpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donatior ained as	ns of part	art, h of the	nistorical tre organizatio	asure n's co	s, or other sime		່່∀es	☐ No
Part	line 9, or reported an amour	nt on Form 990,	Part X, I	ine 2	21.				orm		
1a	Is the organization an agent, trustee included on Form 990, Part X?									_ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIV and compl	lete the fo	ollow	ing ta	ble:					
									Amou	nt	
C	Beginning balance						1c	:			
d	Additions during the year						1d	J			
е	Distributions during the year						1e				
f	Ending balance						1f	· l			
2a	Did the organization include an amou		art X, line	217	?				. (_ Yes	☐ No
	If "Yes," explain the arrangement in P					.					
Par	t V Endowment Funds. Compl				$\overline{}$						
4	Destruction of a substant	(a) Current year	(b) Pr	or yea	ar	(c) Two years	back	(d) Three years ba	ck (e) Four yea	ars back
1a	Beginning of year balance		ļ <u>.</u>								
р	Contributions										
С	Net investment earnings, gains, and losses										
			<u> </u>								
d	Grants or scholarships		ļ								
е	Other expenditures for facilities and programs										
			 								
f	Administrative expenses										
g 2	End of year balance	ho year and halar	l noo bold d	201							
a	Board designated or quasi-endowme	•	0/4	a 5.							
b	Permanent endowment		70								
C	Term endowment ▶ %										
3a	Are there endowment funds not in th		he organi	izatio	n tha	t are held a	nd ad	ministered for t	he		
Qu.	organization by:	c possession or a	ne organi	Zanc	// t//a	t are neid a	ina aa	ministered for t	116	Ye	s No
	(i) unrelated organizations								[4	Ba(i)	3 140
	(ii) related organizations						•		· F	Ba(ii)	+
b	If "Yes" to 3a(ii), are the related organ									3b	
4	Describe in Part XIV the intended use								. Г	00.	
Part									-		
	Description of investment	(a) Cost or o		1		other basis	(c)	Accumulated	(ď) Book va	alue
		(investm		"		her)		epreciation			
1a	Land	•		<u> </u>							
b	Buildings	•	- 	<u> </u>							·
c	Leasehold improvements	•		1							
d	Equipment	•		—							
E - 1 - 1	Other	·	00.5		,	(D) () (= 1					
ı otal.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	x, co	lumn	(B), line 10(c).) .	▶ <u> </u>			

Part VII Investments—Other Securities.	See Form 990, Part >	(, line 12.	r age C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)		***************************************	
(H)	-		
(I)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments - Program Related	I. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	· · · ·		
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)	· · · · · · · · · · · · · · · · · · ·		
(9)	 		
(10)		******	
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		•
1. (a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2)	 -		
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)	·		
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2 FIN 48 (ASC 740) Footpote In Bort VIV provide	4h - 4		

Part	Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	61,841,262
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,245,391
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,595,871
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	347,989
9	Total adjustments (net). Add lines 4 through 8	9	347,989
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,943,860
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retur	
1	Total revenue, gains, and other support per audited financial statements	1	61,838,791
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	0	
b	Donated services and use of facilities	0	
C	Recoveries of prior year grants	0	
d	Other (Describe in Part XIV.)	0	•
е	Add lines 2a through 2d		0 01 020 701
3	Subtract line 2e from line 1	. 3	61,838,791
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	0	
b	Other (Describe in Part XIV.)		•
c	Add lines 4a and 4b		0 000 701
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		61,838,791
	Reconciliation of Expenses per Audited Financial Statements With Expenses		·
1	Total expenses and losses per audited financial statements	. 1	59,897,401
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	o	
a	Donated services and use of facilities	0	
b	,	0	
C		0	
d			0
е 3	Add lines 2a through 2d	3	59,897,401
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	33,037,401
		o	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.)	_	
b			347.990
С 5	Add lines 4a and 4b		60,245,391
	XIV Supplemental Information	. 3	00,243,331
Part \ any a	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information. ERENCE OF \$347,989 REPRESENTS THE 2009 AUDIT ACCRUAL FOR EXPENSES THERE ARE NO ACCIONAL	omplete t	his part to provide

Schedule D (Form 990) 2010

Page 4

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047 2010

Name of the organization				separate insudencia	Employer identifica	tion number
Center To Protect Patient Rights, Inc						683543
Part I Fundraising Activities.				vered "Yes" to Fo	orm 990, Part IV, lin	ne 17.
Form 990-EZ filers are r 1 Indicate whether the organization				overs setuation Ch	sook all that apply	
a Mail solicitations	ni raiseu iunus ii	_ <u>-</u>	_	on of non-governn		
b ✓ Internet and email solicitation	ns	f	_	on of government	-	
c ☑ Phone solicitations		 g [fundraising events	granto	
d ✓ In-person solicitations			•	· ·		
2a Did the organization have a wri						ees
or key employees listed in Form	•	-		•	•	✓ Yes □ No
b If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreeme	ents under which the	fundraiser is to be
compensated at least \$5,000 by	r the organization	1.				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	Fundraising	Yes	No			
1 Project Education LLC	using targeted					
84 Autumn Dr Tolland CT 06084	communications Fundraising		✓	\$2,622,000	\$131,163	\$2,490,837
2 Yescalis Campaign Strategies 1010 N 2nd Ave, Phoenix, AZ85003	consulting		1	\$459,000	\$45,900	\$413,100
3	-					
4						
5						
6		-				
7						
8						
9						
10						
Total			▶	3.081.000	177,063	2,903,937
3 List all states in which the orga	nization is regist	ered or lice	ensed to s	olicit contributions	or has been notifie	
registration or licensing.						
New York						
•						
•••••						

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
_			(event type)	(event type)	(total number)	col (c))
Revenue	1 2	Gross receipts Less: Charitable	None			
ш	_	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses .		-		
	10 11	Direct expense summary. Ac Net income summary. Comb				()
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organizatıon answei	red "Yes" to Form 99	0, Part IV, line 19, or	reported more
Revenue		Man \$ 10,000 on 1 on 10	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Rev	1	Gross revenue	None			
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes		4.44		
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No		
	7	Direct expense summary. Ac	dd lines 2 through 5 ın c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		
9	En	ter the state(s) in which the or	ganızation operates gar	ming activities:		
		the organization licensed to of 'No," explain:	perate gaming activities	in each of these states	?	🗌 Yes 🗌 No
10	a W					
		'Voo " ovalain:		·		

schedul	le G (Form 990 or 990-EZ) 2010		Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		<u>%</u>
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	The second of th	00	
C	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶	·····	
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns part to provide any additional information (see instructions).		his
Contr	ributions solicited by fundraisers were made payable to the Center Following receipt of funds a commission of 5% to 1	10% was p	aıd
to the	fundraising company		
·			
·			

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Center To Protect Patient Rights, Inc.

Name of the organization

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

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

2010	Open to Public Inspection
90	d I

OMB No. 1545-0047

Employer identification number 26-4683543

▶ Attach to Form 990.

% □ ✓ Yes 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? General Information on Grants and Assistance Part I

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

1 (a) Name and address of organization (b) EIN (c) IRC section or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Energy Alliance 1100H Street, NW, Ste 400 Wash. DC 20005	26-2731617	501C4	250,000.00	0	0		General Support
(2) American Future Fund4225 Fleur Dr #142 Des Moines,IA 50321	26-0620554	501C4	11,685,000.00	0			General Support
(3) Americans for Job Security 107 S. West St. PMB 551 Alexandria VA	52-2062978	501C4	4,828,000 00	0			General Support
(4) Americans for Ltd Govt 9900 Main St Suite 303 Alexandria VA	36-3975580	501C4	5,585,000.00	0			General Support
(5) Americans for Prosperity 2111Wilson Blvd Arlington VA 22201	75-3148958	501C4	1,924,000 00	0			General Support
(6) Americans for Tax Reform 7200 12th St 4th floorNW Washington DC	52-1403587	501C4	4,189,000 00	0			General Support
(7) Americans United for Life 655 15th St NW Wash, DC 20005	36-3906065	501C3	45,000 00	0			General Support
(8) Americans United for Life Action 655 15th StNWSte410Wash.DC20005	26-2696809	501C4	559,000 00	0			General Support
(9) Club for Growth 2001 L St NW Suite 600, Washington, DC20036	20-4681603	501C4	00'000'069	0			General Support
(10) Coaliton to Protect Patient Right PO Box 3114 Arlington VA 22203	27-0224057	501C4	205,000.00	0			General Support
(11) Common Sense Issue, Inc.8190A Beechmont Ave, #103 Cinn OH45255	20-8824036	501C4	10,000 00	0			General Support
(12) Common Sense Issues Coalition P.O. Box 54984 Cinn. OH 45254	20-8824096	501C4	25,000.00	0			General Support
2 Enter total number of section 501(c)(3) and government3 Enter total number of other organizations	501(c)(3) and gov ganizations	ernment organizations	tions				0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	s for Form 990.		Cat.	Cat. No 50055P		Schedule I (Form 990) (2010)

Schedule I (F.	Schedule I (Form 990) (2010)					Page
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	viduals in the Ur space is needed.	nited States. Com	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(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
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Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	this part to prov	ide the informatio	n required in Part I,	line 2, and any other add	ditional information.
The organ	The organization carefully considered the mission of each grant recipient organization prior to making the general support grants	grant recipient org	anization prior to ma	king the general suppo	ort grants	
1 1 1 1 1 1 1 1 1						
1 1 5 8 8 8 8 8 8						
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 5 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
						Schedule I (Form 990) (2010

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

2010

OMB No. 1545-0047

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

▶ Attach to Form 990.

Grants and Other Assistance to Organizations,

Open to Publi Inspection

Employer identification number 26-4683543

Center To Protect Patient Rights, Inc.

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	Assistance	
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1	Infor	
	General Information on Grants and A	
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- ° | √ Yes 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?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II

can be duplicated if additional space is need	ditional space	is needed.					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) US Health Freedom Coal. 4715 N 32nd St. Ste 107 Phoenix, AZ 85018	87-0809179	501C4	1,430,000.00	0			General Support
(2) Concerned Wmn 4 America Leg 1015 15St.NW, Ste1100 Wash DC	95-3370744	501C4	4,500.00	0	!		General Support
(3) Freedom Vote PO Box 882 Dayton, OH 45401	27-3004397	501C4	200,000 00	0			General Support
(4) Hispanic Leadership Fund PO 23162 Alexandria, VA 22304	26-2383617	501C4	47,000 00	0			General Support
(5) The Inst. for Liberty 1250 CT Av NW Ste 200 Washington DC 20036	20-2641983	501C4	457,000 00	0			General Support
(6) Protect Your Vote Inc 610 S. Blvd Tampa, FL 33606	27-3512898	501C4	100,000 00	0			General Support
(7) Revere America 1701 Penn Ave NW, Ste 300 Washington DC 20006	27-2334193	501C4	2,300,000.00	0			General Support
(B) Sixty Plus Assoc 60 King St Ste 315 Alexandria VA 22314	54-1564919	501C4	8,990,000	0			General Support
(9) Susan B Anthony List 1707 L St NW, Ste 550 Washington, DC 20036	54-1850126	501C4	1,025,000.00	0			General Support
(10) Tea Party Patriots 1025 Rose Creek Dr Woodstock, GA 30189	27-0470227	501C4	30,000 00	0			General Support
(11)							
(12)		ļ					
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	01(c)(3) and gov anizations	ernment organiza	tions				. • 0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	s for Form 990.		Cat	Cat No. 50055P		Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Center To Protect Patient Rights, Inc 26-4683543 Part VI, Line 11(A) The organization shares a copy of the final form 990 with the Board of Directors prior to submitting it to the Internal Revenue Service. Part VI, Line 19 The organization provides copies of its governing documents and conflict of interest policy available request Part VI, Line 12 c The organization works to enforce and monitor its conflicts of interest policy by applying it throughout the year to instances that may arise which involve potential conflicts. The organization will also review it during its annual board meeting, along with its other good governance policies Part XII,2a & 2b - An annual audit has been completed Part VI, Line 3 - The organization delegated management duties to the organizations executive directors firm Part XI, Line 5 - An adjustment to reconcile opening and closing balances of net assets was made. This increased net assets by \$11,392.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection
Employer Identification number

Center To Protect Patient Rights, Inc.	26-4683543
This return has been amended to include Schedule R and an additional Schedule O, and a change to	the response to Part IV, Line 33.
No other changes have been made to the return. Due to an inadvertent omission Schedule R was not	included in the initial filing.
All financial activities including donor contributions were however included in the Center's financial a	and other data reported
on Form 990 as well as other supporting schedules.	
······································	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Center To Protect Patient Rights, Inc.

Partl

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	•	
2010	Open to Public	Inspection

OMB No. 1545-0047

Employer identification number 26-4683543

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling 'entity 231,708 N/A 409,941 N/A (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) 9,964,000 12,960,100 (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat. No. 50135Y (c)
Legal domicile (state or foreign country) 핌 띰 (2) - 12/31/10). 26911 N. 23rd Lane Phoenix, AZ 85085 80-0549969 including fundraising including fundraising (b) Primary activity American Commitment LLC (7/7/10-12/28/10) and Meridian Edition LLC (12/28/10 nonprofit purposes nonprofit purposes one or more related tax-exempt organizations during the tax year, (b) Primary activity (4) During 2010, Corner Table was called Eleventh Edition LLC(10/8/10-12/28/10 (1) Meridian Edition LLC During 2010, what is now Meridian Edition was called For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (5) 26911 N. 23rd Lane, Phoenix, AZ 85085 27-3639310 (a) Name, address, and EIN of related organization and Corner Table, LLC (12/28/10-12/31/10) (1) None Part II ව 9 E 8 <u>6</u> ල € 9

(a) (b) Name, address, and EIN Primary activity of					-					
	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	·,	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage Ownership
							Yes No		Yes No	
<u> </u>										
				<u>.</u>						
Montification of Delated Organizations Tayable as		ations Tavat		rocration or	Triet (Comple	Compression or Trust (Complete if the organization answered "Yes" to Form 990. Part IV.	ation answe	ared "Yes" to Fo		art IV.
line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	one or more	related orga		eated as a co	rporation or tru	ust during the tax	(year.)			
(a) Name, address, and EIN of related organization	organization	—	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
				; ;						
					:					
				i :						

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

No.	-										_			_	<u> </u>	_				_				splc.		guining Pe									3) 2010
Yes		1 a	9	10	4	<u>е</u>		¥	1g	무	ï	_	÷	녹	=	E	무		10	1p	i 	19	11	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	(D)	Method of determining amount involved		1							Schedule R (Form 990) 2010
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10000	Complete fine it is any enaction rates in in the solution of the following transactions with one or more related organizations listed in Parts II—IV?	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent	Gift, grant, or capital contribution to other organization(s)	Gift, grant, or capital contribution from other organization	Loans or loan guarantees to or for other organization(s)	Loans or loan guarantees by other organization(s)		Sale of assets to other organization(s)	Purchase of assets from other organization(s) .	Exchange of assets	Lease of facilities, equipment, or other assets to other organization(s)		Lease of facilities, equipment, or other assets from other	Performance of services or membership or fundraising solicitations for other organization(s)	Performance of services or membership or fundraising solicitations by other organization(s)	Sharing of facilities, equipment, mailing lists, or other assets	Sharing of paid employees	,	Reimbursement paid to other organization for expenses	Reimbursement paid by other organization for expenses		Other transfer of cash or property to other organization(s)	Other transfer of cash or property from other organization	e ans											
Note Complete line 1 if any entity is listed in Date II III at IV of this schoolule			ق ا	c G	P P	ě E		Sa	P. P.				ë Ë	k Pe		E Sh			o Rei	p Rei		₽ 5	r g												
2	· •																			_		-	-	7			€	1	(2)	9	2	€	9	9	

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Part VI

(a) (b) (c) (d) (d) (d) (d) (d) (d) (e) Manne address and FIN of entity.	(b)	(c)	(d)	<u>.</u> چ	(f) Dispreparent		(h) General or
	fuence (many)		section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No		Yes No		Yes No
(1) None							
(2)			_				
(6)							
(4)			-				
(9)			-			<u>.</u>	
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		:				Schedule R (Form 990) 2010	m 990) 2010

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Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
N/A	
