Form **990**

Department of the Treasury Internal Revenue Service

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)

benefit trust or private foundation)

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

2012 Open to Public

Open to Public Inspection

Α	For the	2012 calendar year, or tax year beginning and e	ending		
B	Check if applicable	C Name of organization		D Employer identific	ation number
-	Address change Name			20-09	904691
-	lchange lnitial		Room/suite	E Telephone number	
F	return Termin-		10011/Julio		940-0116
F	lated Amend	JZO OBIREI COORI		G Gross receipts \$	720,002.
F	⊥return ∏Applica			H(a) Is this a group re	
_	tion pending			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
_	Tax-exe	mpt status: X 501(c)(3)	r 527	If "No," attach a	list. (see instructions)
		e: ► WWW.CONQUERCHIARI.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2004 M	State of legal domicile: PA
	art I	Summary			
0)	1 8	Briefly describe the organization's mission or most significant activities: SINCE	OUR	INCEPTION, V	VE HAVE
Activities & Governance]	MADE TREMENDOUS STRIDES TOWARDS THE GOAL	OF CO	NQUERING CH.	LARI,
erna	2 (Check this box if the organization discontinued its operations or dispos			sets.
NO.	3 1	Number of voting members of the governing body (Part VI, line 1a)			4
න න	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			<u>4</u> 2
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			150
ivit	6	Total number of volunteers (estimate if necessary)			0.
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<u> </u>	b	Net unrelated business taxable income from Form 990-T, line 34	······	Prior Year	Current Year
	0	Contributions and grants (Part VIII, line 1h)		496,997.	696,115.
Jue	9 1	Program service revenue (Part VIII, line 2g)		3,441.	15,816.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		676.	511.
B	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<73,422.	<100,743.>
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		427,692.	611,699.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		255,000.	417,968.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø,	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,022.	108,912.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b b	Total fundraising expenses (Part IX, column (D), line 25)	57.	FF 200	F7 100
Ш	177	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		57,382.	57,182. 584,062.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		409,404. 18,288.	27,637.
-	19	Revenue less expenses. Subtract line 18 from line 12	Po	ginning of Current Year	End of Year
Net Assets or	2	Total and to (Dark V. See 16)	100	593,236.	606,282.
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		17,523.	2,932.
Vet /	21	Net assets or fund balances. Subtract line 21 from line 20		575,713.	603,350.
F	art II	Signature Block			
Un	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
-		M/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		3/19/	113
Si	gn	Signature of officer		Date '	
	ere	RICHARD LABUDA, EXECUTIVE DIRECTOR			
		Type or print name and title	-	D-t-	DTIN
3		Print/Type preparer's name Preparer's signature	M	Date Check C	PTIN
Pa		JOHN K WILLIAMS JANUARY (1		3/1/13 self-employe	P00109687 25-1304135
	eparer	Firm's name BLACK, BASHOR & PORSCH, LLP		Firm's EIN	43-1304133
Us	e Only	Firm's address 270 EAST CONNELLY BOULEVARD		Phone no. (724)981-7510
_		SHARON, PA 16146		Ti flotte flot. (X Yes No
M	ay the IF	RS discuss this return with the preparer shown above? (see instructions)	ne		Form 990 (2012)

Form	990 (2012) C & S PATIENT EDUCATION FOUNDATION 2U-0904691 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Scriedule O contains a response to any question in this rare in
1	Briefly describe the organization's mission:
	THE ORGANIZATION IS DEDICATED TO IMPROVING THE EXPERIENCES AND
	OUTCOMES OF CHIARI AND SYRINGOMELIA PATIENTS BY: 1.PROVIDING ACCURATE,
	UP-TO-DATE, AND EASY TO UNDERSTAND INFORMATION TO PATIENTS SO THAT
	THEY CAN TAKE CONTROL OF THEIR HEALTH CARE AND MAKE INTELLIGENT,
2	Did the organization undertake any significant program services during the year which were not listed on X Yes No
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Yes X No.
3	Did the organization cease conducting, or make significant changes in now it conducts, any program of motor, and program of motor, and program of motors and the conducting of make significant changes in now it conducts, any program of motors.
	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 \$ 209,411. including grants of \$ 209,411.) (Revenue \$)
	THROUGH 2012, CONQUER CHIARI HAS FUNDED NEARLY \$1.5 MILLION IN RESEARCH
	PROJECTS. CURRENT RESEARCH PROJECTS INCLUDE DEVELOPING NOVEL IMAGING
	TECHNIQUES TO PROVIDE AN OBJECTIVE DIAGNOSISOF CHIARI, IDENTIFYING
	WHICH GENES ARE ACTIVE DURING A CRITICAL STAGE OF DEVELOPMENT WHEN IT
	IS THOUGHT THAT THE CHIARI MALFORMATION OCCURS, AND ASSESSING THE
	COGNITIVE EFFECTS OF CHIARI.
	COULTET AND THE SECOND CO.
41-	(Code:) (Expenses \$ 208,557 • including grants of \$ 208,557 •) (Revenue \$)
4b	(Code:) (Expenses \$ 208,557 including grants of \$ 200,557 includi
	AKRON, THE WORLD'S FIRST RESEARCH LABORATORY DEDICATED SOLELY TO
	ADVANCING THE MEDICAL AND SCIENTIFIC UNDERSTANDING OF CHIARI
	MALFORMATION IN ORDER TO IMPROVE THE EXPERIENCES AND OUTCOMES OF
	PATTENTS THE CONOUER CHIARI RESEARCH CENTER (CCRC) AT THE UNIVERSITY
	OF AKRON IS A STATE OF THE ART FACILITY, STAFFED WITH DISTINGUISHED
	RESEARCHERS, WORKING DILLIGENTLY TO: APPLY THE LATEST ENGINEERING
	TECHNIQUES AND ANALYSIS TO IMPROVE DIAGNOSES AND TREATMENT OPTIONS,
	LEVERAGE THE CONQUER CHIARI PATIENT REGISTRY TO STUDY THE EPIDEMIOLOGY
	AND NATURAL HISTORY OF CHIARI, FOSTER COLLABORATIONS WITH LEADING
	CLINICIANS AND SCIENTISTS TO ADVANCE THE CONQUER CHIARI RESEARCH AGENDA
	AND ACT AS A FOCAL POINT FOR THE CHIARI RESEARCH COMMUNITY AND ATTRACT
4c	
	IN COLLABORATION WITH THE UNIVERSITY OF AKRON AND THE UNIVERSITY OF
	ILLINOIS-CHICAGO, ESTABLISHED THE CONQUER CHIARI RESEARCH CONFERENCE.
	SINCE 2007, THIS BI-ANNUAL MEETING HAS QUICKLY GROWN TO BECOME THE
	PREMIERE EVENT FOR MEDICAL AND RESEARCH PROFESSIONALS FOCUSED ON
	CHIARI.
4d	Other program services (Describe in Schedule O.)
-tu	(Expenses \$ 77,075 • including grants of \$) (Revenue \$ 15,816 •)
4-	Total program service expenses ► 518,211.
<u>4e</u>	Form 990 (2012)
23200	SEE SCHEDULE O FOR CONTINUATION(S)
12-10	-1Z

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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		Х
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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
25	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		X
٥	Schedule D, Part III	8		X
9	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?			
0.0000	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	I IQ	22	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII		v	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
22	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	40	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Δ	
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form !	990 (2	2012)

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Form 990 (2012) C & S PATIENT EDUC Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		Λ
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	-	Δ
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Ves " complete Schedule R. Part V. line 2.	26		y
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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? If "Yes," complete Schedule R, Part VI	07		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
90	Note. All Form 990 filers are required to complete Schedule O	38	х	
-	Note. A stri com coo nicio ale required to complete conclude o		990 (2012)

Form 990 (2012) C & S PATIENT EDUCATION FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rules for reportable payments.	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
	Note. If the sum of lines 1a and 2a 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?		За		Х
b	KING-III ACI-I COOTE ACI-II- COOTE ACI-II COOTE ACI-III COOTE ACI-II COOTE ACI-III COOTE ACI-II COOTE ACI-III COOTE ACI-II COOTE ACI-III COOTE ACI-II		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
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 A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · · · · · · · · · · · ·	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	-	
123-24	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
U	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		-	
	Is the organization licensed to issue qualified health plans in more than one state?		13a	-	
a	Note. See the instructions for additional information the organization must report on Schedule O.		108		de la companie
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1		
2	The contract of the second was arranged and the second sec	13b			
c	Enter the amount of reserves on hand	130			
	Diddha assaniation social social for the first terms of the first term	130	14a	+	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		21
	provide an organism of oncoding			990 (20121

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	L		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b	L		
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?	2		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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		-3	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		<u>X</u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
IDa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		*	37
	taxable entity during the year?	16a		<u>X</u>
р	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	401		
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	TZCI	7232	T 3
17	List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CO, CT, FL, GA, IL			, LA
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) a	vailab	е	
	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)			
10		1 fin =	ois!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	ıınan	Cidi	
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion:		
20	RICK LABUDA - 724-940-0116	IOII.	-	
	320 OSPREY COURT, WEXFORD, PA 15090			
32006	CEE COMEDINE O BOD BILL LICE OF CHAMES	Earn	990 (2010
2-10-	2 SEE SCHEDULE O FOR FULL LIST OF STATES	LOUID	JUCE	(210)

Page 7

1 01111 000 1	LUIL								
Dort VIII	Compensation	of	Offic	ore	Directors	Truetage	Key Employees	Highest	Compensated
Part VII	Compensation	UI	OIIIC	/CI 3,	Directors,	, ilustees,	itcy Employees	,	
	Employees, and	ıl b	nden	end	ent Contra	ctors			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	itee or director	Institutional trustee	Officer	Key employee	Highest compensated complexity and complexity and compensated compensated compensated complexity and compensated c		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICHARD KUSHNER	1.00	37		х				0.	0.	0.
PRESIDENT, DIRECTOR	1.00	X		Δ	_			0.	0.	0.
(2) DAVID LEE	1.00	X		x			-0	0.	0.	0.
VICE PRESIDENT, DIRECTOR	1.00	21		21						
(3) MARK TOMCZAK	1.00	x		x				0.	0.	0.
TREASURER, DIRECTOR (4) DR. DIANE MUELLER, ND, RN, C-FNP	1.00									
DIRECTOR		X						0.	0.	0.
(5) RICHARD LABUDA	40.00									
EXECUTIVE DIRECTOR & SECRETARY			1	X	+			52,500.	0.	22,018.
		-				-	-			
			02						is .	
						1				

			,			_				
		-	-		-	1				
						-				
*		14								
			_							
						-				
		1								
		-						2 1-3		
	1									
10 10 100										The second second
								<u> </u>		- 000 (22.12)

rai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(1-		Pos				Reportable	Reportable)	E	stimate	ed
		hours per					than is bot		compensation	compensation	on	ar	nount	of
		week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related	b		other	
		(list any	ector						the	organization	IS	con	pensa	ation
		hours for	or dir	a)			ted		organization	(W-2/1099-MI	SC)		rom th	
		related	stee (ruste			suac		(W-2/1099-MISC)			_	anizat	
		organizations	al tru	onal t		loyee	E S						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ions
		mie)	=	- Si	₩	- Ş	三. 是	요			_			-
9 <u>-435-4</u>														
											1200			
N														
8														
-									X	***************************************				_
		44-						2						
-	400000000000000000000000000000000000000													
							-							
7				L	Ļ	<u> </u>	50 500		_		0 0	1.0		
	Sub-total								52,500.		0.	2	2,0	
	Total from continuation sheets to Part VI								0.		0.	0	2 0	0.
d	Total (add lines 1b and 1c)								52,500.	//	0.	2	2,0	T8.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	OOVE	e) wh	no re	eceived more than \$100	,000 of reportab	le			_
-	compensation from the organization				-								Yes	No
_	Did the second of the line of the second of	-1:tt				1-			Link t t - d		1		res	INO
3	Did the organization list any former officer,											3		X
	line 1a? If "Yes," complete Schedule J for s											3		22
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									ne organization		4		Х
5	Did any person listed on line 1a receive or a									dual for services		•		
٠	rendered to the organization? If "Yes," com										11	5		X
Sec	tion B. Independent Contractors	piete ocheduk	0 10	01 30	1011	0010				***************************************				
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or w	ithin	the organization's tax y	ear.		-11	-	
	(A)								(B)			(0	;)	
	Name and business	address	NC	NE					Description of s	ervices	- C	ompe	nsation	n
			-					-						
				-	_			1						
				4										
							100 - 10							
2	Total number of independent contractors (in	acluding but p	ot lin	niter	l to	thos	se lie	ted	above) who received m	ore than				
2	\$100,000 of compensation from the organiz		J. (III	iii.		(100	_	iou	above, who received th	oro uran				
	T. 23,000 C. COMPONDAMON HOME THE OTYANIZ			-			V						200	

232008 12-10-12 Form **990** (2012)

Form 990 (2012) C & S P.
Part VIII Statement of Revenue

		Check if Schedule O con	tains a response	to any question in	n this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
1	100					revenue	revenue	sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					310, 01 011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
S,E		Fundraising events		581,039.				
ifts ar A		Related organizations		301,037.				
ni,g		Government grants (contribu						
Sir		All other contributions, gifts, gran				a fine and a second		
uti		similar amounts not included abo		445 056				
Q특			AUGUSTA SE	115,076.				
no Ind		Noncash contributions included in lines						
0 6	n	Total. Add lines 1a-1f			696,115.		and the second	
				Business Code		20/20 8 33		
ice		PROGRAM RELATED SALES-		900099	15,816.	15,816.		
ne v	b					****		
Program Service Revenue	С	×						
Je.	d							
5	е							
Д.		All other program service reve						
	g	Total. Add lines 2a-2f	THE REAL PROPERTY OF THE PERSON OF THE PERSO		15,816.			
	3	Investment income (including				•		
	other similar amounts)				511.			511.
	4 Income from investment of tax-exempt bond		x-exempt bond	oroceeds >	***			
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other	4.14		AT TO SEE IN	
		assets other than inventory	() ====================================	(1)				
	h	Less: cost or other basis						
	~	and sales expenses						
	c	Gain or (loss)			a En en es la			
		Net gain or (loss)						
		Gross income from fundraising						
nue	o a	including \$ 581						
Ne Ve								
S.		contributions reported on line						
Other Reve		Part IV, line 18						
ŏ		Less: direct expenses						
		Net income or (loss) from fund	-		<100,743.>	-		<100,743.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam					·	
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sales						
-		Miscellaneous Revenue	9	Business Code				
	11 a	Selection of the select						
	b	Brown and the second second						
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			611,699,	15,816,	0.	<100,232,>
232009					4		<u> </u>	Form 990 (2012)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
200	Check if Schedule O contains a respon	se to any question in this	s Part IX	(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	and the second second second			
	organizations in the United States. See Part IV, line 21	417,968.	417,968.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,704.	52,290.	22,414.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		10.000		
7	Other salaries and wages	27,500.	19,263.	8,237.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		8. 191		
9	Other employee benefits	6 700	4 742	1 005	
10	Payroll taxes	6,708.	4,743.	1,965.	
11	Fees for services (non-employees):				
а	Management	10 450	2 470	0.000	
b	Legal	12,459.	3,470.	8,989.	
С	Accounting	5,500.		5,500.	
d	Lobbying	-			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		5,633.	4,916.	717.	
	column (A) amount, list line 11g expenses on Sch 0.)	958.	958.	1 ± 1 •	
12	Advertising and promotion	330.	220.		
13	Office expenses	8,418.	5,525.	2,893.	
14	Information technology	0,410.	3,343.	2,055.	
15	Royalties				
16	Occupancy	31,221.	31,221.		
17	Payments of travel or entertainment expenses	31,441.	J1,4410		
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		*		
23	Insurance	2,451.		2,376.	75.
24	Other expenses. Itemize expenses not covered				Yo 86 19
	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 0.)				
а	SUPPLIES, SUBSCRIPTIONS	33,031.	22,679.	8,270.	2,082.
a b	AMORTIZATION	16,093.	16,093.	0,2100	2,002.
C	PAYROLL PROCESSING FEES	1,506.	20/0301	1,506.	
d	STORAGE UNIT	706.		706.	
	All other expenses	<60,794.	<60,915.		
25	Total functional expenses. Add lines 1 through 24e	584,062.	518,211.	63,694.	2,157.
26	Joint costs. Complete this line only if the organization		,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2012)

Form 990 (2012)

Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response to any q	uestic	on in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			505,503.	1	528,537
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and forn		*			
	trustees, key employees, and highest compensate					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqualifie		The state of the s			
	section 4958(f)(1)), persons described in section 4					
	employers and sponsoring organizations of section		E. V. 1000 (1000)			
	employees' beneficiary organizations (see instr). C				6	
2 7	Notes and loans receivable, net				7	
7 8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges			9		
	Land, buildings, and equipment: cost or other	Ï				
	basis. Complete Part VI of Schedule D	10a	118,105.			
b	Less: accumulated depreciation		40,360.	87,733.	10c	77,745
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line 11		The control of the co		12	*
13	Investments - program-related. See Part IV, line 11	AND THE RESERVE OF THE PARTY OF		13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal I		Manager Control Manager Manager Annager Annager Annager Control Contro	593,236.	16	606,282
17	Accounts payable and accrued expenses		17,523.	17	2,932	
18	Grants payable			18		
19	Deferred revenue		Annah Caraman and San		19	
20	Tax-exempt bond liabilities				20	
	Escrow or custodial account liability. Complete Par				21	
22	Loans and other payables to current and former of					
21 22	key employees, highest compensated employees,	and d	lisqualified persons.			
5	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelate				23	
24	Unsecured notes and loans payable to unrelated th	hird p	arties		24	
25	Other liabilities (including federal income tax, payal	1				W ()
	parties, and other liabilities not included on lines 17					
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			17,523.	26	2,932
	Organizations that follow SFAS 117 (ASC 958), o	check	here X and			
ß	complete lines 27 through 29, and lines 33 and 3	34.				
27	Unrestricted net assets			62,807.	27	72,562
28	Temporarily restricted net assets			512,906.	28	530,788
29					29	*
-	Organizations that do not follow SFAS 117 (ASC	958)	, check here	*		
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equip	oment	fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated incor		300000000000000000000000000000000000000		32	* 1
33	Total net assets or fund balances			575,713.	33	603,350
34	Total liabilities and net assets/fund balances			593,236.	34	606,282

Form 990 (2012)

- 1	rotarrevenue (must equal Part viii, column (A), line 12)	1	63	LI,6	99		
2	Total expenses (must equal Part IX, column (A), line 25)						
3							
4							
5	Net unrealized gains (losses) on investments	5		75,7			
6	Donated services and use of facilities	6					
7							
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	60	3,3	50.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	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	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				8 9/ W		
	review, or compilation of its financial statements and selection of an independent accountant?		2ċ	X	n' u		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2012)		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2012

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number

			C & S I	PATIENT EDUCA	MOITA	FOUNI	OITAC	V		2	0-0904	691	
Part	1	Reason	for Public Cha	rity Status (All organi	zations mu	ust comple	ete this pa	rt.) See ins	tructions.				
The or	gani	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)					
1		A church, co	onvention of churche	es, or association of chu	rches desc	cribed in s	ection 17	D(b)(1)(A)(i	i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in s	ection 170	D(b)(1)(A)(i	iii). Enter t	the hospita	's nam	ie,
		city, and sta	te:			×-			White pay asset				
5			tion operated for the O(b)(1)(A)(iv). (Comp	benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental un	it describ	ed in		
6				nent or governmental un	it describe	ed in section	on 170(b)(1)(A)(v).					
	X			ceives a substantial part			- Tr		or from the	e general i	public desc	ribed in	n
- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	737.70		(b)(1)(A)(vi). (Comple				3						
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			-	ceives: (1) more than 33			from contr	ibutions, r	nembersh	ip fees, ar	nd aross re	ceipts f	from
				nctions - subject to cert									
				taxable income (less sec		5.0							
			509(a)(2). (Complet										
10		An organizat	tion organized and o	perated exclusively to te	est for pub	lic safety.	See secti e	on 509(a)(4).				
11				perated exclusively for the						ry out the	purposes o	of one o	or
		more publicly	y supported organiz	ations described in secti	ion 509(a)((1) or section	on 509(a)(2). See se	ction 509	(a)(3). Che	eck the box	that	
		describes the	e type of supporting	organization and compl	lete lines 1	1e through	h 11h.						
_	_	a Type	1 b T	ype II c T	ype III - Fu	ınctionally	integrated	d d	d L Typ	oe III - Nor	-functional	y integ	ırated
e				at the organization is not									n
		foundation m	nanagers and other t	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or s	section 509	(a)(2).	
f		•		tten determination from			985 UNIV. 355.75	100 Table	e III				
		supporting o	organization, check t	his box									
g			West and the Montage and Street and Street and Street	organization accepted ar									
		7.		lirectly controls, either a								Yes	No
				upported organization?							William III		
				n described in (i) above?									
				person described in (i)							11g(iii)		
h		Provide the f	following information	about the supported or	ganization	(s).		4.					
(i) Na	me d	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) la organizați	s the	(vii) Amount	of mon	etary
		nization	on (described on lines 1-9		in col. (i) listed in your organization in col. governing document? (i) of your support?			(i) organiz	(i) organized in the		port		
	(see instructions))												
				(0.0.0000000000000000000000000000000000	Yes	No	Yes	No	Yes	No			
	-			*									
				1									
otal				*		-							

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 C & S PATIENT EDUCATION FOUNDATION 20-09040 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	379,043.	408,760.	470,591.	496,997.	696,115.	2451506.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	379,043.	408,760.	470,591.	496,997.	696,115.	2451506.
5	The portion of total contributions	3 4 70					
	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)				 		217,766.
	Public support. Subtract line 5 from line 4.						2233740.
	ction B. Total Support					I	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	379,043.	408,760.	470,591.	496,997.	696,115.	2451506.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 170	1 102	000	676	F11	4 260
_	and income from similar sources	1,178.	1,103.	900.	676.	511.	4,368.
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			-			
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						2455874.
12		etc (see instruction	ons)			12	51,824.
	First five years. If the Form 990 is for			fourth or fifth ta			JI / UZI * .
	organization, check this box and stop	-		K K	•		
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	90.95 %
	Public support percentage from 2011					15	85.76 %
	33 1/3% support test - 2012. If the o					ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				 ▶ X
b	33 1/3% support test - 2011. If the o	rganization did no	t check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						5 5
	and if the organization meets the "faci						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		▶□
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th				14. 35.		
	organization meets the "facts-and-circ				The control of the co		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	>
					Sched	dule A (Form 990 o	or 990-EZ) 2012

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.)

Galeadary year (or fiscal year beginning in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total membrarishy fies received. (De not include any runsian) grants.) 1 Gillas, grants, vinusian grants.) 2 Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-eventyp purpose of Scross receipts from admissions. Formed, or facilities furnished in any activity that is related to the organization's tax-eventyp purpose of Scross receipts from admissions. For many activity that is related to the organization's benefit and either paid to or expended on its behalf. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total, Add lines 1 through 5. 7 A mounts included on times 1, 2, and 3 received from disqualified persons by a secretary part of the service of the secretary part of the	Se	ction A. Public Support	Joiew, ploade com	pioto : art iii)				
1 Giffs, grants, confributions, and membership fees received, CD not include any "unusual grants," you grants, and the control include any "unusual grants," you grants, and the control include any activity that is related to the organization's travewarth purpose and or services per formed, or facilities furnished in any activity that is related to the organization's travewarth purpose are not not an unrelated trade or brus-incess under section 513. 1 Tax revenues levide for the organization's benefit and ether paid to or expended on its behalf or or expended on its behalf or or expended on its behalf in the paid to or expended on its behalf in the paid to or expended on its behalf in the paid to or expended on its behalf in the paid to the organization without charge in the paid to the paid to the organization without charge in the paid to the organization without charge in the paid to the organization without charge in the paid to the paid to the organization without charge in the paid to the paid to the paid to the organization without charge in the paid to the paid to the organization without charge in the paid to t	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
include any "unusual grants.") Cross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travewing typupose 3. Gross receipts from admissions, and the companies of the								
2. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5 7.a Amounts included on lines 1, 2, and 3 received from disqualified persons 1.b Amounts included on lines 1, 2, and 3 received from disqualified persons 1.b Amounts included on lines 1, 2, and 3 received on the sequence of		membership fees received. (Do not						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tracewing typupose organization's tracewing typupose organization's tracewing typupose organization's tracewing typupose organization's benefit and either paid to or expended on its behalf or expended on the behalf or expended or the expended on the paid to or expended on the paid to the expended on the expended or expended		include any "unusual grants.")						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tracewing typupose organization's tracewing typupose organization's tracewing typupose organization's tracewing typupose organization's benefit and either paid to or expended on its behalf or expended on the behalf or expended or the expended on the paid to or expended on the paid to the expended on the expended or expended	2							
any activity that is related to the organization's tax-exempt purpose		merchandise sold or services per-						
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or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 seceived from disqualified persons by Amounts included on lines 1, 2, and 3 seceived from disqualified persons by Amounts included on lines 2 and 3 seceived from disqualified persons by Amounts included on lines 3 and 3 seceived from other than disqualified persons by Amounts included in lines 2 and 3 seceived from other than disqualified persons by Amounts for the year of the seceived from other than disqualified persons by Amounts for the year of the seceived from other than disqualified persons by Amounts from the seceived of the seceived from the seceived of the seceived from the seceived on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. 11 Net income from unrelated business activities on thoused in line 10b, regularly carried on or loss from the sele of capital assets (Explain in Part IV) 13 Total support, deal ness, 10a, 11, and 12) 14 First five years, if the Form 930 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 D. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 18 18 investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 19 20 Private foundation, if the organization of line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, support tests - 2012. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/	-							
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number

Pa	Irt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	r Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, line		Accounts. Complete if the
-	organization answered Tes to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) bonor advised funds	(b) I dido and other accounts
2			
3	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
6	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Pa	impermissible private benefit? It II Conservation Easements. Complete if the organization	anization answered "Vas" to Form 000. Port	Yes No
1			iv, inte 7.
'	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or ed		
	Protection of natural habitat	ducation) Preservation of an historic	
	Preservation of open space	Preservation of a certified	nistoric structure
2	*************************************		
2	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Hald and a Fad afth a Tan V
а	Total number of conservation occoments		Held at the End of the Tax Year
b	Tatal annual matter die		
c	Number of conservation easements on a certified historic stru-	cture included in (a)	
d			2c
u			04
3	listed in the National Register	ased extinguished or terminated by the org	2d
•	year	asod, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense stat	rement and balance sheet and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
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 exhib	oition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es 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, edu	cation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		*
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

232053 12-10-12

Schedule D (Form 990) 2012

STATEMENTS.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

Open To Public

Internal Revenue Service

Department of the Treasury

Inspection

Name of the organization C & S P	ATIENT EDUCATION F	OTTN	TAT	TON	20-0904	entification number
	Complete if the organization answer					
Indicate whether the organization rais A	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursues	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or con	(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			20
						e e
=						
						4
						-
Total			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	I it is exempt from re	gistration
		-				24 14
	e very grammer of the contract					
					- Alexandra	
Market Allow Control of the Control						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

232081 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012 C & S PATIENT EDUCATION FOUNDATION 20-0904691 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WALK ACROSS NONE (add col. (a) through AMERICA GALA col. (c)) (event type) (event type) (total number) Revenue 536,957. 51,642 Gross receipts 588,599. 536,957. 2 Less: Contributions 44,082 581,039. 7,560. Gross income (line 1 minus line 2) 7,560. Cash prizes Noncash prizes Direct Expenses Rent/facility costs 5,430. 9,725. 15,155. Food and beverages 8 Entertainment 84,400. Other direct expenses 93,148. 10 Direct expense summary. Add lines 4 through 9 in column (d) 108,303, <100,743. 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2012

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

232082 01-07-13

	m 990 or 990-EZ) 2012 C & S PATIE				<u>0904691</u>	Page 3
	ganization operate gaming activities with noni				Yes	☐ No
	nization a grantor, beneficiary or trustee of a tr					
to administ	er charitable gaming?				Yes Yes	□ No
13 Indicate th	percentage of gaming activity operated in:					
a The organi	ation's facility		***************************************		13a	9/
b An outside	facility		***************************************		13b	%
14 Enter the n	ame and address of the person who prepares	the organization's gam	ing/special events bo	oks and records:		
Name >						
Address >						
15a Does the o	ganization have a contract with a third party fr	rom whom the organiza	ation receives gaming	revenue?	Yes	☐ No
h If "Yes." er	ter the amount of gaming revenue received by	the organization > \$		and the amount		
	evenue retained by the third party > \$		-			
	ter name and address of the third party:	*				
C 11 103, C1	or hame and address of the time party.					
Name >						
Address >						
16 Gaming ma	nager information:					
Name >						
Gaming ma	nager compensation > \$					
Description	of services provided					9
·						
Dire	etor/officer Employee	Independent	contractor			
17 Mandatory						
	ization required under state law to make chari	table distributions from	the gaming proceed	s to		П.,
	ate gaming license?				Yes	∟ No
	nount of distributions required under state law		her exempt organizat	ions or spent in the		
	o's own exempt activities during the tax year pelemental Information. Complete this part t		ions required by Part	L line 2h columns (iii)	and (v) and	Port III
	es 9, 9b, 10b, 15b, 15c, 16, and 17b, as applic	V3.0				
	15 9, 90, 100, 150, 150, 16, and 170, as applic	able. Also complete tri	is part to provide arry	auditional information	i (see instruct	tions).
			21000			
						111
				A supply the same of the same		
22082 04 07 42		AV		Schedule G (Form	990 or 990-	EZ) 2012
232083 01-07-13		27		Julia a li olli		,

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

No Employer identification number CHIARI RESEARCH CENTER TO SCIENTIFIC UNDERSTANDING RESEARCH IN NERVE DAMAGE 20-0904691 ADVANCE THE MEDICAL AND RESEARCH-UNDERSTAND THE SYRINGOMYELIA, CONDUCT MALFORMATION PATIENTS. ESTABLISH THE CONQUER SIOLOGY ASSESSMENT OF NEUROSCIENCE OF BRAIN (h) Purpose of grant or assistance RESEARCH-MOLECULAR DAMAGE IN CHIARI I X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 67,234 142,177 208,557 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table C & S PATIENT EDUCATION FOUNDATION (c) IRC section if applicable 509(A)(1) 501(C)(3) 509(A)(1) Enter total number of other organizations listed in the line 1 table 34-1972453 34-6002924 34-6002924 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - GOODYEAR POLYMER UNIVERSITY OF AKRON RESEARCH CENTER - AKRON, OH 44325 or government UNIVERSITY OF AKRON UNIVERSITY OF AKRON Name of the organization AKRON, OH 44325 AKRON, OH 44325 BUCHTEL AVE BUCHTEL AVE Part II

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) CHIARI MALFORMATION IN ORDER TO IMPROVE THE EXPERIENCES AND OUTCOMES OF RESEARCH CENTER TO ADVANCE THE MEDICAL AND SCIENTIFIC UNDERSTANDING OF THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR EACH GRANT RECIPIENT MUST SUBMIT A FINAL REPORT DETAILING BOTH THE WORK PERFORMED AND HOW THE FUNDS WERE USED. (H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH THE CONQUER CHIARI (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients COLUMN (H): LINE 2: OVERSEEING RESEARCH GRANTS. (a) Type of grant or assistance H PART LINE 1, SCHEDULE I PATIENTS. H 232102 12-18-12 PART

Page 2

20-0904691

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.

C & S PATIENT EDUCATION FOUNDATION

Schedule I (Form 990) (2012)

Part III

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number 20-0904691

0 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INCLUDING:
1. CREATION OF THE CONQUER CHAIRI WEBSITE (WWW.CONQUERCHIARI.ORG), THE
SINGLE MOST COMPREHENSIVE SOURCE OF INFORMATION AVAILABLE ON CHAIRI AND
RELATED TOPICS. THE SITE CONTAINS HUNDREDS OF ARTICLES, EXPERT
INTERVIEWS, PERSONAL STORIES, PATIENT HANDOUTS, VIDEOS AND MORE.
OVERALL, THE SITE HAS BEEN VISITED MORE THAN 1,000,000 TIMES AND
MILLION OF PAGES OF INFORMATION HAVE BEEN VIEWED.
2. CREATION OF A SOCIAL NETWORKING SITE FOR THE CHIARI COMMUNITY WITH MORE THAN 3,000 REGISTERED USERS.
3. IN 2007 ORGANIZED A RESEARCH SYMPOSIUM WHICH WAS ATTENDED BY MORE
THAN 40 TOP NEUROSURGEONS, RADIOLOGIST, ENGINEERS, AND OTHER
PROFESSIONALS. THE PROCEEDINGS WERE CAPTURED IN A UNIQUE VIDEO WEB
ARCHIVE AND MADE FREELY AVAILABLE TO THE PUBLIC.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
4. IN 2008, CONQUER CHIARI WAS INVITED BY THE NATIONAL INSTITUTE OF
NEUROLOGICAL DISORDERS AND STROKE (NINDS) TO ORGANIZE AN EVEN LARGER
RESEARCH CONFERENCE WITH THE GOAL OF ESTABLISHING THE CURRENT STATE OF
KNOWLEDGE AND DEVELOPING RESEARCH RECOMMENDATIONS. THE CONFERENCE WAS
AGAIN WELL ATTENDED BY THE TOP NEUROSURGEONS AND RESEARCHERS IN THE
WORLD.

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Schedule O (Form 990 or 990-EZ) (2012)

^{5.} IN 2010, ORGANIZED THE THIRD CONQUER CHIARI RESEARCH CONFERENCE

C & S PATIENT EDUCATION FOUNDATION

Employer identification number 20-0904691

WHICH HAS BECOME THE PRIMARY SCIENTIFIC MEETING FOR CHIARI RESEARCHERS
TO PRESENT AND DISCUSS RESEARCH.

- 7. CREATED THE CONQUER CHIARI PATIENT DATABASE; A SECURE, WEB BASED,

 DATABASE APPLICATION WHICH WILL COLLECT AND STORE NON-IDENTIFIABLE

 DEMOGRAPHIC AND HEALTH RELATED DATA ABOUT CHIARI PATIENTS, ENTERED

 PRIMARILY BY THE PATIENTS THEMSELVES. IN ADDITION TO RESEARCH BY

 CONQUER CHIARI PERSONNEL, THE DATABASE WILL BE MADE AVAILABLE TO

 EXTERNAL RESEARCHERS. BY COLLECTING BOTH A BROAD AND LARGE DATA SET OF

 THE CHARACTERISTICS OF CHIARI PATIENTS, IT IS HOPED THAT THE

 DEMOGRAPHICS, NATURAL HISTORY, AND TREATMENT OUTCOMES OF CHIARI CAN BE

 RESEARCHED AND UNDERSTOOD WITH MORE ACCURACY AND DETAIL.
- 8. IN 2011, THE EXECUTIVE DIRECTOR OF CONQUER CHIARI SERVED AS A GUEST EDITOR FOR A SPECIAL ISSUE OF THE JOURNAL, "NEUROLOGICAL RESEARCH", FOCUSED ON WHAT IS CURRENTLY KNOWN AND NOT KNOWN ABOUT CHIARI.
- 9. PUBLISHED "CONQUER CHIARI: A PATIENT'S GUIDE", A UNIQUE BOOK WHICH
 PROVIDES A COMPREHENSIVE, SCIENCE BASED OVERVIEW OF CHIARI WRITTEN IN
 AN EASY TO UNDERSTAND FORMAT, FROM THE PATIENT'S POINT OF VIEW.
- 10. LAUNCHED THE CONQUER CHIARI WALK ACROSS AMERICA. THIS ANNUAL

 FUNDRAISING AND AWARENESS EVENT IS A SERIES OF WALKS HELD ACROSS THE

 COUNTRY ON THE SAME DAY. IN 2012, THE WALK WAS HELD AT 53 LOCATIONS,

 INVOLVED 8,400 PEOPLE AND RAISED MORE THAN \$530,000 FOR RESEARCH.
- 11. THROUGH 2012, CONQUER CHIARI HAS FUNDED NEARLY \$1.5 MILLION IN

 RESEARCH PROJECTS. CURRENT RESEARCH PROJECTS INCLUDE DEVELOPING NOVEL

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 Schedule O (Form 990 or 990-EZ) (2012)

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IMAGING TECHNIQUES TO PROVIDE AN OBJECTIVE DIAGNOSIS OF CHIARI,

IDENTIFYING WHICH GENES ARE ACTIVE DURING A CRITICAL STAGE OF

DEVELOPMENT WHEN IT IS THOUGHT THAT THE CHIARI MALFORMATION OCCURS, AND

ASSESSING THE COGNITIVE EFFECTS OF CHIARI.

12. ESTABLISHED THE CONQUER CHIARI RESEARCH CENTER AT THE UNIVERSITY OF

AKRON, THE WORLD'S FIRST RESEARCH LABORATORY DEDICATED SOLELY TO

ADVANCING THE MEDICAL AND SCIENTIFIC UNDERSTANDING OF CHIARI

MALFORMATION IN ORDER TO IMPROVE THE EXPERIENCES AND OUTCOMES OF

PATIENTS. THE CONQUER CHIARI RESEARCH CENTER AT THE UNIVERSITY OF

AKRON IS A STATE OF THE ART FACILITY, STAFFED WITH DISTINGUISHED

RESEARCHERS, WORKING DILIGENTLY TO: APPLY THE LATEST ENGINEERING

TECHNIQUES AND ANALYSES TO IMPROVE DIAGNOSES AND TREATMENT OPTIONS,

LEVERAGE THE CONQUER CHIARI PATIENT REGISTRY TO STUDY THE EPIDEMIOLOGY

AND NATURAL HISTORY OF CHIARI, FOSTER COLLABORATIONS WITH LEADING

CLINICIANS AND SCIENTISTS TO ADVANCE THE CONQUER CHIARI RESEARCH AGENDA

AND ACT AS A FOCAL POINT FOR THE CHIARI RESEARCH AND ATTRACT MORE

RESEARCHERS TO THE STUDY OF CHIARI.

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

INFORMED DECISIONS. 2. RAISING AWARENESS AMONG FAMILY, FRIENDS, AND THE

GENERAL PUBLIC SO THAT THEY CAN UNDERSTAND WHAT PATIENTS ARE GOING

THROUGH AND ARE BETTER ABLE TO PROVIDE SUPPORT. 3.RAISING AWARENESS

AMONG, AND PROVIDING ACCURATE, UP-TO-DATE INFORMATION TO THE MEDICAL

COMMUNITY, SO THAT ERRORS IN DIAGNOSIS AND TREATMENT ARE REDUCED. 4.

SPONSORING RESEARCH TO ADVANCE THE UNDERSTANDING OF THESE CONDITIONS

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AND IN THE END CONQUER CHIARI.

COMMITTEE CHAIR SEEKS INPUT FROM THE OTHER DIRECTORS AND THE EXECUTIVE DIRECTOR REGARDING ACCOMPLISHMENTS. THE COMMITTEE ESTABLISHES AN ANNUAL

PERFORMANCE BONUS, IF SO EARNED, AND SALARY FOR THE FOLLOWING YEAR. SALARY 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012)

C & S PATIENT EDUCATION FOUNDATION

Employer identification number 20-0904691

AND BONUSES ARE BASED IN PART ON THE SIZE OF THE ORGANIZATION IN REVENUE

AND COMPARABLE EXECUTIVE DIRECTOR'S SALARIES AT SIMILAR SIZED

ORGANIZATIONS. THE COMPENSATION COMMITTEE'S RECOMMENDATION IS MADE AT THE

FOLLOWING BOARD MEETING AND VOTED ON BY THE BOARD. MINUTES FROM THE

COMPENSATION COMMITTEE'S MEETING ARE ENTERED INTO THE RECORD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MS, MO, NH, NM, NJ, NY, NC, OH, OK

OR, PA, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: 990'S AND 501(C)3 DETERMINATION

LETTER IS AVAILABLE ON THE WEBSITE. AUDITED FINANCIALS AND POLICIES ARE

INCLUDED IN THE ANNUAL REPORT WHICH IS POSTED ON THE WEBSITE.

FORM 990, PART IX, LINE 24E

ALL OTHER EXPENSES

TOTAL OFFICER AND OTHER WAGES ARE INCLUDED ON LINE 5 AND LINE 7 OF PART

IX AS REQUIRED BY THE INSTRUCTIONS FOR THE RETURN. A PORTION OF THESE

WAGES HAVE BEEN ALLOCATED TO THE FUNDRAISING EVENTS ON SCHEDULE G.

ALSO, SOME DIRECT FUNDRAISING EXPENSES WHICH ARE INCLUDED IN THE

EXPENSES ON LINE 1-24 OF PART IX HAVE BEEN DEDUCTED ON LINE 24E (OTHER

EXPENSES) OF PART IX. THESE DIRECT FUNDRAISING EXPENSES ARE INCLUDED IN

PART VIII, LINE 8B-DIRECT EXPENSES RELATING TO FUNDRAISING. SEE

SCHEDULE G, PART II FOR COMPLETE INFORMATION ON FUNDRAISING EVENTS.

FORM 990, PART XII, LINE 2C

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