Form	990
Form	330

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information



Mean WEXFORD, PA 15090 H(a) Is this a group return for subordinates? Yest for subordinates? Promoted pending F Name and address of principal officer.RICHARD LABUDA SAME AS C ABOVE H(b) Are all quarteriations for subordinates includer? Yest H(b) Are all quarteriations includer? J website: WWW.CONQUECHIARI.ORG (insert no.) 4947(a)(1) or 527 J website: WWW.CONQUERCHIARI.ORG (b) Are all quarteriations in the organization is significant activities: SINCE OUR INCEPTION, WE HAVE Part I Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of individuals employed in calendary quar 2022 (Part V, line 2a) 5 6 Total number of individuals employed in calendary quar 2022 (Part V, line 1a) 4 9 Program service revenue (Part VIII, column (C), line 12 7a 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77, 5227. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total archites busides framounts paid (Part X, column (A), line 13.) 77, 527. 13 Grata servi	10,848. Yes X No Yes No structions al domicile: PA YE 5 4 7E 5 4 150 0. 0. ent Year 41,184. 11,291. 1,386. 32,018. 21,843. 288,390. 0. 175,442. 0. 92,128. 555,960. 34,117. of Year 535,451. 19,416.
Address C & S PATIENT EDUCATION FOUNDATION 20-0904691 Dring Dusiness as CONQUER CHIARI 20-0904691 Number and street (or P.o. box if mail is not delivered to street address) Room/suite Telephone number S20 OSPERY COURT City or town, state or province, country, and ZIP or foreign postal code G dress resets is S10 Market Fame and address of principal officer:RICHARD LABUDA Fame and address of principal officer:RICHARD LABUDA G dress resets is S10 J website: WW - CONQUERCHIARI - ORG H(a) Is this a group return for subordinates? If No, "attach a list. See Instrumed" J Website: WW - CONQUERCHIARI - ORG H(b) Are at subordinates? If No, "attach a list. See Instrumed" J Website: WW - CONQUERCHIARI - ORG If No, "attach a list. See Instrumed" H(b) Are at subordinates? If No, "attach a list. See Instrumed" J Stript / descripte the organization I That J Association Other L Year of tormation: 2004 [M State of legal of the add	10,848. Yes X No Yes No structions al domicile: PA YE 5 4 7E 5 4 150 0. 0. ent Year 41,184. 11,291. 1,386. 32,018. 21,843. 288,390. 0. 175,442. 0. 92,128. 555,960. 34,117. of Year 535,451. 19,416.
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Mean WEXFORD, PA 15090 H(a) Is this a group return for subordinates? Yest for subordinates? Mean SAME AS C ABOVE H(b) Ke all cuberchastes includer? Yest H(b) Ke all cuberchastes includer? I tax exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J website: WW CONQUERCHIART.ORG H(c) Group exemption number H(c) Group exemption number K form of organization: X corporation Trust Association Other L Year of formation: 2004 M State of legal d Part I Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 5 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7a 7a 7a total unrelated business revenue from Form 990-T, Part I, line 11 Prior Year Current 9 Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 77, 527. 28 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 0.	Yes X No Yes No structions al domicile: PA 7E 5 4 7E 5 4 3 150 0. 0. 0. ent Year 1, 184. 11, 291. 1, 386. 32, 018. 288, 390. 0. 175, 442. 0. 92, 128. 555, 960. 34, 117. of Year 535, 451. 19, 416.
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909. -30, 909.	1,386. 32,018. 21,843. 288,390. 0. 75,442. 0. 92,128. 555,960. 34,117. of Year 535,451. 19,416.
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 503,852.422 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 77,527.288 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 160,488.17 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,520. 17 Other expenses (Part IX, column (A), line 11e) 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 97,520. 19 Revenue less expenses. Subtract line 18 from line 12 196,879. 19 Total assets (Part X, line 16) 650,152.53 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 0. 22 Net assets or fund balances. Subtract line 21 from line 20 650,152.51 19 Revalue Block 0. 1 22 Net assets or fund balances. Subtract line 21 from line 20 0.51 23 105,152.51 51	121,843. 288,390. 0. 175,442. 0. 92,128. 555,960. 134,117. of Year 535,451. 19,416.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 77,527.28 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 160,488.17 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,520. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,958.9 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 306,973.55 19 Revenue less expenses. Subtract line 18 from line 12 196,87913 20 Total assets (Part X, line 16) 650,152.53 21 Total liabilities (Part X, line 26) 0.1 22 Net assets or fund balances. Subtract line 21 from line 20 650,152.51 Part II Signature Block 0.1 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	288,390. 0. 175,442. 0. 92,128. 555,960. 134,117. of Year 535,451. 19,416.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 160, 488. 17 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97, 520. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68, 958. 9 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 306, 973. 55 19 Revenue less expenses. Subtract line 18 from line 12 196, 879. -13 20 Total assets (Part X, line 16) 650, 152. 53 21 Total liabilities (Part X, line 26) 0. 1 22 Net assets or fund balances. Subtract line 21 from line 20 650, 152. 51 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	0. 175,442. 0. 92,128. 555,960. 134,117. of Year 535,451. 19,416.
11 Definition paid to or normalized (1 art b), octaining (1), interview 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 160,488. 17 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,520. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 68,958. 9 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 306,973. 55 19 Revenue less expenses. Subtract line 18 from line 12 196,879. -13 20 Total assets (Part X, line 16) 650,152. 53 21 Total liabilities (Part X, line 26) 0. 1 22 Net assets or fund balances. Subtract line 21 from line 20 650,152. 51 Part II Signature Block 51 51 Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	0. 92,128. 555,960. 34,117. of Year 535,451. 19,416.
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17 Other expenses (Part IX, column (A), lines Tra-Trd, TT-24e) 000, 9500 100 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 306, 973. 55 19 Revenue less expenses. Subtract line 18 from line 12 196, 879. -13 20 Total assets (Part X, line 16) 650, 152. 53 21 Total liabilities (Part X, line 26) 0. 1 22 Net assets or fund balances. Subtract line 21 from line 20 650, 152. 51 Part II Signature Block 51 51	92,128. 555,960. 34,117. of Year 535,451. 19,416.
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19 Revenue less expenses. Subtract line 18 from line 12 196,879. -13 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of 20 Total assets (Part X, line 16) 650,152. 53 21 Total liabilities (Part X, line 26) 0. 1 22 Net assets or fund balances. Subtract line 21 from line 20 650,152. 51 Part II Signature Block 0. 1 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	L34,117. of Year 535,451. 19,416.
19 Revenue less expenses. Subtract line 18 from line 12 196,879. -13 10 Beginning of Current Year End of 20 Total assets (Part X, line 16) 650,152. 53 21 Total liabilities (Part X, line 26) 0. 1 22 Net assets or fund balances. Subtract line 21 from line 20 650,152. 51 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	of Year 535,451. 19,416.
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Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	516,035.
	and belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
3/15/23	
Sign Signature of officer Date	··· · ·
Here RICHARD LABUDA, EXECUTIVE DIRECTOR	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTIN	
	095538
Preparer Firm's name GROSSMAN YANAK & FORD LLP Firm's EIN 25-16385	
Use Only Firm's address THREE GATEWAY CTR STE 1800	
PITTSBURGH, PA 15222 Phone no. (412) 338-	3-9300
May the IRS discuss this return with the preparer shown above? See Instructions	res L No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2022) C & S PATIENT EDUCATION FOUNDATION	20-0904691 _F	->age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE ORGANIZATION IS DEDICATED TO IMPROVING THE EXPERIE	INCES AND	
	OUTCOMES OF CHIARI AND SYRINGOMELIA PATIENTS BY: 1.PRO		Ε,
	UP-TO-DATE, AND EASY TO UNDERSTAND INFORMATION TO PATE		
	THEY CAN TAKE CONTROL OF THEIR HEALTH CARE AND MAKE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 2	X_ No
-	If "Yes," describe these new services on Schedule O.	es? Yes	v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es?Yes La	≙_ No
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 a		d
	revenue, if any, for each program service reported.		-
4a	(Code:) (Expenses \$ 377, 408. including grants of \$ 288, 390.) (Ref	evenue \$)
	GRANTS FOR RESEARCH PROJECTS FOCUSED ON IMPROVING DIAC	-	
	ASSESSING THE COGNITIVE EFFECTS OF CHIARI, GENETICS RE	-	HER
	CRITICAL AREAS. MOST FUNDING IS DIRECTED TOWARDS THE (ריקוד
	RESEARCH CENTER (CCRC), THE WORLD'S FIRST RESEARCH LAN SOLELY TO ADVANCING THE MEDICAL AND SCIENTIFIC UNDERST		
	MALFORMATION. THE CCRC IS A STATE OF THE ART FACILITY		
	DISTINGUISHED RESEARCHERS, WORKING DILIGENTLY TO: APPI		
	ENGINEERING TECHNIQUES AND ANALYSIS TO IMPROVE DIAGNOS		NT
	OPTIONS, LEVERAGE THE CONQUER CHIARI PATIENT REGISTRY	TO STUDY THE	
	EPIDEMIOLOGY AND NATURAL HISTORY OF CHIARI, FOSTER COI		ТН
	LEADING CLINICIANS AND SCIENTISTS TO ADVANCE THE CONQU		
	RESEARCH AGENDA AND ACT AS A FOCAL POINT FOR THE CHIAF		
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reference of \$	evenue \$)
4d	Other program services (Describe on Schedule O.)	`	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 377,408.)	
4e	Total program service expenses 377,408.) (0000)

-	~~~	(0000)
⊢orm	990	(2022)

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	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	_		v
	similar amounts as defined in Rev. Proc. 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	•		v
-	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		v
•	Schedule D, Part III	8		<u> </u>
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?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
b	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	TIC		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			x
04-	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	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
A	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		<u> </u>
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cale add a L David L	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
-	"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	Х	
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		Х
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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 "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D -	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		⊢⊔
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b		4		
С			v	
	(gambling) winnings to prize winners?	1c	Х	

022)	С	&	S	PATIENT	EDUCATION	FOUNDATION
Statements R	ega	ardi	ng	Other IRS F	ilings and Tax (Compliance (continued)

С

Form 990 (2022)

Part V

					Yes	No		
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	3					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
b	 b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> 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)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accol	int)?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
				5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	6a 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 as charitable contributions?			6a		X		
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
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	vices	provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		ct?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f 7g		X		
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8				
0	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.							
9				9a				
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:			55				
a	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:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	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	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c				v		
				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		х		
	excess parachute payment(s) during the year?			15		Δ		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	it in a	me?	16		х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.		лпс : 	10				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitic	s					
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

Form	990	(2022)
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C & S PATIENT EDUCATION FOUNDATION

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line 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 1a 5			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
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		Х
	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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD LABUDA - 724-940-0116			

320 OSPREY COURT, 15090 WEXFORD, PA

Part VII	Co	mpensation	of Officers	s, Directors	, Trustees,	Key Employees,	Highest	Compensate	эd
	์ Em	ployees, and	d Independ	dent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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

List all of the organization's former officers, key employees, and ingrest 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(-1		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	(ao box	not c , unle	neck ss pe	more rson i	tnan is bot	one h an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	0			ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			oen sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ial tru	onal t		oloye	com se		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD LABUDA	40.00	Ē	Ë	5	ξe	Ξē	오			
EXECUTIVE DIRECTOR, SECRET	40.00	x		x				86,750.	0.	28,847.
	1.00	^		^				00,750.	0.	20,047.
(2) RICHARD KUSHNER PRESIDENT, BOARD MEMBER	1.00	x		x				0.	0.	0.
(3) DAVID LEE	1.00	^		^				0.	0.	0.
	1.00	x		x				0.	0.	0.
VICE PRESIDENT, BOARD MEMB (4) MARK TOMCZAK	1.00	^		^				0.	0.	0.
	1.00	x		x				0.	0.	0.
TREASURER, BOARD MEMBER (5) CHARLES O'HANLON	1.00	^		^				0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR		<u>^</u>						0.	0.	0.
		<u> </u>								
		<u> </u>								

	Form 990 (2022) C & S PATIENT EDUCATION FOUNDATION 20-0904691 Page							e 8						
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from			(F) Estimated amount of other						
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orgai and	ensation m the nization relateon ization	n d
					0	ž	H 10	E						
	Subtotal								86,750.		0.	28	,84	7. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								86,750.		0.	28	,84	
2	Total number of individuals (including but n compensation from the organization),000 of reportabl	-		1	0
	compensation from the organization											١	/es	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•				ghest compensated emp	2		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	ompe	ensa	atior	n and	d ot	her compensation from			4		x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv					
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or sı	ich	pers	son .		·····	<u></u>		5		X
1	Complete this table for your five highest co	•	•								ipensa	ation fro	om	
	the organization. Report compensation for the calendar year ending with or within (A) Name and business address NONE				(B) Description of s		C	(C) ompens						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	0	ot lii	nite	d to		se lis)	stec	d above) who received n	nore than				

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Form 990 (2022) C & S PATIENT EDUCATION FOUNDATION Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to anv lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
ts s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ΩĔ			302,830.				
rAs		3	,02,050.				
ia Gi		Related organizations 1d					
Sirs		Government grants (contributions) 1e					
erio	f	All other contributions, gifts, grants, and					
ĒĒ		similar amounts not included above 1f 1	.38,354. 33,223.				
d d	g	Noncash contributions included in lines 1a-1f	33,223.				
ခ် ငိ	h	Total. Add lines 1a-1f		441,184.			
		1	Business Code				
e	2 a	PROGRAM RELATED SALES	900099	11,291.	11,291.		
۳ <u>۲</u>	b						
Se	с						
E Š	d	·					
2 2 2 2 2 2							
Program Service Revenue	e 	All other program service revenue					
		-		11,291.			
		Total. Add lines 2a-2f		11,291.			
	3	Investment income (including dividends, interes		1,386.	1,386.		
		other similar amounts)		1,300.	1,300.		
	4	Income from investment of tax-exempt bond pro	r i i i i i i i i i i i i i i i i i i i				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ē	Ň	and sales expenses 7b					
enu	_						
ě							
ther Revenue		Net gain or (loss)					
the	8 a	Gross income from fundraising events (not					
0		including \$ 302,830. of					
		contributions reported on line 1c). See					
			56,987.				
	b	Less: direct expenses 8b	89,005.				
	С	Net income or (loss) from fundraising events		-32,018.			-32,018.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 .						
Miscellaneous Revenue	11 a						
ella Ver	b	·					
Re	C						
Σ		All other revenue					
		Total. Add lines 11a-11d		121 012	10 677	0	_32 010
	12	Total revenue. See instructions		421,843.	12,677.	0.	-32,018.

C & S PATIENT EDUCATION FOUNDATION

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	288,390.	288,390.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	135,027.	56,013.	35,939.	43,075
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		10 01 -		
9	Other employee benefits	29,789.	12,215.	8,180.	9,394
10	Payroll taxes	10,626.	4,408.	2,828.	3,390
11	Fees for services (nonemployees):				
а	Management	10 101		10.164	
b	Legal	12,164.		12,164.	
	Accounting	10,457.		10,457.	
d	Lobbying				
е	Ŭ ['] H				
f	Investment management fees				
g		0 600	1 0 0 0	1 1 5 0	
	column (A), amount, list line 11g expenses on Sch 0.)	9,682.	1,000.	1,152.	7,530
12	Advertising and promotion				
13	Office expenses	11 000	004		10 000
14	Information technology	11,979.	294.	778.	10,907
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 505	10 505		
19	Conferences, conventions, and meetings	12,505.	12,505.		
20	Interest				
21	Payments to affiliates	11 711			11 711
22	Depreciation, depletion, and amortization	11,711.		<u> </u>	11,711
23		2,427.		2,427.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	10 000	2 5 9 2	1 014	7 700
a	OTHER	12,296.	2,583.	1,914.	7,799
b	PRINTING AND SHIPPING	3,817.		253.	3,564
С	STATE REGISTRATION FEES	3,073.		2,923.	150
d	PAYROLL PROCESSING FEES	2,017.		2,017.	
	All other expenses		277 100	01 020	07 500
25	Total functional expenses. Add lines 1 through 24e	555,960.	377,408.	81,032.	97,520
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 (202)

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	594,585.	1	529,596.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	38,000.	3	0.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2 7	Notes and loans receivable, net		7	
8 7 8 8	Inventories for sale or use		8	
τ 9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 35,134	•		
	b Less: accumulated depreciation 10b 29,279	• 17,567.	10c	5,855,
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	650,152.	16	535,451
17	Accounts payable and accrued expenses		17	
18	Grants payable	0.	18	19,416
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
」 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	19,416
<u></u>	Organizations that follow FASB ASC 958, check here			
2	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	650,152.	27	516,035
<u> </u>	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here			
27 28 28 29 30 31 32	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
≤ 31	Retained earnings, endowment, accumulated income, or other funds		31	_
32	Total net assets or fund balances	650,152.	32	516,035
33	Total liabilities and net assets/fund balances		33	535,451.

Form **990** (2022)

	990 (2022) C & S PATIENT EDUCATION FOUNDATION	20-090	4691	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			43.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	55! -134		60.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	650) <u>,1</u>	52.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	510	5,0	35.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				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 on Schedul	e O.					
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 reviewer	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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	ie audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2022)

SCHEDULE A	١
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(Form 990)

<u>Total</u>

Public Charity Status and Public Support 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-FZ.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service G		ttach to Form 990 or Fo Form990 for instruction	Open to Public Inspection							
Name of the organization					Employer	identification number				
		EDUCATION FO				0-0904691				
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The organization is not a private foundation	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1 A church, convention of chu	irches, or associatio	on of churches described	d in section 170	(b)(1)(A)(i).						
2 A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 A hospital or a cooperative h	nospital service orga	anization described in s e	ection 170(b)(1)	(A)(iii).						
4 A medical research organiza	ation operated in co	njunction with a hospital	l described in se	ection 170(b)(1)(A	.)(iii). Enter	the hospital's name,				
city, and state:										
5 An organization operated fo										
section 170(b)(1)(A)(iv). (Co	omplete Part II.)									
6 A federal, state, or local gov	ernment or governn	nental unit described in	section 170(b)([.]	1)(A)(v).						
7 X An organization that normall					the general	public described in				
section 170(b)(1)(A)(vi). (Co	mplete Part II.)									
8 A community trust describe	d in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9 An agricultural research orga	anization described	in section 170(b)(1)(A)(ix) operated in c	conjunction with a	land-grant	college				
or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the name	, city, and state o	f the colleg	e or				
university:										
10 An organization that normall	y receives (1) more	than 33 1/3% of its sup	port from contril	butions, members	hip fees, ar	nd gross receipts from				
activities related to its exem										
income and unrelated busin										
See section 509(a)(2). (Com	nplete Part III.)									
11 An organization organized a	nd operated exclusi	ively to test for public sa	afety. See sectio	on 509(a)(4).						
12 An organization organized a	nd operated exclusi	ively for the benefit of, to	o perform the fu	nctions of, or to c	arry out the	purposes of one or				
more publicly supported org	anizations describe	ed in section 509(a)(1) o	r section 509(a))(2). See section	509(a)(3). C	heck the box on				
lines 12a through 12d that c	lescribes the type o	of supporting organizatio	n and complete	lines 12e, 12f, an	d 12g.					
a Type I. A supporting organ	nization operated, s	upervised, or controlled	by its supported	d organization(s),	typically by	giving				
the supported organization	n(s) the power to re	gularly appoint or elect a	a majority of the	directors or truste	ees of the s	upporting				
organization. You must co	omplete Part IV, Se	ections A and B.								
b Type II. A supporting orga	nization supervised	l or controlled in connec	tion with its sup	ported organization	on(s), by ha	ving				
control or management of	the supporting orga	anization vested in the s	ame persons th							
organization(s). You must	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.									
c Type III functionally integ		Sections A and C.		at control or mana	age the sup	ported				
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.										
its supported organization	complete Part IV, grated. A supporting	g organization operated	in connection w	vith, and functiona						
its supported organization d D Type III non-functionally	complete Part IV, grated. A supporting (s) (see instructions	g organization operated s). You must complete l	in connection w Part IV, Section	vith, and functiona	Illy integrate	ed with,				
	complete Part IV, grated. A supporting (s) (see instructions integrated. A supp	g organization operated s). You must complete l orting organization oper	in connection w Part IV, Section rated in connect	rith, and functiona s A, D, and E. ion with its suppo	Illy integrate	ed with, zation(s)				
d Type III non-functionally	complete Part IV, grated. A supporting (s) (see instructions integrated. A supp grated. The organiz	g organization operated s). You must complete l vorting organization oper zation generally must sat	in connection w Part IV, Section rated in connect tisfy a distribution	vith, and functiona is A, D, and E. ion with its suppo on requirement an	Illy integrate	ed with, zation(s)				
d Type III non-functionally that is not functionally inte	complete Part IV, grated. A supporting (s) (see instructions integrated. A supp egrated. The organiz ons). You must con	g organization operated b). You must complete I porting organization oper zation generally must sat nplete Part IV, Sections	in connection w Part IV, Section ated in connect tisfy a distributions a A and D, and I	vith, and functiona s A, D, and E. ion with its suppo on requirement an Part V.	Illy integrate rted organi d an attent	ed with, zation(s)				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or	complete Part IV, grated. A supporting (s) (see instructions integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support	in connection w Part IV, Section ated in connect tisfy a distribution of and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent	ed with, zation(s)				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ	complete Part IV, grated. A supporting (s) (see instructions integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support	in connection w Part IV, Section ated in connect tisfy a distribution of and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent	ed with, zation(s)				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sat nplete Part IV, Sections written determination fro nally integrated support	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	vith, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent II, Type III	ed with, zation(s) iveness				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting (s) (see instructions integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support ed organization(s). (iii) Type of organization	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sat nplete Part IV, Sections written determination fro nally integrated support	in connection w Part IV, Section rated in connect tisfy a distribution 5 A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support and organization(s). (iii) Type of organization (described on lines 1-10	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support and organization(s). (iii) Type of organization (described on lines 1-10	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support and organization(s). (iii) Type of organization (described on lines 1-10	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support and organization(s). (iii) Type of organization (described on lines 1-10	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support and organization(s). (iii) Type of organization (described on lines 1-10	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				
d Type III non-functionally that is not functionally inter requirement (see instruction e Check this box if the organ functionally integrated, or f Enter the number of supported o g Provide the following information (i) Name of supported	complete Part IV, grated. A supporting integrated. A supporting integrated. A supp egrated. The organiz ons). You must con nization received a Type III non-functio rganizations about the supported	g organization operated s). You must complete I porting organization oper zation generally must sain nplete Part IV, Sections written determination from nally integrated support and organization(s). (iii) Type of organization (described on lines 1-10	in connection w Part IV, Section rated in connect tisfy a distribution of A and D, and I om the IRS that i ing organization	with, and functiona is A, D, and E. ion with its suppo on requirement an Part V. it is a Type I, Type	Illy integrate rted organi d an attent e II, Type III f monetary	ed with, zation(s) iveness (vi) Amount of other				

Schedule A (Form 990) 2022

C & S PATIENT EDUCATION FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	571,308.	562,722.	414,545.	585,072.	498,172.	2631819.
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	571,308.	562,722.	414,545.	585,072.	498,172.	2631819.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	a a luvrana (f)						296,134.
6	Public support. Subtract line 5 from line 4.						2335685.
	ction B. Total Support						2333003.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	
		(a)2018 571,308.	(b) 2019 562,722.	(c) 2020 414,545.	(d) 2021 585,072.	(e) 2022 498,172.	(f) Total 2631819.
	Amounts from line 4	571,500.	502,722.	±±±,5±5•	505,072.	4J0,172.	2031017.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100	110	72		1 206	1 706
	and income from similar sources \dots	123.	116.	73.	8.	1,386.	1,706.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				5,383.		5,383.
11	Total support. Add lines 7 through 10						2638908.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11,	column (f))		14	88.51 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	88.81 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
h	10% -facts-and-circumstances tes	-		• • • •			
~	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
10	i mate roundation. If the organizatio			a, 100, 17a, 01 17k			J

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A Public Support

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 (Gifts, grants, contributions, and						
I	membership fees received. (Do not						
i	include any "unusual grants.")						
1	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that						
i	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b / 1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(-)	((-/	(-,	(-) = -==	(7)
10a (Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
ä	acquired after June 30, 1975						
С	Add lines 10a and 10b						
1	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Investion	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a 3	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
I	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
I	line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Vee N-

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and ElN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10h		

Schedule A (Form 990) 2022 C & S PATIENT EDUCATION FOUNDATION

Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	L		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how			

	the organization maintained a close and continuous working relationship with the supported organization(s).
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

2

3

Schedule A (Form 990) 2022

C & S PATIENT EDUCATION FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)					
Secti	Section D - Distributions Current Year								
_1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemption								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	าร	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022				
_1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
c	From 2019								
d	From 2020								
	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
е	Excess from 2022								

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	C & S	PATIENT	EDUCATION	FOUNDATION	20-0904691 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, ; Part IV, Sectio	9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2b	nd 11c; Part IV, Sectior , 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, le 1; Part V, Section B, line 1e; Part V, ny additional information.

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Nam	e of the organization C & S PATIENT EDUC	ATION FOUND	ATION	Employer identification number 20-0904691
Par	t I Organizations Maintaining Donor Advise	ed Funds or Othe	r Similar Fu	nds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li			
		(a) Donor adv	ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		held in donor a	dvised funds
-	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?			Yes No
Par				
1	Purpose(s) of conservation easements held by the organization	tion (check all that app	ly).	
	Preservation of land for public use (for example, recre	ation or education)	Preservatio	n of a historically important land area
	Protection of natural habitat		Preservatio	n of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation cont	tribution in the f	orm of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic st	ructure included in (a)		
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by	y the organization during the tax
	year			
4	Number of states where property subject to conservation ea			_
5	Does the organization have a written policy regarding the pe		ection, handling	
-	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations	, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and	enforcing cons	ervation easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirem	nents of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	tion easements in its re	evenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organizatio	on's financial sta	tements that describes the
Der	organization's accounting for conservation easements.			n Othan Oimilan Assats
Par	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Forr		reasures, o	r Other Similar Assets.
	If the organization elected, as permitted under FASB ASC 9		revenue statem	ent and balance sheet works
	of art, historical treasures, or other similar assets held for pu	· ·		
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	m · · · · · · · · · · · · · · · · ·			•
2	If the organization received or held works of art, historical tre			ncial gain, provide
	the following amounts required to be reported under FASB			-
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
-	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 202

		ATIENT EDU					-0904691 Pag	ge 2
	rt III Organizations Maintaining C		-				, ,	
3	Using the organization's acquisition, access	ion, and other record	ds, check an	of the following	g that make	significant use	of its	
-	collection items (check all that apply):							
a		C		or exchange p	•			
b	Scholarly research	e	e 🛄 Othe	r				
c	Preservation for future generations							
4	Provide a description of the organization's c	-	-	-			n Part XIII.	
5	During the year, did the organization solicit of		,	,				NI -
Da	to be sold to raise funds rather than to be m		U					No
га	reported an amount on Form 990, Pa		ete if the org	anization answe	red "Yes" o	n Form 990, Pa	rt IV, line 9, or	
10	· · · · · · · · · · · · · · · · · · ·		dian (for cont	ributions or oth		tipoludod		
Ia	Is the organization an agent, trustee, custod						Yes	No
h	on Form 990, Part X?							NO
b	If "Yes," explain the arrangement in Part XIII	and complete the id	nowing table				Amount	
•	Paginning balance					10	, anount	
	Beginning balance							
	Additions during the year							
f	Ending balance					16		
2a	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •		110
	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior				back (e) Four years b	ack
1a	Beginning of year balance				-			
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
•	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur		ce (line 1a. ca	lumn (a)) held a	s:			
a	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held and admi	nistered for	the		
	organization by:	-					Yes	No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fund	S.				
Pa	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, lin	e 11a. See Form	990, Part X	(, line 10.		
	Description of property	(a) Cost or c basis (investr		 b) Cost or other basis (other) 		Accumulated	(d) Book value	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other			35,13	4.	29,279		
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (E	8), line 10c.)			5,85	55.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 C & S PATIENT EDUCATION FOUNDATIO

	(Form 990) 2022			EDUCATION	FOUNDATION	20-0904691 Page 3
Part VII	Investments - Ot					
					e 11b. See Form 990, Part X, line	
(a) Descript	ion of security or category	(including name	of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financia	I derivatives					
(2) Closely I	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Pa	rt X, col. (B) li	ne 12.)			
Part VIII	Investments - Pro	ogram Re	lated.		-	
	Complete if the organiz	zation answe	ered "Yes" on F	orm 990, Part IV, line	e 11c. See Form 990, Part X, line	e 13.
	(a) Description of inve	estment		(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
) must equal Form 990, Pa	rt X. col. (B) l	ine 13.)			
	Other Assets.	, , , , , , , , , , , , , , , , , , ,	· · · · ·			
	Complete if the organiz	zation answe	ered "Yes" on F	orm 990, Part IV, line	e 11d. See Form 990, Part X, line	e 15.
			(a) Desc	cription		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form	990, Part X,	col. (B) line 15.)		
	Other Liabilities.					
	Complete if the organiz	zation answe	ered "Yes" on F	orm 990, Part IV, line	e 11e or 11f. See Form 990, Parl	t X, line 25.
1.	(a) Descr	ription of liab	ility			(b) Book value
	eral income taxes	-				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(7)						
(9)						
	mn (h) must equal Form	990 Part V	col (B) line 25)		
					o the organization's financial st	atomonts that reports the

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

Sche	edule D (Form 990) 2022 C & S PATIENT EDUCATION FO	DUNDATIO	N	20-	0904691	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	510,	849.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	89,006.			
е	Add lines 2a through 2d			2e		006.
3	Subtract line 2e from line 1			3	421,	843.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				-
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	421,	843.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With	Expenses per	Retu	irn.	
			• •			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					0.00
1	Total expenses and losses per audited financial statements			1		966.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:					966.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a				966.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b				966.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	· · ·			966.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			644,	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	89,006.	1 2e	<u>644</u> , 89,	006.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	89,006.	1	<u>644</u> , 89,	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	89,006.	1 2e	<u>644</u> , 89,	006.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	89,006.	1 2e	<u>644</u> , 89,	006.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	89,006.	1 2e	<u>644</u> , 89,	<u>006.</u> 960.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	89,006.	1 2e 3 4c	644, 89, 555,	<u>006.</u> 960.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	89,006.	1 2e 3	<u>644</u> , 89,	<u>006.</u> 960.

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

PART X, LINE 2:

THE	FOU	JNDA	FION	IS	EXEMPT	' FRO	M FEI	DERAL	INCOME	TAX	es ui	NDER	SECT	ION !	501(C)(3)
OF	THE	INT	ERNAI	J RI	EVENUE	CODE	AND	APPL	ICABLE	STAT	E LAV	N. MZ	ANAGEN	1ENT	BELI	EVES
THA	т тн	IERE	IS N	10 I	LIABILI	TY R	ELATI	ED TO	UNCERI	'AIN '	FAX I	POSIT	TIONS	AT 1	DECEM	BER
31,	202	22. :	THE E	IUO	NDATION	IS	NO LO	ONGER	SUBJEC	T TO	TAX	EXAN	(INAT	IONS	FOR	TAX
PER	IODS	5 TH	ROUGI	I DI	ECEMBER	. 31,	201	9.								

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST INCOME

Schedule D	(Form 990) 2022	C & S	PATIENT	EDUCATION	FOUNDATION	20-0904691 Page 5
Part XIII	Supplemental Info	rmation (co	ntinued)			

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	, or if the	2022				
Department of the Treasury		Attach to Form 990						Open to Public				
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.	Employor	Inspection identification number				
		ATIENT EDUCATION F	TOUN	DAT	ION		20-09					
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.												
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	ition of tion of I fundra I (inclue profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, true undraising services?	stees		Yes No to be				
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i		by) to (or retained by)				
		-		No								
Total												
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt fro	m registration				

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

Schedule G (Form 990) 2022

C & S PATIENT EDUCATION FOUNDATION

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Part II Fundraising Events. Complete if the organization answered "Yes" on 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

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6D. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 WALK ACROSS AMERICA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	359,817.			359,817.
	2	Less: Contributions	302,830.			302,830.
	3	Gross income (line 1 minus line 2)	56,987.			56,987.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect Ex	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	89,005.			89,005.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				89,005. -32,018.
Pa		-32,010.				
		Gaming. Complete if the organization \$ \$15,000 on Form 990-EZ, line 6a.	answered res on on	1990, Fait IV, line 19, 0	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш.	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	<u> </u>			
		the organization licensed to conduct gaming a No," explain:				Yes No
~						
		ere any of the organization's gaming licenses re			year?	Yes No
b) † "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 C & S PATIENT EDUCATION FOUNDATION 20-0)904	691	Page 3
11	Does the organization conduct 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 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 ,	Yes	🗌 No
t	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
Ċ	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			
47				
	Mandatory distributions:			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Γ,	Vas	No
	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🖵	103	
•	organization's own exempt activities during the tax year \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III. lir	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, ,

Schedule G (Form 990) Part IV Supplemental Info	C & S PATIENT	EDUCATION	FOUNDATION	20-0904691 Page 4
Part IV Supplemental Info	rmation (continued)			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.											
		Go to www.irs	s.gov/Form990 for	the latest informa	ation.							
Name of the organization	TENT EDUC	ATION FOUND	ΟΑΤΤΟΝ				Employer identification number $20-0904691$					
Part I General Information on Grants							20 0901092					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection												
criteria used to award the grants or ass	istance?	.		°			X Yes No					
2 Describe in Part IV the organization's p	rocedures for mon	toring the use of grant	t funds in the Unite	d States.								
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "	′es" on Form 990, Par	t IV, line 21, for any					
recipient that received more than \$5,000. Part II can be duplicated if additional 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 noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance												
							ONGOING BUDGET FOR					
UNIVERSITY OF AKRON							CONQUER CHIARI RESEARCH					
302 E BUCHTEL AVENUE							CENTER, ESTABLISH "CHIARI					
AKRON, OH 44325	34-6002924	501(C)(3)	45,858.	0.			1000", TARGETING SYRINX					
BETH ISRAEL DEACONNESS MEDICAL CENTER - 330 BROOKLINE AVENUE -												
BOSTON, MA 02215	04-2103881	501(C)(3)	18,250.	0.			BHADELIA – DATABASE					
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	116,298.	0.			C1000 COORDINATOR/AMINI, TESTING PATHO THEORY LOTH					
THE MEDICAL COLLEGE OF WISCONSIN 8701 W WESTERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	33,873.	0.			RESTING STATE FMRI - COGN & PAIN					
· · · ·												
KENT STATE UNIVERSITY												
800 E SUMMIT STREET												
KENT, OH 44240	31-6402079	501(C)(3)	74,111.	0.			ON-LINE ACT - PHASE II					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 C & S PATIENT EDUCATION FOUNDATION

20-0904691

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR OVERSEEING RESEARCH GRANTS. EACH

GRANT RECIPIENT MUST SUBMIT A FINAL REPORT DETAILING BOTH THE WORK

PERFORMED AND HOW THE FUNDS WERE USED.

PART II, LINE 1D

UNIVERSITY OF AKRON GRANTS WERE USED FOR ONGOING BUDGET FOR CONQUER

CHIARI RESEARCH CENTER. THE FOLLOWING ACTIVITY IN 2021 RESULTS IN THE

\$45,858 REFLECTED ON PART II, LINE 1D:

Page 2

Schedule I	(Form 990)	С	&	S	PATIENT	EDUCATION	FOUNDATION	20-0904691	Page 2
Part IV	Supplemental Info	orm	atio	n					

ORIGINAL GRANTS 2022: \$56,568

LESS: RETURN OF 2021 GRANTS (\$10,710)

TOTAL GRANTS FOR 2022: \$45,858

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number

20-0904691	
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Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contr amounts repor		(d Method of c noncash contrib	leterminir	•	
		applicable	items contributed	Form 990, Part VI	III, line 1g	nonodon contra	Jation am	ounto	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (GIFT BASKETS)	Х	264			DONOR VALU			
26	Other (MISCELLAENOUS D)	X	68			ESTIMATED	VALUE		
27	Other (GIFT CERTIFICAT)	Х	75			FACE VALUE			
28	Other (PROFESSIONAL SE)	Х	18	4	,775.	SIMILIAR S	ERVIC	ES	
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by		•••••			-			
	must hold for at least 3 years from the date of t		ntribution, and wh	ich isn't required t	o be used	for			37
	exempt purposes for the entire holding period?	•					30a	_	X
	If "Yes," describe the arrangement in Part II.								37
31	Does the organization have a gift acceptance p						31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sel	ll noncash	1			v
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which columr	n (a) is che	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule	M (Form	990) 2	2022

Schedule N	Л (Form 990) 2022	С	&	S	PATIENT	EDUCATION	FOUNDATION	
Part II	Supplementa	l Int	forr	nat	tion. Provide th	e information requi	red by Part I, lines 30b,	, 3

20-0904691 Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



20-0904691

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

C & S PATIENT EDUCATION FOUNDATION

INCLUDNG:

1.SERVING AS A RESOURCE FOR INFORMATION ON CHIARI AND RELATED TOPICS

VIA OUR WEBSITE (WWW.CONQUERCHIARI.ORG) AND VARIOUS PUBLICATIONS.

2. SPONSORING RESEARCH FOR CHIARI VIA OUR CONQUER CHIARI RESEARCH

CONFERENCE AND THE CONQUER CHIARI RESEARCH CENTER LOCATED AT THE

UNIVERSITY OF AKRON, IN WHICH GRANTS FOR RESEARCH PROJECTS FOCUS ON

IMPROVING DIAGNOSTICS, ASSESSING THE COGNITIVE EFFECTS OF CHIARI,

GENETIC RESEARCH, AND OTHER CRITICAL AREAS.

3. PROMOTING AWARENESS THROUGH OUR CONQUER CHIARI WALK ACROSS AMERICA, WHICH IS AN ANNUAL FUNDRAISING EVENT CONSISTING OF A SERIES OF WALKS HELD ACROSS THE COUNTRY ON THE SAME DAY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
INTELLIGENT, INFORMED DECISIONS. 2. RAISING AWARENESS AMONG FAMILY,								
FRIENDS, AND THE GENERAL PUBLIC SO THAT THEY CAN BETTER UNDERSTAND WHAT								
PATIENTS ARE GOING THROUGH AND ARE BETTER ABLE TO PROVIDE SUPPORT.								
3.RAISING AWARENESS AMONG, AND PROVIDING ACCRUATE, 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 AND IN THE END CONQUER CHIARI.								

Schedule O (Form 990) 2022	Page 2					
Name of the organization C & S PATIENT EDUCATION FOUNDATION	Employer identification number 20-0904691					
C & S PATIENT EDUCATION FOUNDATION	20-0904091					
THE ORGANIZATION DISTRIBUTES A DRAFT 990 TO ALL BOARD DIR	ECTORS AND THE					
EXECUTIVE DIRECTOR VIA EMAIL. IF NECESSARY, DISCUSSION IS UNDERTAKEN VIA						
EMAIL OR BY MEETING IF SO DESIRED BY ANY DIRECTOR. A VOTE	IS THEN TAKEN TO					
AFFIRMATIVELY ADOPT AND FILE THE 990. AT THE NEXT OFFICIA	L BOARD MEETING,					
THE MINUTES REFLECT THE ADOPTION OF THE 990.						

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

THE VOLUNTEER COORDINATOR IS RESPONSIBLE FOR DISTRIBUTING AND COLLECTING

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

THE COMPENSATION COMMITTEE MEETS TO REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND VOLUNTEER COORDINATOR. THE COMPENSATION 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 AND BONUSES ARE BASED IN PART ON THE SIZE OF THE ORGANIZATION IN REVENUE AND COMPARABLE EXECUTIVE DIRECTORS' 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,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NM,NH,NJ,NY,NC,ND OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

FORM 990 AND THE 501(C)(3)DETERMINATION LETTER ARE AVAILABLE ON THE

Name of the organization C & S PATIENT EDUCATION FOUNDATION								Employer identification numbe 20-0904691				
WEBSITE.	AUDITEI) FINAN	CIALS	AND	POLIC	IES Z	ARE	INCLUDED	IN	THE	ANNUAL	REPORT
WHICH IS												
	100120	011 1112										