| Form | 990 |
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| 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<br>for subordinates?       Yest<br>for subordinates?         Promoted<br>pending       F Name and address of principal officer.RICHARD LABUDA<br>SAME AS C ABOVE       H(b) Are all quarteriations<br>for subordinates includer?       Yest<br>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.<br>Yes X No<br>Yes No<br>structions<br>al domicile: PA<br>YE<br>5<br>4<br>7E<br>5<br>4<br>150<br>0.<br>0.<br>ent Year<br>41,184.<br>11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>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.<br>Yes X No<br>Yes No<br>structions<br>al domicile: PA<br>YE<br>5<br>4<br>7E<br>5<br>4<br>150<br>0.<br>0.<br>ent Year<br>41,184.<br>11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416. |
| Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>  | Yes X No<br>Yes No<br>structions<br>al domicile: PA<br>7E<br>5<br>4<br>7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| Change Tree         Doing Ducinees as         CONQUER CHART         Converting and the set of           | Yes X No<br>Yes No<br>structions<br>al domicile: PA<br>7E<br>5<br>4<br>7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| Number and street (0 * 0.000 in main site delivered to street durines)         Production         Pro  | Yes X No<br>Yes No<br>structions<br>al domicile: PA<br>7E<br>5<br>4<br>7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| City or town, state or province, country, and ZIP or foreign postal code       G drose needpts \$ 51(         Periodic       F Name and address of principal officer.RICHARD LABUDA       H(a) Is this a group return for subordinates?         I markeempt status:       X of 10(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         I markeempt status:       X of 00000000000000000000000000000000000   | Yes X No<br>Yes No<br>structions<br>al domicile: PA<br>7E<br>5<br>4<br>7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| Mean       WEXFORD, PA 15090       H(a) Is this a group return<br>for subordinates?       Yest<br>for subordinates?         Mean       SAME AS C ABOVE       H(b) Ke all cuberchastes includer?       Yest<br>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<br>Yes No<br>structions<br>al domicile: PA<br>7E<br>5<br>4<br>7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| Predmay       F Name and address of principal officer.RICHARD LABUDA       for subordinates?       Ver         Bending       SAME AS C ABOVE       Hb) An all subordinates includer?       Ver         I Taxexempt status:       XX 501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         J Website:       WWW.CONQUERCHIARI.ORG       H(e) Group exemption number       H(e) Group exemption number         K Form of organization:       X Corporation       Trut       Association       Other       L Year of formation: 2004 /m State of legal         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       SINCE       OUR INCEPTION, WE HAVE         MADE TREMENDOUS       STRIDES TOWARDS THE GOAL OF CONQUERING CHIARI,       3         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of indipendent voting members of the governing body (Part VI, line 1a)       4         4       Number of indipendent voting members of the governing body (Part VI, line 2a)       6         6       Total number of volunters (estimate if necessary)       6         7 a total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Porgram service revenue (Part VIII, line 1g)  | Yes No<br>structions<br>Al domicile: PA<br>YE<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>0.<br>ent Year<br>441, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>421, 843.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.         |
| pending       SAME AS C ABOVE       H(b) Are all subordinates included?       Yea         1 Tax-exempt status;       X 501(c)(3)       501(c)()       (insert no.)       4947(a)(1) or       527         WWW, CONQUERCHIARI . ORG       H(c) Group exemption number       H(c) Group exemption number       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of tomation:       2004 M State of legal d         Partial       Builder Structure       Mabate of the organization's mission or most significant activities:       SINCE OUR INCEPTION, WE HAVE         MADE TREMENDOUS STRIDES TOWARDS THE       GOAL OF CONQUERING CHIARI,         2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3         4 Number of voting members of the governing body (Part V, line 2a)       6         6 Total number of volunteers (estimate if necessary)       6         7 a total unrelated business taxable income from Form 990T, Part I, line 11       Prior Year       Current         8 Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d)       18, 5002.       11         10 Investment income (Part VIII, column (A), lines 4, and 7d)       18, 503, 48, 29.       0.         1   | Yes No<br>structions<br>Al domicile: PA<br>YE<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>0.<br>ent Year<br>441, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>421, 843.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.         |
| I       Tax-exempt status: X       501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         J       Website:       WWW.CONQUERCHIARI.ORG       H(2) Group exemption number         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's mission or most significant activities:       SINCE OUR INCEPTION, WE HAVE         AMADE       TREMENDOUS       STRIDES       TOWARDS       THE       GOAL       OF       CONQUERING       CHIARI,         2       Check this box       If 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         4       Aumber of individuals employed in calendary year 2022 (Part V, line 2a)       5       5         6       Total number of volunteers (estimate if necessary)       7a       7a       7a       7a         7       Total unrelated business taxable income from Form 990T, Part I, line 11       Prior Year       Current         9       Program service revenue (Part VIII, ine 1h)       5224, 251.       441       18, 502.       11  | structions<br>al domicile: PA<br>7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>ent Year<br>41, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>21, 843.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.                                 |
| J Website:       WW CONQUERCHIARI.ORG       H(c) Group exemption number         K Form of organization:       X Corportion       Trust       Association       Other       L Year of formation:       2004 M State of legal d         Part I       Summary         1       Briefly describe the organization's mission or most significant activities:       SINCE OUR INCEPTION, WE HAVE         MADE TREMENDOUS STRIDES TOWARDS THE GOAL OF CONQUERING CHIARI,       2         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       Total number of volunteers (estimate if necessary)       7a         7 a Total unrelated business revenue from Form 990-T, Part I, line 11       Prior Year       Current         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       8       0         10       Investment income (Part VIII, column (A), lines 4, and 7d)       8       0         11       Other revenue (Part VIII, column (A), lines 1.3)       77, 527.       28  | Al domicile: PA<br>TE<br>5<br>4<br>3<br>150<br>0.<br>0.<br>ent Year<br>41, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>21, 843.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.   |
| K Form of organization: X Corporation       Trust       Association       Other       L Year of formation: 2004 M State of legal d         Performance of the properties of the governion of the proventies of the organization of smission or most significant activities: SINCE OUR INCEPTION, WE HAVE         Mable       TREMENDOUS STRIDES TOWARDS THE GOAL OF CONQUERING CHIARI,         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 2a)       5         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       Total number of volunteers (estimate if necessary)       7       7       Total aurelated business taxable income from Form 990-T, Part I, line 11       Prior Year       Current         9       Porgram service revenue (Part VIII, line 1h)       9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       8       0       0         10       Investment income (Part VIII, column (A), lines 1-3)       77, 527, 28       1         11       Other expenses (Part X, column (A), lines 1-3)       97, 520, 0       0       0       0         13       Grants and similar a  | 7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>41, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>275, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| Part I       Summary         I       Briefly describe the organization's mission or most significant activities:<br>MADE TREMENDOUS STRIDES TOWARDS THE<br>Coleck this box       SINCE OUR INCEPTION, WE HAVE<br>GOAL OF CONQUERING CHIARI,         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       5       5         6       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7       a Total unrelated business revenue from Part VIII, column (C), line 12       7a         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       18, 502.         11       Other revenue (Part VIII, column (A), lines 4, and 7d)       8.         12       Total expenses (Part IX, column (A), lines 5, 4d, act 7d)       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 5-10)       160, 488.       17         14       Benefits paid to or for members (Part IX, column (A)  | 7E<br>5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>41, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>288, 390.<br>0.<br>275, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| a       1       Briefly describe the organization's mission or most significant activities:       SINCE OUR INCEPTION, WE HAVE<br>MADE TREMENDOUS STRIDES TOWARDS THE GOAL OF CONQUERING CHIARI,         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       6       7a         7a Total number of volunteers (estimate if necessary)       7a         7a Total number of volunteers (estimate if necessary)       7a         7a Total number of volunteers (estimate if necessary)       7a         7b Net unrelated business revenue from Part VIII, column (C), line 12       7a         b Net unrelated business revenue (Part VIII, line 2g)       18, 5022         10       Investment income (Part VIII, line 2g)       18, 5022         11       Other revenue. 2dd lines 8 through 11 (must equal Part VII, column (A), line 31.3)       77, 527, 288         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 5-10)       160, 488.177         13       Grants and similar amounts paid (Part IX, column (A), line 5.3)  | 5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>41,184.<br>11,291.<br>1,386.<br>32,018.<br>232,018.<br>232,018.<br>221,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.   |
| MADE       TREMENDOUS       STRIDES       TOWARDS       THE       GOAL       OF       CONQUERING       CHIARI,         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       4         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6       6         6       Total number of volunteers (estimate if necessary)       6       6         7       Total unrelated business taxable income from Form 990-T, Part I, line 11       7b       7a         8       Contributions and grants (Part VIII, line 1h)       524 , 251 .       44         9       Program service revenue (Part VIII, line 2g)       18 , 502 .       11         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       8       8         11       Other revenue (Part VIII, column (A), lines 13)       77 , 527 .       28         12       Total arrelated business (Part IX, column (A), lines 13)       77 , 527 .       28         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       77 , 527 .       28         14       <   | 5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>41,184.<br>11,291.<br>1,386.<br>32,018.<br>232,018.<br>232,018.<br>221,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.   |
| MADE       TREMENDOUS       STRIDES       TOWARDS       THE       GOAL       OF       CONQUERING       CHIARI,         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       Number of voting members of the governing body (Part VI, line 1a)       4         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       4         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6       6         6       Total number of volunteers (estimate if necessary)       6       6         7       Total unrelated business taxable income from Form 990-T, Part I, line 11       7b       7a         8       Contributions and grants (Part VIII, line 1h)       524 , 251 .       44         9       Program service revenue (Part VIII, line 2g)       18 , 502 .       11         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       8       8         11       Other revenue (Part VIII, column (A), lines 13)       77 , 527 .       28         12       Total arrelated business (Part IX, column (A), lines 13)       77 , 527 .       28         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       77 , 527 .       28         14       <   | 5<br>4<br>3<br>150<br>0.<br>0.<br>0.<br>ent Year<br>41,184.<br>11,291.<br>1,386.<br>32,018.<br>232,018.<br>232,018.<br>221,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.   |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 4<br>3<br>150<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>21, 843.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 4<br>3<br>150<br>0.<br>0.<br>ent Year<br>1, 184.<br>11, 291.<br>1, 386.<br>32, 018.<br>21, 843.<br>288, 390.<br>0.<br>175, 442.<br>0.<br>92, 128.<br>555, 960.<br>34, 117.<br>of Year<br>535, 451.<br>19, 416.  |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 3<br>150<br>0.<br>0.<br>ent Year<br>141,184.<br>11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.   |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 150<br>0.<br>0.<br>ent Year<br>141,184.<br>11,291.<br>1,386.<br>32,018.<br>232,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>134,117.<br>of Year<br>535,451.<br>19,416.   |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 0.<br>0.<br>ent Year<br>141,184.<br>11,291.<br>1,386.<br>32,018.<br>288,390.<br>0.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 0.<br>0.<br>ent Year<br>141,184.<br>11,291.<br>1,386.<br>32,018.<br>288,390.<br>0.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11       The image of the | 0.<br>ent Year<br>41,184.<br>11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| Prior YearCurrent8Contributions and grants (Part VIII, line 1h)Prior YearCurrent9Program service revenue (Part VIII, line 1h)Statum to the service revenue (Part VIII, column (A), lines 3, 4, and 7d)Statum to the service revenue (Part VIII, column (A), lines 3, 4, and 7d)Statum to the service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)-38, 9093310Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)-38, 9093311Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)-38, 9093312Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)503, 852. 42213Grants and similar amounts paid (Part IX, column (A), lines 1-3)77, 527. 28114Benefits paid to or for members (Part IX, column (A), line 4)015Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)160, 488. 17716aProfessional fundraising expenses (Part IX, column (D), line 25)97, 520.16Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)306, 973. 55519Revenue less expenses. Subtract line 18 from line 12Beginning of Current Year20Total assets (Part X, line 16)650, 152. 53321<   | ent Year<br>141,184.<br>11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.   |
| 8Contributions and grants (Part VIII, line 1h)524, 251.4449Program service revenue (Part VIII, line 2g)18, 502.1110Investment income (Part VIII, column (A), lines 3, 4, and 7d)8.1111Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)-38, 9093112Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)503, 852.42113Grants and similar amounts paid (Part IX, column (A), lines 1-3)77, 527.28114Benefits paid to or for members (Part IX, column (A), line 4)0.160, 488.1715Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)160, 488.1716aProfessional fundraising fees (Part IX, column (D), line 25)97, 520.68, 958.917Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)68, 958.91918Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)97, 520.196, 8791319Revenue less expenses. Subtract line 18 from line 12196, 8791320Total assets (Part X, line 16)650, 152.5321Total liabilities (Part X, line 26)0.122Net assets or fund balances. Subtract line 21 from line 20650, 152.51Part IISignature Block0.1Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and <td>41,184.<br/>11,291.<br/>1,386.<br/>32,018.<br/>21,843.<br/>288,390.<br/>0.<br/>75,442.<br/>0.<br/>92,128.<br/>55,960.<br/>34,117.<br/>of Year<br/>535,451.<br/>19,416.</td>   | 41,184.<br>11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>75,442.<br>0.<br>92,128.<br>55,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| 9       Program service revenue (Part VIII, line 2g)       18,502.1         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       8.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -38,90933         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)       77,527.286         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)       160,488.177         16a       Professional fundraising fees (Part IX, column (D), line 25)       97,520.         17       Other expenses (Part IX, column (D), line 25)       97,520.         18       Total supenses. 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       Beginning of Current Year         20       Total assets (Part X, line 26)       0.       1         21       Total liabilities (Part X, line 26)       0.       1         22       Total assets (Part X, line 26)       0.       1         23       Net assets or fund balances. Subtract line 21 from line 20       650,15   | 11,291.<br>1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>75,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| 11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -30, 909.  | 1,386.<br>32,018.<br>21,843.<br>288,390.<br>0.<br>75,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.   |
| 11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -30, 909.  | 32,018.<br>21,843.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| 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.<br>288,390.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>134,117.<br>of Year<br>535,451.<br>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.<br>0.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>134,117.<br>of Year<br>535,451.<br>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.<br>175,442.<br>0.<br>92,128.<br>555,960.<br>134,117.<br>of Year<br>535,451.<br>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.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| 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.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       306,973.         19       Revenue less expenses. Subtract line 18 from line 12       196,879.         20       Total assets (Part X, line 16)       650,152.         21       Total liabilities (Part X, line 26)       0.         22       Net assets or fund balances. Subtract line 21 from line 20       650,152.         21       Total liabilities (Part X, line 26)       0.         22       Net assets or fund balances. Subtract line 21 from line 20       650,152.         21       Total liabilities of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and   | 0.<br>92,128.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| 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.<br>555,960.<br>34,117.<br>of Year<br>535,451.<br>19,416.  |
| 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   | 555,960.<br>134,117.<br>of Year<br>535,451.<br>19,416.  |
| 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   | 555,960.<br>134,117.<br>of Year<br>535,451.<br>19,416.  |
| 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.<br>of Year<br>535,451.<br>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<br>535,451.<br>19,416.  |
| 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, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and   | 535,451.<br>19,416.   |
| 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   | 19,416.   |
| 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   |   |
| 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   |   |
| 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 <sub>F</sub> | ->age <b>2</b> |
|------|---|-------------------------|----------------|
| 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:<br>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<br>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<br>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.)  | <b>`</b>                |                |
| 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>b</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<br>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<br>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><br>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?   |            |     |          |
| <b>D</b> - | 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      | <ul> <li>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></li> <li>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)?</li> <li>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).</li> <li>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> </ul> |         |                        | 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<br>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<br>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?<br>9 Sponsoring organizations maintaining donor advised funds.  |         |                        |          |     |    |  |  |
| 9      |  |         |                        | 9a       |     |    |  |  |
| a<br>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<br>If "Yes," complete Form 4720, Schedule O.  |         | лпс :<br>              | 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) |
|------|-----|--------|
|------|-----|--------|

# 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 <b>RICHARD LABUDA</b> - 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<br>box                     | not c<br>, unle       | neck<br>ss pe | more<br>rson i | tnan<br>is bot                  | one<br>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<br>se                       |             | 1099-NEC)       |                 | and related   |
|  | below<br>line) | Individual trustee or director | Institutional trustee | Officer       | Key employee   | Highest compensated<br>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<br>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 <b>8</b>                                    |   |   |        |                     |  |          |
|---|--|--|--|-----------------------|---|--------------|---------------------------------|---|---|---|--------|---------------------|--|----------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   | (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week                                  | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       | (D)<br>Reportable<br>compensation<br>from |              |                                 | <b>(F)</b><br>Estimated<br>amount of<br>other |   |   |        |                     |  |          |
|   |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | Institutional trustee | Officer                                   | Key employee | Highest compensated<br>employee | Former  | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organization:<br>(W-2/1099-MIS<br>1099-NEC) |        | fro<br>orgai<br>and | ensation<br>m the<br>nization<br>relateon<br>ization | n<br>d   |
|   |  |  |  |                       | 0   | ž            | H 10                            | E   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   | Subtotal   |  |  |                       |   |              |                                 |   | 86,750.   |   | 0.     | 28                  | ,84  | 7.<br>0. |
|   | Total from continuation sheets to Part VI<br>Total (add lines 1b and 1c)   |  |  |                       |   |              |                                 |   | 86,750.   |   | 0.     | 28                  | ,84  |          |
| 2   | Total number of individuals (including but n<br>compensation from the organization                                   |  |  |                       |   |              |                                 |   |   | ),000 of reportabl                          | -      |                     | 1  | 0        |
|   | compensation from the organization   |  |  |                       |   |              |                                 |   |   |   |        | ١                   | /es  | No       |
| 3   | Did the organization list any <b>former</b> 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<br>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<br>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)<br>Description of s                   |              | C                               | (C)<br>ompens                                 |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
|   |  |  |  |                       |   |              |                                 |   |   |   |        |                     |  |          |
| 2   | Total number of independent contractors (i \$100,000 of compensation from the organiz                                | 0  | ot lii   | nite                  | d to                                      |              | se lis<br>)                     | stec  | d above) who received n                             | nore than                                   |        |                     |  |          |

| Form 990 (2022 |
|----------------|
|----------------|

# 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<br>from tax under |
|   |       |   |   |                     | function revenue  | business revenue | sections 512 - 514                 |
| ts s  | 1 a   | Federated campaigns 1a                          |   |                     |                   |                  |                                    |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |       | Membership dues 1b                              |   |                     |                   |                  |                                    |
| ΩĔ  |       |   | 302,830.                                |                     |                   |                  |                                    |
| rAs   |       | <b>3</b>  | ,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.<br>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<br>2<br>2<br>2<br>2<br>2                                |       |   |   |                     |                   |                  |                                    |
| Program Service<br>Revenue                                | e<br> | 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 <b>7a</b>           |   |                     |                   |                  |                                    |
|   | h     | Less: cost or other basis                       |   |                     |                   |                  |                                    |
| ē   | Ň     | and sales expenses <b>7b</b>                    |   |                     |                   |                  |                                    |
| 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 <b>10a</b>                       |   |                     |                   |                  |                                    |
|   | h     | Less: cost of goods sold 10b                    |   |                     |                   |                  |                                    |
|   |       | Net income or (loss) from sales of inventory    |   |                     |                   |                  |                                    |
|   |       |   | Business Code                           |                     |                   |                  |                                    |
| sno   | 11 .  |   |   |                     |                   |                  |                                    |
| Miscellaneous<br>Revenue                                  | 11 a  |   |   |                     |                   |                  |                                    |
| ella<br>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<br>not include amounts reported on lines 6b,               | (A)            | (B)                         | (C)                             | (D)                     |
|----|--|----------------|-----------------------------|---------------------------------|-------------------------|
|    | 8b, 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>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 <sup>'</sup> 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 | <b>Joint costs.</b> 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 <b>990</b> (202)   |

|  | Check if Schedule O contains a response or note to any line in this Part X   |                                 |     |                           |
|--|--|---------------------------------|-----|---------------------------|
|  |  | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>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<br>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  |                           |
| <b>」</b> 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<br>28<br>28<br>29<br>30<br>31<br>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  |                           |
| <ul><li>≤ 31</li></ul>                 | 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 <b>12</b> |  |  |
|----|--|-------------|-------------|-------------|--------------|--|--|
| 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!<br>-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 |
|------------|---|
|------------|---|

(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<br>Internal Revenue Service G   |   | ttach to Form 990 or Fo<br>Form990 for instruction   | Open to Public<br>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.)   |  |   |  |  |  |  |  |  |  |
| <b>1</b> A church, convention of chu   | irches, or associatio   | on of churches described   | d in <b>section 170</b>   | (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).)   |  |   |  |  |  |  |  |  |  |
| <b>3</b> A hospital or a cooperative h   | nospital service orga   | anization described in <b>s</b> e  | ection 170(b)(1)  | (A)(iii).  |  |  |  |  |  |  |
| 4 A medical research organiza  | ation operated in co  | njunction with a hospital  | l described in <b>se</b>  | 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)( <sup>.</sup>  | 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 <b>section 170(b)(</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 <b>section 509(a)(2).</b> (Com   | nplete Part III.)   |  |   |  |  |  |  |  |  |  |
| 11 An organization organized a   | nd operated exclusi   | ively to test for public sa  | afety. See <b>sectio</b>  | 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 <b>section 509(a)(1)</b> o   | r section 509(a)  | )(2). See section  | <b>509(a)(3).</b> 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 <b>Type I.</b> 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>b Type II.</b> 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   |  |  |  |  |
| <b>c Type III functionally integrated.</b> 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,<br>grated. A supporting   | g organization operated  | in connection w   | vith, and functiona  |  |  |  |  |  |  |
| its supported organization d D Type III non-functionally   | complete Part IV,<br>grated. A supporting<br>(s) (see instructions  | g organization operated<br>s). <b>You must complete l</b>  | in connection w<br>Part IV, Section   | vith, and functiona  | Illy integrate   | ed with,   |  |  |  |  |
|  | complete Part IV,<br>grated. A supporting<br>(s) (see instructions<br>integrated. A supp  | g organization operated<br>s). <b>You must complete l</b><br>orting organization oper  | in connection w<br>Part IV, Section<br>rated in connect   | rith, and functiona<br><b>s A, D, and E.</b><br>ion with its suppo   | Illy integrate   | ed with,<br>zation(s)                                    |  |  |  |  |
| d Type III non-functionally  | complete Part IV,<br>grated. A supporting<br>(s) (see instructions<br>integrated. A supp<br>grated. The organiz   | g organization operated<br>s). <b>You must complete l</b><br>vorting organization oper<br>zation generally must sat  | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution   | vith, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an   | Illy integrate   | ed with,<br>zation(s)                                    |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inte   | complete Part IV,<br>grated. A supporting<br>(s) (see instructions<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con  | g organization operated<br>b). <b>You must complete I</b><br>porting organization oper<br>zation generally must sat<br><b>nplete Part IV, Sections</b>   | in connection w<br>Part IV, Section<br>ated in connect<br>tisfy a distributions<br>a A and D, and I   | vith, and functiona<br><b>s A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b>                          | Illy integrate<br>rted organi<br>d an attent                                 | ed with,<br>zation(s)                                    |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or  | complete Part IV,<br>grated. A supporting<br>(s) (see instructions<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio   | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support   | in connection w<br>Part IV, Section<br>ated in connect<br>tisfy a distribution<br>of and D, and I<br>om the IRS that i<br>ing organization          | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent                                 | ed with,<br>zation(s)                                    |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ   | complete Part IV,<br>grated. A supporting<br>(s) (see instructions<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio   | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support   | in connection w<br>Part IV, Section<br>ated in connect<br>tisfy a distribution<br>of and D, and I<br>om the IRS that i<br>ing organization          | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent                                 | ed with,<br>zation(s)                                    |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information                          | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sat<br><b>nplete Part IV, Sections</b><br>written determination fro<br>nally integrated support   | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | vith, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>II, Type III                 | ed with,<br>zation(s)<br>iveness                         |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>(s) (see instructions<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations                           | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>ed organization(s).<br>(iii) Type of organization                              | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(vi) Amount of other |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information                          | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sat<br><b>nplete Part IV, Sections</b><br>written determination fro<br>nally integrated support   | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br><b>5 A and D, and I</b><br>om the IRS that i<br>ing organization | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness                         |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>and organization(s).<br>(iii) Type of organization<br>(described on lines 1-10 | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(vi) Amount of other |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>and organization(s).<br>(iii) Type of organization<br>(described on lines 1-10 | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(vi) Amount of other |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>and organization(s).<br>(iii) Type of organization<br>(described on lines 1-10 | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(vi) Amount of other |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>and organization(s).<br>(iii) Type of organization<br>(described on lines 1-10 | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(vi) Amount of other |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>and organization(s).<br>(iii) Type of organization<br>(described on lines 1-10 | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(vi) Amount of other |  |  |  |  |
| d Type III non-functionally<br>that is not functionally inter<br>requirement (see instruction<br>e Check this box if the organ<br>functionally integrated, or<br>f Enter the number of supported o<br>g Provide the following information<br>(i) Name of supported | complete Part IV,<br>grated. A supporting<br>integrated. A supporting<br>integrated. A supp<br>egrated. The organiz<br>ons). You must con<br>nization received a<br>Type III non-functio<br>rganizations<br>about the supported | g organization operated<br>s). You must complete I<br>porting organization oper<br>zation generally must sain<br><b>nplete Part IV, Sections</b><br>written determination from<br>nally integrated support<br>and organization(s).<br>(iii) Type of organization<br>(described on lines 1-10 | in connection w<br>Part IV, Section<br>rated in connect<br>tisfy a distribution<br>of A and D, and I<br>om the IRS that i<br>ing organization       | with, and functiona<br>is <b>A, D, and E.</b><br>ion with its suppo<br>on requirement an<br><b>Part V.</b><br>it is a Type I, Type | Illy integrate<br>rted organi<br>d an attent<br>e II, Type III<br>f monetary | ed with,<br>zation(s)<br>iveness<br>(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)      | <b>(a)</b> 2018       | <b>(b)</b> 2019        | (c) 2020             | ( <b>d)</b> 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<br>571,308.   | (b) 2019<br>562,722.   | (c) 2020<br>414,545. | (d) 2021<br>585,072. | (e) 2022<br>498,172. | (f) Total<br>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)   | <b>(a)</b> 2018             | <b>(b)</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,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                             |                          |                      |                     |                     |           |
|          | Gross receipts from activities that  |                             |                          |                      |                     |                     |           |
| i        | are not an unrelated trade or bus-<br>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 /<br>1 | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>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>(b)</b> 2019          | (c) 2020             | (d) 2021            | (e) 2022            | (f) Total |
|          | Amounts from line 6  | (-)                         | (                        | (-/                  | (-,                 | (-) = -==           | (7)       |
| 10a (    | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                             |                          |                      |                     |                     |           |
|          | Other income. Do not include gain<br>or loss from the sale of capital<br>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 <b>stop here</b>  |                             |                          |                      |                     |                     |           |
| 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 <b>20</b>   | <b>)22</b> (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 <b>stop here.</b> 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 <b>st</b>   | <b>op here.</b> 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 |
|-----|-----|----|
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| 1   |     |    |
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| 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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

20-0904691 Page 6

| 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<br>(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<br>(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 <b>Part VI</b> ):  |                |                          |                                |
| 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 <sub>(continue</sub>       | 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)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2022 | s   | (iii)<br>Distributable<br>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 <b>8</b>  |
|------------|--|---------------------------------|--|--|---|---|
| Part VI    | Part IV, Section A, lines 1<br>line 1; Part IV, Section D, | , 2, 3b, 3c, 4<br>lines 2 and 3 | b, 4c, 5a, 6, 9a,<br>; Part IV, Sectio | 9b, 9c, 11a, 11b, a<br>n E, lines 1c, 2a, 2b | nd 11c; Part IV, Sectior<br>, 3a, and 3b; Part V, lir | line 17a or 17b; Part III, line 12;<br>n B, lines 1 and 2; Part IV, Section C,<br>le 1; Part V, Section B, line 1e; Part V,<br>ny additional information. |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
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|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
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|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |
|            |  |                                 |  |  |   |   |

Department of the Treasury Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

**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<br>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.   |                          | <b></b>            | n Othan Oimilan Assats                     |
| Par | t III Organizations Maintaining Collections of<br>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   |                          |                    | \$   |
|     | <b>m ·</b> · · · · · · <b>·</b> · · · · · · · · ·   |                          |                    | •  |
| 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 <b>2</b> |
|------|---|---------------------------------|-----------------|--|--------------|---|------------------------------|-------------|
|      | 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 <b>(e)</b> 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<br>basis (investr |                 | <ul> <li>b) Cost or other<br/>basis (other)</li> </ul> |              | 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 |
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|                 | (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 <b>4</b>       |
|--|---|--|--------------|--------------------|---------------------|---------------------|
| 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  | . <b>4a</b>                                |              |                    |                     |                     |
| b  | Other (Describe in Part XIII.)  | <b>4b</b>                                  |              |                    |                     | -                   |
| с  | Add lines <b>4a</b> and <b>4b</b>   |  |              | 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<br>2   | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:   |  |              |                    |                     | 966.                |
| -  | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities   | 2a   |              |                    |                     | 966.                |
| 2  | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments   | 2a<br>2b                                   |              |                    |                     | 966.                |
| 2  | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses   | 2a<br>2b<br>2c                             | · · ·        |                    |                     | 966.                |
| 2<br>a<br>b  | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments   | 2a<br>2b<br>2c                             |              |                    | 644,                |                     |
| 2<br>a<br>b<br>c   | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>  | 2a<br>2b<br>2c<br>2d                       | 89,006.      | 1<br>2e            | <u>644</u> ,<br>89, | 006.                |
| 2<br>a<br>b<br>c<br>d                                    | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)   | 2a<br>2b<br>2c<br>2d                       | 89,006.      | 1                  | <u>644</u> ,<br>89, |                     |
| 2<br>a<br>b<br>c<br>d<br>e                               | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>  | 2a<br>2b<br>2c<br>2d                       | 89,006.      | 1<br>2e            | <u>644</u> ,<br>89, | 006.                |
| 2<br>a<br>b<br>c<br>d<br>e<br>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<br>2b<br>2c<br>2d<br>2d                 | 89,006.      | 1<br>2e            | <u>644</u> ,<br>89, | 006.                |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>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<br>2b<br>2c<br>2d<br>2d                 | 89,006.      | 1<br>2e            | <u>644</u> ,<br>89, | <u>006.</u><br>960. |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a                | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.)<br>Add lines <b>4a</b> and <b>4b</b> | 2a<br>2b<br>2c<br>2d<br>2d<br><br>4a<br>4b | 89,006.      | 1<br>2e<br>3<br>4c | 644,<br>89,<br>555, | <u>006.</u><br>960. |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b<br>c<br>5 | Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.)                                      | 2a<br>2b<br>2c<br>2d<br>2d<br><br>4a<br>4b | 89,006.      | 1<br>2e<br>3       | <u>644</u> ,<br>89, | <u>006.</u><br>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) |
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| 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) |           |            |                   |
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| 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<br>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<br>Name of the organization   |  | o www.irs.gov/Form990 for instru  | ctions  | and t  | he latest informatio   | n.   | Employor    | Inspection<br>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.       |  |   |   |  |  |  |             |                                     |  |  |  |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | tions<br>email solicitations<br>tations<br>blicitations<br>on have a written o<br>ted in Form 990, P<br>) highest paid indiv | f Solicita<br>g Specia<br>or oral agreement with any individua<br>art VII) or entity in connection with p<br>viduals or entities (fundraisers) purs | ition of<br>tion of<br>I fundra<br>I (inclue<br>profess | non-g<br>gover<br>aising<br>ding o<br>sional f | overnment grants<br>nment grants<br>events<br>fficers, directors, true<br>undraising services? | stees  |             | <b>Yes No</b><br>to be              |  |  |  |  |
| (i) Name and addres<br>or entity (fund   | s of individual  | (ii) Activity   | (iii)<br>fundi<br>have c<br>or cor<br>contrib           | Did<br>raiser<br>ustody<br>ntrol of<br>utions? | (iv) Gross receipts from activity  | (v) Amount pai<br>to (or retained b<br>fundraiser<br>listed in col. ( <b>i</b> |             | by) to (or retained by)             |  |  |  |  |
|  |  | -   |   | No   |  |  |             |                                     |  |  |  |  |
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| 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                      |  |  |  |  |
|  |  |   |   |  |  |  |             |                                     |  |  |  |  |
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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

20-0904691 Page 2

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<br>WALK ACROSS<br>AMERICA | <b>(b)</b> Event #2        | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through |
| Ð               |        |   | (event type)                           | (event type)               | (total number)           | col. <b>(c)</b> )                         |
| 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<br>Net income summary. Subtract line 10 from li |  |                            |                          | 89,005.<br>-32,018.                       |
| Pa              |        | -32,010.  |  |                            |                          |   |
|                 |        | <b>Gaming.</b> Complete if the organization \$<br>\$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 <b>3</b> |
|-----|--|--------------|--------|---------------|
| 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?<br>• 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.   | ,            | ,      | , ,           |
|     |  |              |        |               |
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| Schedule G (Form 990) Part IV Supplemental Info | C & S PATIENT       | EDUCATION | FOUNDATION | 20-0904691 Page 4 |
|---|---------------------|-----------|------------|-------------------|
| Part IV Supplemental Info                       | rmation (continued) |           |            |                   |
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| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service   | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.<br>Attach to Form 990.<br>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?   | <b>.</b>                |                      | <b>°</b>           |                      |                       | 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<br>CENTER - 330 BROOKLINE AVENUE -  |  |                         |                      |                    |                      |                       |   |  |  |  |  |  |
| BOSTON, MA 02215   | 04-2103881   | 501(C)(3)               | 18,250.              | 0.                 |                      |                       | BHADELIA – DATABASE                                   |  |  |  |  |  |
| NORTHEASTERN UNIVERSITY<br>360 HUNTINGTON AVENUE<br>BOSTON, MA 02115   | 04-1679980   | 501(C)(3)               | 116,298.             | 0.                 |                      |                       | C1000 COORDINATOR/AMINI,<br>TESTING PATHO THEORY LOTH |  |  |  |  |  |
| THE MEDICAL COLLEGE OF WISCONSIN<br>8701 W WESTERTOWN PLANK RD<br>MILWAUKEE, WI 53226  | 39-0806261   | 501(C)(3)               | 33,873.              | 0.                 |                      |                       | RESTING STATE FMRI - COGN<br>& 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<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(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 <b>2</b> |
|------------|-------------------|-----|------|----------|---------|-----------|------------|------------|---------------|
| Part IV    | Supplemental Info | orm | atio | <b>n</b> |         |           |            |            |               |

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 |  |
|------------|--|
|------------|--|

| Par | rt I Types of Property                             |                               |   |                                       |              |                                      |            |        |      |
|-----|--|-------------------------------|---|---------------------------------------|--------------|--------------------------------------|------------|--------|------|
|     |  | (a)<br>Check if<br>applicable | <b>(b)</b><br>Number of<br>contributions or | (c)<br>Noncash contr<br>amounts repor |              | (d<br>Method of c<br>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 ( <b>PROFESSIONAL SE</b> )                   | 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 | <b>tion.</b> 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.

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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 <b>2</b>                             |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Name of the organization<br>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  |         |          |       |     |       |       |     |  |    |     |        |        |
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