

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization C & S PATIENT EDUCATION FOUNDATION		D Employer identification number 20-0904691
	Doing Business As CONQUER CHIARI		E Telephone number 724-940-0116
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 320 OSPREY COURT	G Gross receipts \$ 720,002.	
	City, town, or post office, state, and ZIP code WEXFORD, PA 15090		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: RICHARD LABUDA SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: **WWW.CONQUERCHIARI.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2004** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a) 3		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4		
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) 2		
	6	Total number of volunteers (estimate if necessary) 150		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.		
	7b	Net unrelated business taxable income from Form 990-T, line 34 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 496,997.	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) 3,441.	496,997.	696,115.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 676.	3,441.	15,816.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <73,422.>	676.	511.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 427,692.	<73,422.>	<100,743.>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 255,000.	427,692.	611,699.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	255,000.	417,968.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 97,022.	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	97,022.	108,912.
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,157.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 57,382.	57,382.	57,182.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 409,404.	409,404.	584,062.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 18,288.	18,288.	27,637.
	20	Total assets (Part X, line 16) 593,236.	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) 17,523.	593,236.	606,282.
	22	Net assets or fund balances. Subtract line 21 from line 20 575,713.	17,523.	2,932.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/11/13			
	RICHARD LABUDA, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN K WILLIAMS	Preparer's signature 	Date 3/11/13	Check if self-employed <input type="checkbox"/>	PTIN P00109687
	Firm's name BLACK, BASHOR & PORSCH, LLP	Firm's address 270 EAST CONNELLY BOULEVARD SHARON, PA 16146	Firm's EIN 25-1304135	Phone no. (724)981-7510	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION IS DEDICATED TO IMPROVING THE EXPERIENCES AND OUTCOMES OF CHIARI AND SYRINGOMELIA PATIENTS BY: 1.PROVIDING ACCURATE, UP-TO-DATE, AND EASY TO UNDERSTAND INFORMATION TO PATIENTS SO THAT THEY CAN TAKE CONTROL OF THEIR HEALTH CARE AND MAKE INTELLIGENT,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 209,411. including grants of \$ 209,411.) (Revenue \$) THROUGH 2012, CONQUER CHIARI HAS FUNDED NEARLY \$1.5 MILLION IN RESEARCH PROJECTS. CURRENT RESEARCH PROJECTS INCLUDE DEVELOPING NOVEL IMAGING TECHNIQUES TO PROVIDE AN OBJECTIVE DIAGNOSIS OF CHIARI, IDENTIFYING WHICH GENES ARE ACTIVE DURING A CRITICAL STAGE OF DEVELOPMENT WHEN IT IS THOUGHT THAT THE CHIARI MALFORMATION OCCURS, AND ASSESSING THE COGNITIVE EFFECTS OF CHIARI.

4b (Code:) (Expenses \$ 208,557. including grants of \$ 208,557.) (Revenue \$) ESTABLISHED THE CONQUER CHIARI RESEARCH CENTER AT THE UNIVERSITY OF AKRON, THE WORLD'S FIRST RESEARCH LABORATORY DEDICATED SOLELY TO ADVANCING THE MEDICAL AND SCIENTIFIC UNDERSTANDING OF CHIARI MALFORMATION IN ORDER TO IMPROVE THE EXPERIENCES AND OUTCOMES OF PATIENTS. THE CONQUER CHIARI RESEARCH CENTER (CCRC) AT THE UNIVERSITY OF AKRON IS A STATE OF THE ART FACILITY, STAFFED WITH DISTINGUISHED RESEARCHERS, WORKING DILLIGENTLY TO: APPLY THE LATEST ENGINEERING TECHNIQUES AND ANALYSIS TO IMPROVE DIAGNOSES AND TREATMENT OPTIONS, LEVERAGE THE CONQUER CHIARI PATIENT REGISTRY TO STUDY THE EPIDEMIOLOGY AND NATURAL HISTORY OF CHIARI, FOSTER COLLABORATIONS WITH LEADING CLINICIANS AND SCIENTISTS TO ADVANCE THE CONQUER CHIARI RESEARCH AGENDA AND ACT AS A FOCAL POINT FOR THE CHIARI RESEARCH COMMUNITY AND ATTRACT

4c (Code:) (Expenses \$ 23,168. including grants of \$) (Revenue \$) IN COLLABORATION WITH THE UNIVERSITY OF AKRON AND THE UNIVERSITY OF ILLINOIS-CHICAGO, ESTABLISHED THE CONQUER CHIARI RESEARCH CONFERENCE. SINCE 2007, THIS BI-ANNUAL MEETING HAS QUICKLY GROWN TO BECOME THE PREMIERE EVENT FOR MEDICAL AND RESEARCH PROFESSIONALS FOCUSED ON CHIARI.

4d Other program services (Describe in Schedule O.) (Expenses \$ 77,075. including grants of \$) (Revenue \$ 15,816.)

4e Total program service expenses 518,211.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990-EO with questions 1a through 14b regarding tax compliance, including sections on backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RICK LABUDA - 724-940-0116
320 OSPREY COURT, WEXFORD, PA 15090

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	581,039.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	115,076.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		696,115.			
	Program Service Revenue	2 a PROGRAM RELATED SALES-	Business Code			
b		900099	15,816.	15,816.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			15,816.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		511.		511.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 581,039. of contributions reported on line 1c). See Part IV, line 18	a	7,560.			
	b Less: direct expenses	b	108,303.			
c Net income or (loss) from fundraising events			<100,743.>	<100,743.>		
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		611,699.	15,816.	0.	<100,232.>	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	417,968.	417,968.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	74,704.	52,290.	22,414.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,500.	19,263.	8,237.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,708.	4,743.	1,965.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	12,459.	3,470.	8,989.	
c	Accounting	5,500.		5,500.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,633.	4,916.	717.	
12	Advertising and promotion	958.	958.		
13	Office expenses				
14	Information technology	8,418.	5,525.	2,893.	
15	Royalties				
16	Occupancy				
17	Travel	31,221.	31,221.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,451.		2,376.	75.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES, SUBSCRIPTIONS	33,031.	22,679.	8,270.	2,082.
b	AMORTIZATION	16,093.	16,093.		
c	PAYROLL PROCESSING FEES	1,506.		1,506.	
d	STORAGE UNIT	706.		706.	
e	All other expenses	<60,794.>	<60,915.>	121.	
25	Total functional expenses. Add lines 1 through 24e	584,062.	518,211.	63,694.	2,157.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	505,503.	1	528,537.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	118,105.		
	b	Less: accumulated depreciation	10b	40,360.		
				87,733.	10c	77,745.
	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 34)		593,236.	16	606,282.	
Liabilities	17	Accounts payable and accrued expenses	17,523.	17	2,932.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		17,523.	26	2,932.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	62,807.	27	72,562.	
	28	Temporarily restricted net assets	512,906.	28	530,788.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances		575,713.	33	603,350.
	34	Total liabilities and net assets/fund balances		593,236.	34	606,282.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	611,699.
2	Total expenses (must equal Part IX, column (A), line 25)	2	584,062.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	575,713.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	603,350.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization **C & S PATIENT EDUCATION FOUNDATION** Employer identification number **20-0904691**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	379,043.	408,760.	470,591.	496,997.	696,115.	2451506.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	379,043.	408,760.	470,591.	496,997.	696,115.	2451506.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						217,766.
6 Public support. Subtract line 5 from line 4.						2233740.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	379,043.	408,760.	470,591.	496,997.	696,115.	2451506.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,178.	1,103.	900.	676.	511.	4,368.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2455874.
12 Gross receipts from related activities, etc. (see instructions)					12	51,824.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.95 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	85.76 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number

20-0904691

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,105.	93.	6,012.
e Other		112,000.	40,267.	71,733.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				77,745.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, and rows 2-11 are blank.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	720,002.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIII.)	2d 108,303.
e	Add lines 2a through 2d	2e 108,303.
3	Subtract line 2e from line 1	3 611,699.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 611,699.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	692,365.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIII.)	2d 108,303.
e	Add lines 2a through 2d	2e 108,303.
3	Subtract line 2e from line 1	3 584,062.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII.)	4b
c	Add lines 4a and 4b	4c 0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 584,062.

Part XIII Supplemental Information

Complete this part to 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 FOUNDATION ADOPTED THE PROVISION OF FIN 48 (FASB ASC 740), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES". AS A RESULT OF CONTINUING EVALUATION OF STATUTES, TAX LAW CHANGES, AUTHORITATIVE FINDINGS, AUDITS, ETC., MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD RESULT IN A SIGNIFICANT INCREASE OR DECREASE OF UNRECOGNIZED TAX BENEFITS, AND NO ACCRUALS OF INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING EXPENSES NETTED AGAINST INCOME 108,303.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING EXPENSES NETTED AGAINST INCOME 108,303.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK ACROSS AMERICA (event type)	GALA (event type)	NONE (total number)	
Revenue	1	Gross receipts	536,957.	51,642.	588,599.
	2	Less: Contributions	536,957.	44,082.	581,039.
	3	Gross income (line 1 minus line 2)		7,560.	7,560.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,430.	9,725.	15,155.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	84,400.	8,748.	93,148.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(108,303)
	11	Net income summary. Combine line 3, column (d), and line 10			<100,743.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

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

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

▶ Attach to Form 990.

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number
20-0904691

Part I General Information on Grants and Assistance

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 assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF AKRON RESEARCH FOUNDATION - GOODYEAR POLYMER CENTER - AKRON, OH 44325	34-1972453	501(C)(3)	208,557.	0.			ESTABLISH THE CONQUER CHIARI RESEARCH CENTER TO ADVANCE THE MEDICAL AND SCIENTIFIC UNDERSTANDING RESEARCH-MOLECULAR BIOLOGY ASSESSMENT OF SYRINGOMYELIA, CONDUCT RESEARCH IN NERVE DAMAGE
UNIVERSITY OF AKRON BUCHEL AVE AKRON, OH 44325	34-6002924	509(A)(1)	67,234.	0.			RESEARCH-UNDERSTAND THE NEUROSCIENCE OF BRAIN DAMAGE IN CHIARI I MALFORMATION PATIENTS.
UNIVERSITY OF AKRON BUCHEL AVE AKRON, OH 44325	34-6002924	509(A)(1)	142,177.	0.			

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, 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 1, COLUMN (H):

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTABLISH THE CONQUER CHIARI RESEARCH CENTER TO ADVANCE THE MEDICAL AND SCIENTIFIC UNDERSTANDING OF CHIARI MALFORMATION IN ORDER TO IMPROVE THE EXPERIENCES AND OUTCOMES OF PATIENTS.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH-MOLECULAR BIOLOGY ASSESSMENT OF SYRINGOMYELIA. CONDUCT RESEARCH IN NERVE DAMAGE AND HEALING AND TO SPECIFICALLY LOOK AT THE MOLECULAR PROCESSES THAT ARE INVOLVED IN SYRINGOMYELIA.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH-UNDERSTAND THE NEUROSCIENCE OF BRAIN DAMAGE IN CHIARI I MALFORMATION PATIENTS. THIS WORK WILL HELP TO UNDERSTAND HOW DAMAGE TO BRAIN TISSUE OCCURS IN CHIARI AND THE COGNITIVE AND/OR EMOTIONAL IMPACTS THIS DAMAGE MAY IMPART.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

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

INCLUDING:

1. CREATION OF THE CONQUER CHAIRI WEBSITE (WWW.CONQUERCHIARI.ORG), THE SINGLE MOST COMPREHENSIVE SOURCE OF INFORMATION AVAILABLE ON CHAIRI AND RELATED TOPICS. THE SITE CONTAINS HUNDREDS OF ARTICLES, EXPERT INTERVIEWS, PERSONAL STORIES, PATIENT HANDOUTS, VIDEOS AND MORE. OVERALL, THE SITE HAS BEEN VISITED MORE THAN 1,000,000 TIMES AND MILLION OF PAGES OF INFORMATION HAVE BEEN VIEWED.

2. CREATION OF A SOCIAL NETWORKING SITE FOR THE CHIARI COMMUNITY WITH MORE THAN 3,000 REGISTERED USERS.

3. IN 2007 ORGANIZED A RESEARCH SYMPOSIUM WHICH WAS ATTENDED BY MORE THAN 40 TOP NEUROSURGEONS, RADIOLOGIST, ENGINEERS, AND OTHER PROFESSIONALS. THE PROCEEDINGS WERE CAPTURED IN A UNIQUE VIDEO WEB ARCHIVE AND MADE FREELY AVAILABLE TO THE PUBLIC.

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

4. IN 2008, CONQUER CHIARI WAS INVITED BY THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS) TO ORGANIZE AN EVEN LARGER RESEARCH CONFERENCE WITH THE GOAL OF ESTABLISHING THE CURRENT STATE OF KNOWLEDGE AND DEVELOPING RESEARCH RECOMMENDATIONS. THE CONFERENCE WAS AGAIN WELL ATTENDED BY THE TOP NEUROSURGEONS AND RESEARCHERS IN THE WORLD.

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

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

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

7. CREATED THE CONQUER CHIARI PATIENT DATABASE; A SECURE, WEB BASED, DATABASE APPLICATION WHICH WILL COLLECT AND STORE NON-IDENTIFIABLE DEMOGRAPHIC AND HEALTH RELATED DATA ABOUT CHIARI PATIENTS, ENTERED PRIMARILY BY THE PATIENTS THEMSELVES. IN ADDITION TO RESEARCH BY CONQUER CHIARI PERSONNEL, THE DATABASE WILL BE MADE AVAILABLE TO EXTERNAL RESEARCHERS. BY COLLECTING BOTH A BROAD AND LARGE DATA SET OF THE CHARACTERISTICS OF CHIARI PATIENTS, IT IS HOPED THAT THE DEMOGRAPHICS, NATURAL HISTORY, AND TREATMENT OUTCOMES OF CHIARI CAN BE RESEARCHED AND UNDERSTOOD WITH MORE ACCURACY AND DETAIL.

8. IN 2011, THE EXECUTIVE DIRECTOR OF CONQUER CHIARI SERVED AS A GUEST EDITOR FOR A SPECIAL ISSUE OF THE JOURNAL, "NEUROLOGICAL RESEARCH", FOCUSED ON WHAT IS CURRENTLY KNOWN AND NOT KNOWN ABOUT CHIARI.

9. PUBLISHED "CONQUER CHIARI: A PATIENT'S GUIDE", A UNIQUE BOOK WHICH PROVIDES A COMPREHENSIVE, SCIENCE BASED OVERVIEW OF CHIARI WRITTEN IN AN EASY TO UNDERSTAND FORMAT, FROM THE PATIENT'S POINT OF VIEW.

10. LAUNCHED THE CONQUER CHIARI WALK ACROSS AMERICA. THIS ANNUAL FUNDRAISING AND AWARENESS EVENT IS A SERIES OF WALKS HELD ACROSS THE COUNTRY ON THE SAME DAY. IN 2012, THE WALK WAS HELD AT 53 LOCATIONS, INVOLVED 8,400 PEOPLE AND RAISED MORE THAN \$530,000 FOR RESEARCH.

11. THROUGH 2012, CONQUER CHIARI HAS FUNDED NEARLY \$1.5 MILLION IN RESEARCH PROJECTS. CURRENT RESEARCH PROJECTS INCLUDE DEVELOPING NOVEL

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IMAGING TECHNIQUES TO PROVIDE AN OBJECTIVE DIAGNOSIS OF CHIARI,
IDENTIFYING WHICH GENES ARE ACTIVE DURING A CRITICAL STAGE OF
DEVELOPMENT WHEN IT IS THOUGHT THAT THE CHIARI MALFORMATION OCCURS, AND
ASSESSING THE COGNITIVE EFFECTS OF CHIARI.

12. ESTABLISHED THE CONQUER CHIARI RESEARCH CENTER AT THE UNIVERSITY OF
AKRON, THE WORLD'S FIRST RESEARCH LABORATORY DEDICATED SOLELY TO
ADVANCING THE MEDICAL AND SCIENTIFIC UNDERSTANDING OF CHIARI
MALFORMATION IN ORDER TO IMPROVE THE EXPERIENCES AND OUTCOMES OF
PATIENTS. THE CONQUER CHIARI RESEARCH CENTER AT THE UNIVERSITY OF
AKRON IS A STATE OF THE ART FACILITY, STAFFED WITH DISTINGUISHED
RESEARCHERS, WORKING DILIGENTLY TO: APPLY THE LATEST ENGINEERING
TECHNIQUES AND ANALYSES TO IMPROVE DIAGNOSES AND TREATMENT OPTIONS,
LEVERAGE THE CONQUER CHIARI PATIENT REGISTRY TO STUDY THE EPIDEMIOLOGY
AND NATURAL HISTORY OF CHIARI, FOSTER COLLABORATIONS WITH LEADING
CLINICIANS AND SCIENTISTS TO ADVANCE THE CONQUER CHIARI RESEARCH AGENDA
AND ACT AS A FOCAL POINT FOR THE CHIARI RESEARCH AND ATTRACT MORE
RESEARCHERS TO THE STUDY OF CHIARI.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INFORMED DECISIONS. 2. RAISING AWARENESS AMONG FAMILY, FRIENDS, AND THE
GENERAL PUBLIC SO THAT THEY CAN UNDERSTAND WHAT PATIENTS ARE GOING
THROUGH AND ARE BETTER ABLE TO PROVIDE SUPPORT. 3. RAISING AWARENESS
AMONG, AND PROVIDING ACCURATE, UP-TO-DATE INFORMATION TO THE MEDICAL
COMMUNITY, SO THAT ERRORS IN DIAGNOSIS AND TREATMENT ARE REDUCED. 4.
SPONSORING RESEARCH TO ADVANCE THE UNDERSTANDING OF THESE CONDITIONS
AND IN THE END CONQUER CHIARI.

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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

GRANT GIVEN TO UNIVERSITY OF AKRON RESEARCH FOUNDATION TO ESTABLISH A
CONQUER CHIARI RESEARCH CENTER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MORE RESEARCHERS TO THE STUDY OF CHIARI.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 77,075. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,816.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DISTRIBUTES A
DRAFT 990 TO ALL BOARD DIRECTORS 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 OFFICIAL BOARD MEETING, THE RECORD REFLECTS THE ADOPTION
OF THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR IS
RESPONSIBLE FOR DISTRIBUTING AND COLLECTING SIGNED CONFLICT DISCLOSURE
STATEMENTS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION COMMITTEE MEETS TO
REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. 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

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AND BONUSES ARE BASED IN PART ON THE SIZE OF THE ORGANIZATION IN REVENUE AND COMPARABLE EXECUTIVE DIRECTOR'S SALARIES AT SIMILAR SIZED ORGANIZATIONS. THE COMPENSATION COMMITTEE'S RECOMMENDATION IS MADE AT THE FOLLOWING BOARD MEETING AND VOTED ON BY THE BOARD. MINUTES FROM THE COMPENSATION COMMITTEE'S MEETING ARE ENTERED INTO THE RECORD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MS, MO, NH, NM, NJ, NY, NC, OH, OK OR, PA, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: 990'S AND 501(C)3 DETERMINATION LETTER IS AVAILABLE ON THE WEBSITE. AUDITED FINANCIALS AND POLICIES ARE INCLUDED IN THE ANNUAL REPORT WHICH IS POSTED ON THE WEBSITE.

FORM 990, PART IX, LINE 24E

ALL OTHER EXPENSES

TOTAL OFFICER AND OTHER WAGES ARE INCLUDED ON LINE 5 AND LINE 7 OF PART IX AS REQUIRED BY THE INSTRUCTIONS FOR THE RETURN. A PORTION OF THESE WAGES HAVE BEEN ALLOCATED TO THE FUNDRAISING EVENTS ON SCHEDULE G.

ALSO, SOME DIRECT FUNDRAISING EXPENSES WHICH ARE INCLUDED IN THE EXPENSES ON LINE 1-24 OF PART IX HAVE BEEN DEDUCTED ON LINE 24E (OTHER EXPENSES) OF PART IX. THESE DIRECT FUNDRAISING EXPENSES ARE INCLUDED IN PART VIII, LINE 8B-DIRECT EXPENSES RELATING TO FUNDRAISING. SEE SCHEDULE G, PART II FOR COMPLETE INFORMATION ON FUNDRAISING EVENTS.

FORM 990, PART XII, LINE 2C

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OVERSIGHT PROCESS FOR AUDIT/METHOD OF SELECTING AUDITOR

THE ORGANIZATION HAS NOT CHANGED ITS METHOD FOR OVERSIGHT OF THE AUDIT,
OR ITS METHOD OF SELECTING AN AUDITOR.