Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011 2011

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

Open to Public Inspection

_	1 01 1		enung		
В	Check applica	C Name of organization		D Employer identifi	ication number
Г	Add	ress C & S PATIENT EDUCATION FOUNDATION			
F	Nan Cha	B CONOURR CUTART		20-0	904691
F	Initia	3	Room/suite	E Telephone number	
F	Terr	nin- 320 OGDREY COURT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		940-0116
F	atec	nded City or town state or country and ZID . 4		G Gross receipts \$	501,114.
F	Iretu App tion			H(a) Is this a group r	
	ion pen	F Name and address of principal officer:RICHARD LABUDA		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
-	Toyo	xempt status: X 501(c)(3)	or 527	1	list. (see instructions)
		site: ► WWW.CONQUERCHIARI.ORG	JI JZ1	H(c) Group exemption	
		of organization: X Corporation Trust Association Other	1 Vear		M State of legal domicile: PA
	art I		Lica	oriorination. 2004 1	VI Otate Of legal doffilolie, 171
	1	Briefly describe the organization's mission or most significant activities: SINCI	E OUR	INCEPTION,	WE HAVE
Activities & Governance		MADE TREMENDOUS STRIDES TOWARDS THE GOAL			
Пa	2	Check this box if the organization discontinued its operations or dispos			
ove	3	Number of voting members of the governing body (Part VI, line 1a)			4
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
SS	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			2
iţie	6	Total number of volunteers (estimate if necessary)			75
访	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	l t	Net unrelated business taxable income from Form 990-T, line 34			0.
		- Annual Company		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		470,591.	496,997.
Ž	9	Program service revenue (Part VIII, line 2g)		2,732.	3,441.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		900.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<54,922.	> <73,422.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		419,301.	427,692.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		138,000.	255,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		64,928.	97,022.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
þer	F	Total fundraising expenses (Part IX, column (D), line 25)			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71,259.	57,382.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	100000000000000000000000000000000000000	274,187.	
	19	Revenue less expenses. Subtract line 18 from line 12	CONTRACTO	145,114.	18,288.
TO S	3	Totalisa tota on paliasa automatina in anti-		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		591,308.	593,236.
ASS	21	Total liabilities (Part X, line 26)		33,883.	17,523.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		557,425.	575,713.
P	art II				
Unc	ler per	nalties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	ny knowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of wh			
Sig	n	Signature of officer		Date	
Hei		RICHARD LABUDA, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Pai	d	JOHN K WILLIAMS		self-employ	
Pre	parer	Firm's name BLACK, BASHOR & PORSCH, LLP		Firm's EIN ▶	25-1304135
	Only	Firm's address 270 EAST CONNELLY BOULEVARD			8 1611
		SHARON, PA 16146		Phone no. (724)981-7510
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	TIV Checklist of Required Schedules			
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? 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,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	в		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
b		11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		- 25
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	11d	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 6	х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI, XII, and XIII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		₹₽	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	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	X	_
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
20a	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		

Form **990** (2011)

Form 9	990 (2011)	C	&	S	PATIENT	EDUCATION	FOUNDATION	20-0904691	Р	age 4
Parl	IV Checklist	of Requ	uire	d S	Schedules (co	ntinued)				
									Yes	No
21	Did the organization	n report m	nore	thar	n \$5,000 of gran	ts and other assistar	ice to any government or or	ganization in the		

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	72	
22	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			0.7544
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			Septime 1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_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	1		
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			2.25
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	I SW		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	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, Parts II, III, IV, and V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b				37
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	77
	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			v
	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 in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Section Section 1903 of Form 1906. Entor 0-II not applicable 19 19 19 19 19 19 19 19 19 19 19 19 19	Par	Check if Schedule O contains a response to any question in this Part V			
Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 10 0 0 10 10 10 10 10 10 10 10 10 10 10		Oncom Contracts Contacts Conta		Yes	No
Enter the number of Forms W-26 included in line 1s. Enter 0- if not applicable 15 0	12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		
Country of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without without so without the payor of			0		
Gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e-file (see instructions) If I' Yes, 1 are 1 filed a form 950 77 for this year I' I' No, provide an explanation is Sherbule 0 A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for Form TD F 90:221, Report of Foreign Bank and Financial Accounts. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax oductible? If I' Yes, 1' did the organization include with every solicitation an express statement that such contributions or gifts were not tax douctible? Organizations that may receive deductible contributions under section 170(c). If I' Yes, 1' did the organization include with every solicitation an express statement that such contributions or gifts were not tax douctible? Organizations that may receive deductible contributions and express provided? If I' Yes, 1' did the organization include with every solicitation an express provided? If I' Yes, 1' did the organizatio	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
22 In the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Bod for the celendary save anding with or within the year covered by this return 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?	<u>1</u> c	X	
the dor the calendar year ending with or within the year covered by this return 2a 2 2 X Note. If the sum of lines 1a and 2a is greater than 250, you may be required red ending the year? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rile (see instructions) 3a I did the organization have unrolated business gross income of \$1,000 or more during the year? 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b If "Yes," enter the name of the foreign country. Implication that is a bank account, or other financial accountly over, a financial account in a foreign country (such as a bank account, or other financial accountly over, a financial account in a foreign country (such as a bank account, or other financial accountly. 5c New the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c New the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c New the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax eductable? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction 70 gifts were not tax deductable? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 5c If "Yes," did the organization notify the donor of the value of the goods or sorvices provided? 5c Did the organizations that may receive deductible contributions under section 170(c). 5d If "Yes," did the organization notify the donor of the value of the goods or sorvices provided? 7c Did the organization state any times, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization and the state of the subject of the subject of the organization for the su	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	(2)		
Note, if the sum of lines 1 and 2 als igroater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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; a foreign country (such as a bank account, so checkule 0 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; or other fin		filed for the calendar year ending with or within the year covered by this return2a	2		
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 38 IX 39 If Yes, "has it filed a Form 9500 For this year? If "No," provide an explanation in Schedule O 30 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 accountly? 50 If "Yes," and the foreign country (such as a bank account, securities account, or other financial accountly? 51 Was the organization or party to a prohibited the foreign country. 52 Was the organization or form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 53 Was the organization for form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 54 Was the organization for the organization that it was or is a party to a prohibited tax shelter transaction? 55 Was the organization foreign before the foreign country (such as the foreign before the organization foreign Bank and Financial Accounts. 56 Was the organization include with every sciolation and express statement that such contributions oxidit any contributions that were not tax deductible? 56 Was the organization include with every sciolation and express statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible contributions under section 170(c). 58 Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 59 Was the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 70 Organization state were the organization or the value of the goods or services provided? 71 Was the organization receive any funds, directly or indirectly, on a personal benefit contract? 72 Was the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2t	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedulo O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial accountry? 5 b If "Yes," enter the name of the foreign country; >> 5 ear instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b If "Yes," till in Sa or 50, did the organization fils Form 9896-17? 5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tower not tax deductible? 5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 c Does the organization that may receive deductible contributions under section 170(c). a Ibid the organization start may receive deductible contributions under section 170(a). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 5 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 5 to file Form 8282? 6 b If the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization from 1099-C? 7 b If the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization from 1099-C? 7 b If the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization in 1099-C? 8 b If the organization make any taxable distributions und		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			١,,
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; to the property of the organization and property of the organization and property of the organization and property of the organization on the property of the organization and property of the organization of the property of the organization state that property of the organization state the property of the organization of the property of the organization state the property of the organization of the organization of the property of the organization of the property of the organization of the organiz				4.0	X
financial account in a foreign country; such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country; ▶ See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax eheler transaction at any time during the tax year? 5b Dick any taxable party notify the organization that it was or is a party to a prohibited tax eheler transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8889-17 6c The See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c The See the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8c The See The Organization state that may receive deductible contributions under section 170(e). 9c Did the organization receive a payment in excess of \$75 made party is a sonorthibution and party for goods and services provided to the payor? 10 If "Yes," idicitate the organization notify the donor of the value of the goods or services provided? 10 If the organization receive a payment in excess of \$75 made party is a sonorthibution and party for goods and services provided to the payor? 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 If the organization received a contribution of qualified during the year 12 If If the organization received a contribution of cars, boats, simplence, or other vehicles, did the organization in the supporting organizations maintaining donor advised funds and section \$99(s)(3) supporting organization. Did the supporting organizations maintaining donor advised funds and section \$99(s)(3) supp	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3t	0	-
b If "Yes," enter the name of the foreign country." See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes," to lime 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X X 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? 6a X X If "Yes," to lime 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8282? filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 11 If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 12 Did the organization make and stribution of qualified intellectual property, did the organization file Form 8289 as required? 13 Did the organization make and stribution of qualified intellectual pro	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14a	Did the organization receive any payments for indoor tanning services during the tax year?	SAROHARO I		→
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>1.1</u> 4		7/20111

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						<u>IXI</u>
Sec	tion A. Governing Body and Management						
		ř.	ñ	. [Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	W	4	- 1		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	n any other				
	officer, director, trustee, or key employee?			·	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ect supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			··	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?		4	_	_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoir	t one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stock	nolders, or	- 1			
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by	the following:				
а	The governing body?			·×	8a	X	
b	Each committee with authority to act on behalf of the governing body?			-	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	achec	l at the		_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	leven	ue Code.)				
					_	Yes	
10a	Did the organization have local chapters, branches, or affiliates?				10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	ers, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1000000			10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy be	fore filing the form	? -	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the ordanization have a written commet of mestar pane, and				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	onflicts?		12b	<u>X</u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")						
	in Schedule O how this was done				12c	X	-
13	Did the organization have a written whistleblower policy?		.,	***	13	X	-
14	Did the organization have a written document retention and destruction policy?				14	X	-
15	Did the process for determining compensation of the following persons include a review and approv	al by	independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			- 1		37	
а	The organization's CEO, Executive Director, or top management official				15a	X	37
b	Other officers or key employees of the organization				15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				40		x
	taxable entity during the year?			***	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizat	ion's		401		
	exempt status with respect to such arrangements?	******	************************		16b	_	1
Sec	tion C. Disclosure	30	OM DI OA	TT	K C	T/V	т.л
17	List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CA		CT, FL, GA,	<u> </u>	, Ao	/ IV I	<u>, 116.</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (26	CHOH 30 F(C)(3)S OF	ııy) a	validE	·10	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request				l fina-	olol	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	ONTIC	a or interest policy	, and	ımal	icial	
	statements available to the public during the tax year.		and of the over	nizati	ion: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	ecorus or the orga	ınzalı	OH.	_	
	RICK LABUDA - 724-940-0116						_
13200	320 OSPREY COURT, WEXFORD, PA 15090	_			Form	gan	(2011)
01-23					UIII		(2011)

C & S PATIENT EDUCATION FOUNDATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization	nor any related	orga	ıniza	tion	cor	nper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	l box.	. unle	SS De	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	—	_	dad	recto	Trus	lee)	from	from related	other
	(describe	recto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for	ip io	8			ated		organization	(88-271099-181130)	organization
	related	aste	trust		, e	Den Silver		(W-2/1099-MISC)		and related
	organizations in Schedule	la tr	ional		ploy	t con	١.			organizations
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organization:
(1) RICH KUSHNER										
PRESIDENT, DIRECTOR	1.00	X		X				0.	0.	0.
(2) DAVE LEE	1 00			,,				0.	0.	0.
VICE PRESIDENT, DIRECTOR	1.00	X		Х		-	-	0.	0.	
(3) MARK TOMCZAK	1.00	v		x				0.	0.	0.
TREASURER, DIRECTOR	1.00	A		Α		1				
(4) DIANE MUELLER, ND, RN, C-FNP DIRECTOR	1.00	x						0.	0.	0.
(5) RICHARD LABUDA		П								
EXECUTIVE DIRECTOR	40.00			X				46,500.	0.	22,247.
		\perp		_	\perp			<u> </u>		7 000 (004)

Form 990 (2011)

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1b Sub-total			, ,	rector								- 1	•	
1b Sub-total				e or di	tee			sated		organization (W-2/1099-MISC)	(99-2/1099-191150)			
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c Total from continuation sheets to Part VII, Section A 46,500. 0. 22,247. d Total (add lines 1b and 1c) 46,500. 0. 22,247. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the orga	1b	Sub-total						>					22	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Vest No												_	0.0	
Some person and the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization by the	d	Total (add lines 1b and 1c)					****	>				•	44	, 241.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual send related organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual send related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual send related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual send related organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Yes No Restored the organization or individual for services Total number of independent contractors (including but not limited to those listed above) who received more than	2		not limited to th	nose	liste	ed a	bov	e) w	no r	eceived more than \$100),000 of reportable			0
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than		compensation from the organization		_	_	_	_		_				Y	
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization to the organization to those listed above) who received more than		Did it is a second of the seco	director or tr	ieto	ما م	SV AI	mnl	OVEE	or	highest compensated e	mplovee on	ſ		
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	line 1.2 If "Vos." complete Schedule I for	, unector, or tr such individual	usic	.c, n	y Ci	при	cycc	, 0,	riigiloot oompolioalou o			3	X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	For any individual listed on line 1a, is the s	um of reportat	le c	omp	ens	atio	n an	d ot	her compensation from	the organization			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	7	and related organizations greater than \$15	50,000? If "Yes	, " cc	ompl	ete .	Sch	edul	e J i	for such individual			4	X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) (C) Compensation NONE Pescription of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5	Did any person listed on line 1a receive or	accrue compe	nsa	tion [.]	from	an	y un	relat	ted organization or indiv	idual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\begin{align*} \)		rendered to the organization? If "Yes," cor	nplete Schedu	le J	for s	uch	per	son					5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	Sec	tion B. Independent Contractors		_		_	_				#100 000 of		tion for	m
(A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	1	Complete this table for your five highest c	ompensated in	dep	ende	ent o	cont	ract	ors 1	that received more than	φτου,υσο οι compe	ii 186	111011 1101	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$			the calendar	/ear	ena	ing v	WILLI	OF	ALCHI		year.		(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 0		(A) Name and busines	s address	N	ON	E					services	C		ation
\$100,000 of compensation from the organization > 0	-				-									
\$100,000 of compensation from the organization > 0														
\$100,000 of compensation from the organization > 0														
\$100,000 of compensation from the organization > 0				_					_			_		
\$100,000 of compensation from the organization > 0														
\$100,000 of compensation from the organization > 0					_	_		_	-					
\$100,000 of compensation from the organization > 0														
\$100,000 of compensation from the organization > 0						_								
\$100,000 of compensation from the organization > 0														
\$100,000 of compensation from the organization > 0	2	Total number of independent contractors	(including but	not	limite	ed to	the	ose l	iste	d above) who received r	nore than			
	-													

	t 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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$	90,801.	496,997.			
0 0	n	Total. Add lines 1a-1f	Business Code				
Program Service Revenue	2 a b c d e	PROGRAM RELATED SALES-		3,441.	3,441.		
-		All other program service revenue Total. Add lines 2a-2f		3,441.			
	3	Investment income (including dividends, into other similar amounts) Income from investment of tax-exempt bond	erest, and I proceeds	676.			676.
	5	Royalties (i) Real	(ii) Personal				
		Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	s (ii) Other				
Other Revenue	d 8 a	Net gain or (loss) Gross income from fundraising events (not including \$ 406,196. of contributions reported on line 1c). See Part IV, line 18	а 0.				
Othe	С	Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	· · · · · · · · · · · · · · · · · · ·	<73,422.	>		<73,422.
	С	Less: direct expenses Net income or (loss) from gaming activities					
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	b				
		Miscellaneous Revenue	Business Code				
	b c						
		All other revenue		427 602	2 //1	0	. <72,746.
13200	12	Total revenue. See instructions.		427,692.	3,441.	0	Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not	Check if Schedule O contains a respons tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to governments and	105 000	105 000		
	rganizations in the United States. See Part IV, line 21	105,000.	105,000.		
	rants and other assistance to individuals in				
	ne United States. See Part IV, line 22				
_	trants and other assistance to governments,				
	rganizations, and individuals outside the	150 000	150,000.		
	nited States. See Part IV, lines 15 and 16	150,000.	150,000.		
	enefits paid to or for members				
	compensation of current officers, directors,	68,747.	50,243.	18,139.	365
	rustees, and key employees	00,747.	30,243.	10/1371	
-	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	22,500.	15,058.	7,270.	172.
	Other salaries and wages	22,500.	13,0301	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ension plan accruals and contributions (include				
	ection 401(k) and section 403(b) employer contributions)				
	Other employee benefits	5,775.	4,106.	1,638.	31.
	ayroll taxes	5,775.	1/1000		
	ees for services (non-employees):				
	Management	17,871.	7,303.	10,568.	
	egal	5,350.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,350.	
	counting	3,0301			
	obbyingrofessional fundraising services. See Part IV, line 17				
-					
	nvestment management fees	835.		835.	
	Otherdvertising and promotion	332.	282.	50.	
	Office expenses				
	nformation technology	8,975.	8,975.		
	Royalties				
	Decupancy				
	ravel	2,403.	2,403.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
_	Payments to affiliates				
	Depreciation, depletion, and amortization				
	nsurance	2,251.		2,251.	
4 0	Other expenses, Itemize expenses not covered				
a 2	bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	AMORTIZATION	22,400.	22,400.		
	SUPPLIES, SUBSCRIPTIONS	8,496.		7,943.	553
	PAYROLL PROCESSING FEES	1,306.		1,306.	
d 7	TELEPHONE AND TELECOMMU	754.	708.	46.	
	All other expenses	<13,591.		> 706.	
	otal functional expenses. Add lines 1 through 24e	409,404.	352,181.	56,102.	1,121
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

132010 01-23-12

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	481,175.	1	505,503.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
2	7	Notes and loans receivable, net		7	
CIDCCK	8	Inventories for sale or use		8	
۱ ۲	9	Prepaid expenses and deferred charges		9	
- 1	_	Land, buildings, and equipment: cost or other			
- 1	100	basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
- 1	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
- [13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets. See Part IV, line 11	110,133.	15	87,733.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	591,308.	16	593,236.
\neg	17	Accounts payable and accrued expenses	33,883.	17	17,523
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities	22	highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	02	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	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	33,883.	26	17,523
_	20	Organizations that follow SFAS 117, check here X and complete			
,		lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	82,079.	27	62,807
lal	28	Temporarily restricted net assets	475,346.	28	512,906
20	29	Permanently restricted net assets		29	
	25	Organizations that do not follow SFAS 117, check here			
F		complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
I A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	557,425.	33	575,713
	34	Total liabilities and net assets/fund balances	591,308.	34	593,236

132011 01-23-12

Both consolidated and separate basis

X

За

Form 990 (2011)

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X Separate basis

132012

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection
Employer identification number

Pa	ırt I	Reason		PATIENT EDUCA ity Status (All organiz				.) See inst	ructions.	20	-0904	091	
000001	20000		Control of the contro	because it is: (For lines 1									
1				s, or association of church									
2				70(b)(1)(A)(ii). (Attach Sc									
3	\Box			ital service organization of		n section	170(b)(1)(A)(iii).					
4				operated in conjunction					(b)(1)(A)(iii). Enter the	e hospital	s nam	ıe,
•		city, and state	e;										
5		An organizati	on operated for the	benefit of a college or ur	niversity ow	vned or op	erated by	a governn	mental unit	described	d in		
-			(b)(1)(A)(iv). (Comple										
6		A federal, sta	te, or local governm	ent or governmental unit									
7	X			eives a substantial part					r from the	general pu	ublic desc	ribed i	n
	<u></u>	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							_
9		An organizati	on that normally rec	ceives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	nembership	o fees, and	gross red	eipts	trom
		activities rela	ted to its exempt fu	nctions - subject to certa	in exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	invest	ment
				axable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	nization af	ter June 3	υ, 197	ъ.
	_	See section	509(a)(2). (Complete	e Part III.)				E00()(
10		An organizati	on organized and o	perated exclusively to te	st for publi	c satety. S	ee sectio	n 509(a)(4	+). . or to co===	out the =	urooses s	fone	or
11				perated exclusively for th									J 1
				ations described in section of the section of the section and complete the section and complete the section and complete the section of the s				.,. oee sec	วนบาา อบฮ(ส	a)(3). Onec	A LITE DOX	THAT	
		F				e III - Func		egrated		d 🔲	Type III - 0	Other	
_	\Box	a Type I	this hay I cortify the	at the organization is not					r more disc				ın
е	·	foundation m	anagers and other t	than one or more publicly	v supporte	d organiza	tions des	cribed in s	ection 509)(a)(1) or se	ection 509	(a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			•	
				his box									
g	1			organization accepted ar									
ä	,	(i) A perso	n who directly or inc	directly controls, either al	one or toge	ether with	persons o	lescribed i	in (ii) and (i	iii) below,		Yes	No
		the gove	erning body of the s	supported organization?							11g(i)		
				n described in (i) above?									
				a person described in (i) (11g(iii)		
h	1	Provide the fe	ollowing information	about the supported or	ganization((s).							
				I was Town of					forth la	the			
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization		u notify the ion in col.	Tordanizado	on in col.	(vii) An		of
	orga	anization		(described on lines 1-9	governing (r support?	(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(acc manuchona))	162	140	163	140	100				
									-			_	
	=1		1	1	1	1	1	1	1				

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

Schedule A (Form 990 or 990-EZ) 2011

(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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	153,465.	379,043.	408,760.	470,591.	496,997.	1908856.		
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	153,465.	379,043.	408,760.	470,591.	496,997.	1908856.		
	The portion of total contributions	200/2001	0.07020.						
5	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,						268 492		
	column (f)						268,492. 1640364.		
	Public support. Subtract line 5 from line 4.						1040304.		
	ction B. Total Support				(0.0040	4 > 0044	(O Tatal		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	153,465.	379,043.	408,760.	470,591.	496,997.	1908856.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources		1,178.	1,103.	900.	676.	3,857.		
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	- A LLP - 745						1912713.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	28,448.		
12	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d. fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
13	organization, check this box and stop	here					▶□		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
_	Public support percentage for 2011 (column (f))		14	85.76 %		
	Public support percentage from 2010					15	77.78 %		
10	33 1/3% support test - 2011. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and		
102	stop here. The organization qualifies	as a publich supr	orted organization	1		8 8	X		
_	33 1/3% support test - 2010. If the	arganization did no	ot check a box on	line 13 or 16a. and	l line 15 is 33 1/3%	or more, check t	his box		
E	and stop here. The organization qua	lifice as a publicly	supported organiz	ation			▶□		
	and stop nere. The organization qua	• 0011 If the ore	supported organiz	check a box on line	e 13 16a or 16b.	and line 14 is 10%	or more.		
1/8	and if the organization meets the "fac	ste and siroumeter	oos" tost shock t	hie hov and eton h	nere Explain in Pa	rt IV how the orga	nization		
	and if the organization meets the "rad	ts-and-circumstan	ties qualifica so a	nublick supporter	d organization	it it it is organ	▶□		
	meets the "facts-and-circumstances"	test. The organiza	mon quaimes as a	publicly supported	o 19 16a 16h or	17a and line 15 ie	10% or		
t	10% -facts-and-circumstances tes	t - 2010. If the org	janization did not (back this bay on line	eton bore Eveloi	in Dart IV how th	۵ (۱۵/۱۵		
	more, and if the organization meets t	ne "facts-and-circu	ımstances" test, c	HECK THIS DOX AND	stop nere. Explaii	anization			
	organization meets the "facts-and-cir	cumstances" test.	ine organization	quaimes as a publi	b shask this best	and ear instruction	ne		
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2011 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

Selectory year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total or Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total or grants and include any "unusual grants.") (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total and year the property of the prop	Section A. Public Support	ow, please com	piete i art ii.j				
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	18 Investment income percentage from 2	010 Schedule A	, Part III, line 17				9
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organiz	ation ▶∟
	20 Private foundation. If the organization	did not check a	a box on line 14, 19	a, or 19b, check	this box and see i	nstructions	> L

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.

2011
Open to Public Inspection

Name of the organization

Employer identification number 20-0904691

D-	t I Organizations Maintaining Donor Advise	ATION FO	Other Similar Fund	s or Accounts Complete if the
Pai			Other Sillinal Fullo	S Of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e b.	or advised funds	(b) Funds and other accounts
		(a) Done	or advised fullds	(b) I dilas 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 v			
	are the organization's property, subject to the organization's	exclusive legal	control?	Yes U No
6	Did the organization inform all grantees, donors, and donor a	idvisors in writin	g that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of			
_	impermissible private benefit?			Post IV line 7
Pai				Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		at apply).	interiorally important land area
	Preservation of land for public use (e.g., recreation or e	education) L		istorically important land area
	Protection of natural habitat	L	Preservation of a ce	rtified historic structure
	Preservation of open space		A St. Mars to the Committee	ftion consent on the last
2	Complete lines 2a through 2d if the organization held a qualif	fied conservatio	n contribution in the form	n 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 str	ucture included	nd not on a biotoria struc	aturo ZC
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		ahad ay tarminatad by t	oo organization during the tay
3	Number of conservation easements modified, transferred, rel	leased, extingui	sned, or terminated by i	le organization during the tax
	year ▶	and a locate	nd 🛌	
4	Number of states where property subject to conservation ear Does the organization have a written policy regarding the per	riodio monitorin	g inspection handling o	f
5	violations, and enforcement of the conservation easements i			
_	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing	conservation easements	
6	Amount of expenses incurred in monitoring, inspecting, and	enforcing cons	ervation easements durin	ng the year > \$
7	Does each conservation easement reported on line 2(d) above	ve eatiefy the re	quirements of section 17	(O(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?			
_	In Part XIV, describe how the organization reports conservation	ion assaments i	n its revenue and exnen	
9	include, if applicable, the text of the footnote to the organizar	tion's financial	statements that describe	s the organization's accounting for
	conservation easements.	tion 5 indrod	ALLO MONTO WILL GOOD NO	• • • • • • • • • • • • • • • • • • •
Pai	t III Organizations Maintaining Collections o	f Art. Histor	ical Treasures, or	Other Similar Assets.
i di	Complete if the organization answered "Yes" to Form			
10	If the organization elected, as permitted under SFAS 116 (AS			ement and balance sheet works of art,
10	historical treasures, or other similar assets held for public ext	hibition, educat	ion, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri			
h	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to repo	ort in its revenue stateme	ent and balance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e	ducation, or res	earch in furtherance of p	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 tre	easures, or othe	r similar assets for financ	cial gain, provide
~	the following amounts required to be reported under SFAS 1			
а	Revenues included in Form 990, Part VIII, line 1			
h	Assets included in Form 990, Part X			
-		08		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 C & S PAT: Part VII Investments - Other Securities.	IENT EDUCATION		20-0904691 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of va	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,			
	(a) Description		(b) Book value
	(a) Dood (production)		87,733
(1) PATIENT REGISTRY (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Par	line 15.) t X, line 25.		▶ 87,733
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 132053
01-23-12

Schedule D (Form 990) 2011

Doub VI Decembiliation of Change in Not Appote from Form 900 to	Auditad	Financial State	monte	2
Part XI Reconciliation of Change in Net Assets from Form 990 to			illelit	427,692.
1 Total revenue (Form 990, Part VIII, column (A), line 12)				409,404.
2 Total expenses (Form 990, Part IX, column (A), line 25)				18,288.
3 Excess or (deficit) for the year. Subtract line 2 from line 1				10,200.
4 Net unrealized gains (losses) on investments				
5 Donated services and use of facilities				
6 Investment expenses				
7 Prior period adjustments				
8 Other (Describe in Part XIV.)		1000000		
9 Total adjustments (net). Add lines 4 through 8		*******		18,288.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 are Part XII Reconciliation of Revenue per Audited Financial Statements.	ents With	Revenue per R	eturn	10,200:
			1	501,114.
000 B 1200 F 1200				002/222
	2a			
a Net unrealized gains on investments			1	
b Donated services and use of facilities			1	
c Recoveries of prior year grants		73,422.	1	
d Other (Describe in Part XIV.) e Add lines 2a through 2d			2e	73,422.
			3	427,692.
and the state of t				
	4a			
- · · · · · · · · · · · · · · · · · · ·				
b Other (Describe in Part XIV.) 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	427,692.
Part XIII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retu	m
Total expenses and losses per audited financial statements			1	482,826.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Vi Vi			
a Donated services and use of facilities	. 2a			
b Prior year adjustments				
c Other losses				
d Other (Describe in Part XIV.)		73,422.		
e Add lines 2a through 2d			2e	73,422.
3 Subtract line 2e from line 1			3	409,404.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4			
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b Other (Describe in Part XIV.)	. 4b		4	_
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	409,404.
Part XIV Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a ar	nd 4; Part IV, lines 1	b and 2	b; Part V, line 4; Part
X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this par	t to provide any ad	ditional	information.
PART X, LINE 2: THE FOUNDATION ADOPTED THE	PROVIS	TON OF FIR	1 40	(FASE
	OME MY	VEC" ON .	T 70 TOT 17	ARY 1,
ASC 740), "ACCOUNTING FOR UNCERTAINTY IN INC	OME TA	VES ON C	ANUZ	ani i,
2009. THE ADOPTION OF FIN 48 HAD NO EFFECT	ON THE	FINANCIAL	ST	ATEMENTS.
AS A RESULT OF CONTINUING EVALUATION OF STAT	UTES,	TAX LAW CH	IANGI	ES,
AUTHORITATIVE FINDINGS, AUDITS, ETC., MANAGE	MENT B	ELIEVES TH	IERE	ARE NO
UNCERTAIN TAX POSITIONS THAT WOULD RESULT IN	A SIG	NIFICANT 1	NCR	EASE OR
DECREASE OF UNRECOGNIZED TAX BENEFITS, AND N	O ACCR	UALS OF I	NTER!	EST AND
PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSI	TIONS	ARE INCLUI	OED :	IN THE lule D (Form 990) 2011

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

C x	S PATIENT E	DUCATION	FOUNDAT	ION		20-09046	91
Par		mation on A	ctivities Out	tside the United States. Comple	ete if the orgar		
	to Form 990, Parl						
1	For grantmakers, Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
	the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	istance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	organization's _l	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
3		ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If actions is a properties of the contraction (e)	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
	PE (INCLUDING			GRANT TO UNIVERSITY IN			450 000
ICEL	AND & GREENLAND)	0	0	UNITED KINGDOM			150,000.
				×			
-							
-							
3 a	Sub-total		0				150,000.
	Total from continuation						0
	sheets to Part I		0				0.
С	Totals (add lines 3a and 3b)	(0				150,000.
LHA	For Paperwork Reduct	tion Act Notice,	see the Instru	ctions for Form 990.		Schedule I	F (Form 990) 2011

20-0904691

۳		A.	
20-0904691	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any		
C & S PATIENT EDUCATION FOUNDATION	tities Outside the United States. Complete if the	ox if no one recipient received more than \$5,000	
C & S PATIENT	ance to Organizations or En	recipient who received more than \$5,000. Check this box i	Part Il can be duplicated if additional space is needed.
Schedule F (Form 990) 2011	Grants and Other Assist	recipient who received mo	Part II can be duplicated it
Schedule	Part II		

(i) Method of valuation (book, FMV, appraisal, other)	САЅН				7	Schedule F (Form 990) 2011
(h) Description of non-cash assistance						Schec
(g) Amount of non-cash assistance	*0				exempt by	
(f) Manner of cash disbursement	150,000,WIRE TRANSFER				, recognized as tax-	
(e) Amount of cash grant	150,000.				e foreign country	į
(d) Purpose of grant	RESEARCH; CELLULAR AND MOLECULAR PROCESSES AFFECTING POSTERIOR FOSSA				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	UNITED KINGDOM				ons listed above that are	or entitles
(b) IRS code section and EIN (if applicable)					f recipient organization the grantee or couns	Enter total number of other organizations or entities
1 (a) Name of organization					1	3 Enter total number o

20-0904691

Page 3

C & S PATIENT EDUCATION FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2011

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
(g) Description of non-cash assistance						Schedul
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients	et					
(a) Type of grant or assistance (b) Region			ut.			

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
	Sch	edule F (For	m 990) 2011

132074 01-23-12

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Employer identification number 20-0904691 S PATIENT EDUCATION FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations е Solicitation of government grants Internet and email solicitations h Special fundraising events Phone solicitations С In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes └─ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity organization or entity (fundraiser) listed in col. (i) No Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

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

Sch	nedule G (Form 990 or 990-EZ) 2011 C & S PATIENT EDUCATION FOUNDATION 20-0			
	Does the organization operate gaming activities with nonmembers?	□ Y	es	∟ 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?	Y	es	└─ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	13a		<u>%</u>
b	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			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(lf "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided -			
	Director/officer Employee Independent contractor			
47	Manualatanu diatributiana			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
i	retain the state gaming license?	, E	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
'	organization's own exempt activities during the tax year > \$			
P	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see ir	nstru	ctions).
	11100 0, 00, 100, 100, 100,			
			_	
_			-	
-				
_				
-				
-				
_			_	

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

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

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

Employer identification number 20-0904691 Inspection 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 ▶ Attach to Form 990. C & S PATIENT EDUCATION FOUNDATION Part I General Information on Grants and Assistance Name of the organization

criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
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. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Governments and	1 Organizations in the box if no one recipier	e United States. Control of the	omplete if the orga an \$5,000. Part II	nization answered "Y	'es" to Form 990, Part additional space is nee	IV, line 21, for any
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 CHICAGO 5730 S ELLIS AVE CHICAGO. IL 60637	36-2177139	501(C)(3)	. 000	.0			RESEARCH-COGNITIVE INTERVENTIONS IN CHILDREN WITH CHIARI MALFORMATION TYPE 1
	04-2103881	501(C)(3)	30,000	0,			RESEARCH-PHYSIOLOGY-BASED QUANTITATIVE ASSESSMENT OF CSF FLOW OBSTRUCTION AT THE FORAMEN MAGNUM IN
2 Enter total number of section 501(c)(3) and government organizations is enter total number of other organizations listed in the line 1 table	and government or		isted in the line 1 table				2 0
LHA For Paperwork Reduction Act Notice, see the Instructions for For	e, see the Instruct	lions for Form 990.					Schedule I (Form 990) (2011)

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. PartIII

ation required in Part I, line 2, and any other B DIRECTOR IS RESPONSIB	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Supplemental Information, Complete this part to provide the information required in Part I, line 2, and any other additional information. It is the 2. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SEREING RESEARCH GRANTS. EACH GRANT RECIPIENT MUST SUBMIT A FINAL		recipients	cash grant	cash assistance	(book, riviv, appraisal, outer)	
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. It is part in the information of the informa						
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional informat DULE I, PART I, LINE 2: THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SEEING RESEARCH GRANTS. EACH GRANT RECIPIENT MUST SUBMIT A FINAL						
SEEING RESEARCH GRANTS. EACH GRANT RECIPIENT MUST SUBMIT A FINAL						
SEEING RESEARCH GRANTS. EACH GRANT RECIPIENT MUST SUBMIT A FINAL						
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional informat DULE I, PART I, LINE 2: THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SEEING RESEARCH GRANTS. EACH GRANT RECIPIENT MUST SUBMIT A FINAL						
THE EXECUTIVE DIRECTOR IS RESPONSIBLE EACH GRANT RECIPIENT MUST SUBMIT A FI		ide the informatio	n required in Part I,	line 2, and any other	additional information.	
EACH GRA	I, PART I, LINE 2:	KECUTIVE	DIRECTOR I	S RESPONSI		
		GRANT RE	CIPIENT MU	IST SUBMIT	A FINAL	
REPORT DETAILING BOTH THE WORK PERFORMED AND HOW THE FUNDS WERE USED.	RT DETAILING BOTH THE WORK PER	REORMED A	ND HOW THE	FUNDS WER	E USED.	

COLUMN (H): PART II, LINE 1, (H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH-PHYSIOLOGY-BASED

QUANTITATIVE ASSESSMENT OF CSF FLOW OBSTRUCTION AT THE FORAMEN MAGNUM IN

PATIENTS WITH CHIARI I MALFORMATION: PRELIMINARY STUDY

132102 01-27-12

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number 20-0904691

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.

Schedule O (Form 990 or 990-EZ) (2011)

^{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.

Name of the organization

C & S PATIENT EDUCATION FOUNDATION

Employer identification number 20-0904691

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

- 6. THROUGH 2011, CONQUER CHIARI HAS FUNDED MORE THAN \$1,000,000 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.
- 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.

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 DIRECTOR'S SALARIES AT SIMILAR SIZED

C & S PATIENT EDUCATION FOUNDATION

Employer identification number 20-0904691

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 25

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 EVENT ON SCHEDULE G IN THE

AMOUNT OF \$14,638, RESULTING IN A NEGATIVE ADJUSTMENT OF \$14,297 ON

LINE 24E OF PART IX.

FORM 990, PART XII, LINE 2C

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.