CHIARI & SYRINGOMYELIA FOUNDATION 29 CREST LOOP STATEN ISLAND, NY 10312

ARLIA & ASSOCIATES CPA'S LLP 10 JEFFERSON BLVD STATEN ISLAND, NY 10312-3317

## Form **990**

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)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning 2011, and ending C Name of organization CHIARI & SYRINGOMYELIA FOUNDATION D Employer Identification Number Check if applicable: Address change Doing Business As 26-1316274 Number and street (or P.O. box if mail is not delivered to street addr) E Telephone number Name change Initial return 29 CREST LOOP (718) 966-2593 State ZIP code + 4 City, fown or country Terminated Amended return STATEN ISLAND NΥ 10312 G Gross receipts \$ 738,501. Application pending: F Name and address of principal officer: H(a) is this a group return for affiliates? Yes No H(b) Are all affiliates included? DOROTHY POPPEE 29 CREST LOOP STATEN ISLAND MY 10312 No Yes If 'No,' attach a list. (see instructions) X 501(e)(3) Tax-exempt status 501(c) ( ) (insert no.) 4947(a)(1) or 1 527 Website: ➤ CSFINFO.ORG H(c) Group exemption number Form of organization: | X | Corporation | L Year of Formation: 2007 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: RESEARCH AND AWARENESS OF CHIARI MALFORMATION, SYRINGOMYELIA, AND CEREBROSPINAL FLUID DISORDERS Governance Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. Activities & 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 3 20 7a Total unrelated business revenue from Part VIII, column (C), line 12 ...... Ο. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 544,306 733,351. Revenue Program service revenue (Part VIII, line 2g) ..... Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,244. 807 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 11 2,906. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 545,113. 738,501. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 13 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 169,575. 191,018. 16a Professional fundraising fees (Part IX, column (A), line 11e) ...... b Total fundraising expenses (Part IX, column (D), line 25) ► 133,803. 196,708. 303,378. 387,726. Revenue less expenses. Subtract line 18 from line 12 ..... 241,735. 350,775. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) ..... 413,652. 766,507. 21 Total liabilities (Part X, line 26) ..... 0. 2,080. 22 413,652. 764,427. Signature Block That I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and the trian officer) is based on all information of which preparer has any knowledge. Under penalties of perjury, I declare complete. Declaration of preparer/fol 05/11Signature of officer Sign Here DOROTHY POPPE Type or print name and title. Print/Type preparer's name Preparer's signature Paid Francesco Arlia Jr., CPA Francesco Arlia Jr., CPA 09/28/12 P01415853 self-employed Preparer ►ARLIA & ASSOCIATES CPA'S LLP Use Only Firm's address ► 10 JEFFERSON BLVD Firm's EIN - 26-3102439 STATEN ISLAND 10312-3317 Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

No

Yes

	m 990 (2011) CHIARI & SYRINGOMYELIA FOUNDATION	26-1316274	Page 2
Pai	art III Statement of Program Service Accomplishments		· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	RESEARCH AND AWARENESS OF CHIARI MALFORMATION, SYRIN	GOMYELIA, AND CEREBROSPINAL	,
	FLUID DISORDERS		<b></b>
			<b></b>
2	2 Did the organization undertake any significant program services during the year which	were not listed on the prior	
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule Q.		
3		, any program services? Yes X	No
	If 'Yes,' describe these changes on Schedule O.	runy program scrytees:	] 140
4	Describe the organization's program service accomplishments for each of its three larg	lest program corplean to measured by average	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are require others, the total expenses, and revenue, if any, for each program service reported.	ed to report the amount of grants and allocation	ons to
4a	a (Code:) (Expenses \$ 252,303. including grants of \$	0.)(Revenue \$ 46,	052.)
	THIS CONSISTS OF VARIOUS FUNDRAISING EVENTS IN WHICH	DONATIONS	
	WERE RAISED FOR FUTURE RESEARCH AND AWARENESS. THES	E EVENTS	
	CONSISTED OF EDUCATING ON CHIARI MALFORMATION, SYRIN	GOMYELIA AND	
	CEREBROSPINAL FLUID DISORDERS THROUGH DVD'S AND VARI	OUS SPEAKERS.	
		·	
a.L	L (A-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a	· · · · · · · · · · · · · · · · · · ·	<i>.</i>
4 b	b (Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
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4c	c (Code:) (Expenses \$including grants of \$	) (Davis - 4	
	theidding grants of \$	) (Revenue \$	)
•	*		
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• • • • • • • • • • • • • • • • • • • •			
	d Other program services. (Describe in Schedule O.)		· · · · · · · · · · · · · · · · · · ·
	(Expenses \$ including grants of \$	(Revenue \$	
4e	Total program service expenses ► 252,303.		····

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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		х
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		х
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		8		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 credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	x	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	х	
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		x
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		x
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>x</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
t	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.	14Ь		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
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	x	
	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		х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		x

Form 990 (2011) CHIART & SYRINGOMYELIA FOUNDATION

Part IV | Checklist of Required Schedules (continued)

		Ι	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		1	
	United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	E.,	х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete			
	Schedule J	23	<u></u>	х
24	a 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, and 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
- 1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	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	<del></del> :	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 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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28a	1222412	x
ł	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, 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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	

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Form 990 (2011)

# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

Check it Schedule O contains a response to any question in this Part V	<u></u>	1	<del>-  -  </del> -
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o	Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>_</u>		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1,		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2	1	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	14 15 15 15 15 15 15 15 15 15 15 15 15 15	x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	31		1 <u>~</u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48	1	x
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 shelter transaction at any time during the tax year?	5 a	2	x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5t	<del></del>	x
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c	:	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	4	x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?	7-		v
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7a		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e	To-Service	x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.	8	100 to 100 to 1	X
a Did the organization make any taxable distributions under section 4966?	[999]		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9a	1 1	X
10 Section 501(c)(7) organizations. Enter:	9b	377	X
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		13411-011
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			7
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	$\neg$		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		ж
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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

Se	ction A. Governing Body and Management			<u></u>
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	· <del>···</del> ····	
4	Did the organization make any significant changes to its governing documents			X
5	since the prior Form 990 was filed?			X
6	Did the organization become aware during the year or a significant diversion of the organization is assets?  Did the organization have members or stockholders?	5		X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	_7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a 8b	X X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		. A	x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>+                                    </u>		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		
i	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		x
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х	<u>antiva</u>
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	126		
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х.	
	Did the organization have a written document retention and destruction policy?	14	x	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a	x	
ł	b Other officers of key employees of the organization	15b	x	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		x
	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal fax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16Ь		
	tion C. Disclosure		<del></del>	
17	List the states with which a copy of this Form 990 is required to be filed - New York			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.			olic
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available public during the tax year.	ale to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organi			
, 242		18) 9	66-2	593

BAA TEEA0106 01/23/12 Form **990** (2011)

### 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

- 1 a 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 i	related	i orç	janız	zatio	n con	ıpen	sated any current offic	cer, director, or trustee	<b>.</b>
					C)					<del></del>
(A) Name and title	(B) Average hours per week	rage unless pe urs and a		Position do not check more than one box, unless person is both an officer and a director/trustee)				(D)  Reportable compensation from the programmation	(E) Reportable compensation from	(F) Estimated amount of other
	(describe hours for related organiza- lions in Schedule O)	andiviret ad fari <b>stee</b> or director	mstitulioaet tenstee	Officier	λεy employ∈e	Highest compensated employes	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(i) PAUL J FARRELL  CHAIRMAN, BD OF DIRECTORS	1.00	x	[ _	x				0.	0.	0.
(2) JOE FITZPATRICK						·····				
V-CHAIRMAN	1.00	х		x				0.	0.	
(3) STEVE KRAGRUD TREASURER	1.00	х		x				0.	0.	
(4) LORY WATSON								<u> </u>		<u>0.</u>
DIRECTOR	1.00	x		x			Ì	0.	0.	٥
(5) JAMES E. FEISTHAMEL							$\neg$		0.	0.
DIRECTOR	1.00	х		x		}	Į	0.	0.	0.
(6) MICHAEL MIKULA								-··· <del>·</del>		<u> </u>
CHAIRMAN, BD OF TRUSTEES	1.00	X						0.	0.	0.
(7) DR. ROBERT TYRE JONES IV		·								
TRUSTEE	1.00	х				[		0.	٥.	<u> </u>
(8) EDWIN B. JORDAN TRUSTEE	1.00	x						0.		
(9) BOB RUMPHREY					_		$\dashv$		0.	0.
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(11) SIMON J. ARHIBALD, PHD.							_			
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(12) RICHARD E. KUNTZ, M.D.										
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(13) SEAN LILIENFELD, M.D.	1	- 1				]				
TRUSTEE	1.00	х						0.		0.
(14) LADY TRISH MALLOCH-BROWN	-									
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The Federated campages 18 b Membrash doubles 10 b Membrash doubles			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
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22 a Business Code    Business Code   Business Code   Business Code   Business Code   Business Code   Business Code   Call Other program service revenue	X.E	b Membership dues				
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c Net income or (loss) from gaming activities	ŀ					
10a Gross sales of inventory, less returns and allowances	- 1		ran a un nitago lan a langgonna niga a iga chuan raag	Karoka Krawina wa kata kata kata kata kata kata kata		
b Less: cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a  b  c  d All other revenue 2,906. 2,906. 0. 0.  e Total. Add lines 11a-11d 2,906.		10a Gross sales of inventory, less returns				
C Net Income or (loss) from sales of inventory  Miscellaneous Revenue  Business Codo  11a  b  C  d All other revenue  2,906. 2,906. 0. 0.  e Total. Add lines 11a-11d  2,906.						
Miscellaneous Revanue Business Code  11 a b c d All other revenue 2,906. 2,906. 0. 0. e Total. Add lines 11a-11d ▶ 2,906.		· · · · · · · · · · · · · · · · · · ·				
11a	-		ar y te algument li 700 palling och ar sem sammar	ang Variations and a second of		
b c 2,906. 2,906. 0. 0. e Total. Add lines 11a-11d 2,906.	-					
d All other revenue 2,906. 2,906. 0. 0. e Total. Add lines 11a-11d 2,906.	[	11a				
d All other revenue 2,906. 2,906. 0. 0. e Total. Add lines 11a-11d 2,906.		b				
e Total. Add lines 11a-11d 2,906.						
e Total. Add lines 11a-11d 2,906.			2,906.	2,906.	0.	0 -
12 Total vavanue Son instructions		e Total. Add lines 11a-11d				
		12 Total revenue. See instructions	738,501.	5,150.	0.	0.

### 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).

6 Compensation not included above, to discralination persons as defined under section 4955(1)(1) and persons described in section 4988(c)(3)(6) and section 4988(c)(3)(6) and section 498(c)(3)(6) and section 49(6) and section 49(7) and section 49(		Check if Schedule O contains a re	sponse to any question	ın this Part IX		
Grants and other assistance to governments and organizations in the United States, See Brit My, line 25 and organizations in the United States, See Part MY, line 25 and 16 and		not include amounts reported on lines	(A)	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals to obtain the United States. See Part IV, line 22 4 Excepting paid to or for members. 5 Compensation or current officers, directors, trustees, and key employees in the second of the second search of th	1	and organizations in the United States, See L.				- vaperises
organizations, and individuals outside the United States. See Part IV, lines 15 and 16.  4 Benefits paid to of for members Compensation of current officers, directors, tudices, and key employees Compensation of current officers, directors, tudices, and key employees Section 4698(f)(1) and persons described in section 4998(c)(3)(6) 7 Other salaries and wages Sees and contributions (include section 4098(c)) and persons described in section 4998(c)(3)(6) 9 Other employee benefits 113,409, 9,003, 2,014, 2,392, 10 Payroll taxes. 10 Payroll taxes. 13,454, 9,167, 2,051, 2,436. 11 Fees for services (non-employees): 1	2	Grants and other assistance to individuals in				
5 Compensation of current officers, directors, trustoes, and key employees  6 Compensation not included above, to discussful or persons described in some of 458(0) and persons described in some of 458(0) an	3	organizations, and individuals outside the				
Intistes, and key employees   100,000   60,000   20,00	4	Benefits paid to or for members				
6 Compensation not included above, to disqualined persons date femined under section 49(3)(1)(1) and persons described in section 49(3)(2)(1) and persons described in section 49(3)(2)(1) and persons described in section 49(1)(2) and section 49(3)(2) employee contributions (include section 49(3)(2) employee (include sectio	5	Compensation of current officers, directors, trustees, and key employees	100,000.	60,000.	20,000.	20,000.
7 Other salaries and wages	6	disqualified persons (as defined under section 4958(f)(1)) and persons described				
8 Person plan accouble and contributions (include section 401(4) and section 403(5) employer contributions) 9 Other employer benefits 13,409. 9,003. 2,014. 2,392. 10 Payroll taxes. (non-employees): 11 Fees for services (non-employees): 12 Advantagement 15 Legal 16 Caccounting 17 Investment management fees 18 Office expenses. See Part IV, line 17 19 Investment management fees 19 Other 19 Other amplitude sequences (see Part IV, line 17 19 Investment management fees 19 Other 10 Other expenses. 78,458. 25,515. 13,917. 39,026. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,069. 0. 2,069. 0. 23 Insurance. 20 Other expenses Itemize expenses not covered above 0 ist imeocalismost seed of line 25, column (A) amount. Its time 24e expenses on Schedule (O) a PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0. 1,869. 0. 0. 2 PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0. 1,869. 0. 0. 2 PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0. 1,869. 0. 0. 3 PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0. 1,869. 0. 0. 0. 4 Interest 2 Interes	7	Other salaries and wages		50.076.	4 626	0 753
10 Payroll taxes		Pension plan accruals and contributions (include section 401(k) and section 403(b)			1,020.	3,233.
10 Payroll taxes	9	Other employee benefits	13,409.	9.003	2.014	2 302
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Prifessional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 78,458. 25,515. 13,917. 39,026. 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1nterest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 Other expenses. Itemize expenses in inte 24e. If line 24e amount exceeds 10% of line 25c outum (A) amount, list line 24e expenses or Schedule (1). a PROGRAM EXPENSES 60,625. 60,625. 0, 0, 0, 2 B PAYROLL PROCESSING FRES 1,869. 0, 1,86						
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b Legal c Accounting 5,601. 0. 5,601. 0. d. d. dobying 5,601. 0. 5,601. 0. d. d. dobying 6 Professional fundrating services. See Part IV, line 17 f Investment management fees 9 Other 9	4	Management	j			
c Accounting d Lobbying	ì	Legal				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other  2 Advertising and promotion 3 Office expenses		Accounting	5.601	0	F 601	
e Professional functioning services. See Part IV, line 17 f Investment management fees g Other  12 Advertising and promotion 13 Office expenses 78,458, 25,515, 13,917, 39,026.  14 Information technology 15 Royalties 16 Occupancy 17 Travel 45,076, 37,917, 0, 7,159.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,069, 0, 2,069, 0, 1					3,801.	
f investment management fees g Other 2 Advertising and promotion 3 Office expenses 78,458. 25,515. 13,917. 39,026.  14 Information technology 15 Royalties 16 Occupancy 7 Travel 45,076. 37,917. 0. 7,159.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Payments to affiliates 20 Depreciation, depletion, and amortization 2,069. 0. 2,069. 0. 21 Insurance 3,010. 0. 3,010. 0. 3,010. 0.  24 Other expenses. Itemize expenses not covered above (List inie 24e amount exceeds 10% of line 25, column (A) amount. Itst line 24e expenses on Schedule ().  2 PROGRAM EXPENSES 60,625. 60,625. 0. 1,869. 0.  c d e All other expenses. 25 Total functional expenses. Add lines 1 through 24e 387,726. 252,303. 55,157. 80,266.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if if following	•	Professional fundraising services. See Part IV line 17				
g Other 12 Advertising and promotion 13 Office expenses 78,458. 25,515. 13,917. 39,026. 14 Information technology 15 Royalties 9 16 Occupancy 9 17 Travel 45,076. 37,917. 0. 7,159. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 19 Conferences, conventions, and meetings 101 Interest 102 10 Interest 102 11 Payments to affiliates 102 12 Depreciation, depletion, and amortization 103,010. 0. 3,010. 0. 3,010. 0. 103 13 Insurance 103,010. 0. 3,010. 0. 3,010. 0. 103 14 Payments to affiliates 103 15 Payments to affiliates 104 16 Payments to affiliates 105 17 Payments to affiliates 105 18 Payments to affiliates 105 19 Conferences, conventions, and meetings 105 10 Interest 105 10 Payments to affiliates 105 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel or entertainment expenses not 2,069 10 Payments of travel	f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
12 Advertising and promotion		Other	* *************************************			· · · · · · · · · · · · · · · · · · ·
13 Office expenses	12	Advertising and promotion	<u>.</u>			
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 30,010, 0, 3,010, 0, 3,010, 0, 3,010, 0, 0 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses on Schedule (C) a PROGRAM EXPENSES 50,000 FIRS						···
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 3 Jolio 0. 2,069. 0. 2,069. 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2 PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0. 2 All other expenses. 25 Total functional expenses. Add lines 1 through 24e. 387,726. 252,303. 55,157. 80,266. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following		Information technology	/8,458.	25,515.	13,917.	39,026.
16 Occupancy 17 Travel		Povaltice	<del></del>		<del>-</del> ····	,
17 Travel		Occupancy				<del></del>
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest  Payments to affiliates  Depreciation, depletion, and amortization  Covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.)  PAYROLL PROCESSING FEES  All other expenses.  All other expenses.  All other expenses.  Ald lines 1 through 24e.  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundriaring solicitation.  Check here ▶ ☐ if following		Travel				
Interest   Payments to affiliates		Payments of travel or entertainment expenses for any federal, state, or local	45,076.	37,917.	0.	7,159.
21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,069. 0. 2,069. 0. 23 Insurance 3,010. 0. 3,010. 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.  a PROGRAM EXPENSES 60,625. 60,625. 0. 0. 0.  b PAYROLL PROCESSING FRES 1,869. 0. 1,869. 0.  d e All other expenses.  25 Total functional expenses. Add lines 1 through 24e 387,726. 252,303. 55,157. 80,266.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following	19 20	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization  2,069.  Depreciation, depletion, and amortization  2,069.  Occupied above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROGRAM EXPENSES  Depreciation, depletion, and amortization  Covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROGRAM EXPENSES  Depreciation, depletion, and amortization expenses not covered above (List miscellaneous expenses on Schedule O.)  a PROGRAM EXPENSES  Depreciation, depletion, and amortization expenses not covered above (List miscellaneous expenses on Schedule O.)  a PROGRAM EXPENSES  Depreciation, depletion and expenses on Schedule O.)  a PROGRAM EXPENSES  Depreciation expenses  Depreciation expenses on Schedule O.)  a PROGRAM EXPENSES  Depreciation expenses  Depreciation expenses on Schedule O.)  De		The state of the s				
Insurance		-	2.050			
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROGRAM EXPENSES 60,625. 60,625. 0. 0. 0. b PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0.  c d e All other expenses.  25 Total functional expenses. Add lines 1 through 24e 387,726. 252,303. 55,157. 80,266.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following			<del></del>			
covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a PROGRAM EXPENSES 60,625. 60,625. 0. 0. 0. 0. b PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			3,010.	0.1	3,010.	0.
b PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0.  c		covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
b PAYROLL PROCESSING FEES 1,869. 0. 1,869. 0.  c			60,625.	60,625.	0.	0.
e All other expenses.  25 Total functional expenses. Add lines 1 through 24e	b	PAYROLL PROCESSING FEES	1,869.	0.	1,869.	<del></del>
e All other expenses.  25 Total functional expenses. Add lines 1 through 24e 387,726. 252,303. 55,157. 80,266.  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following	C					
Total functional expenses. Add lines 1 through 24e	_	<b>---</b>				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here	е	All other expenses			· · · · · · · · · · · · · · · · · · ·	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here			387,726.	252,303.	55,157	80.266
	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
SUP 98-2 (ASC 958-720)					İ	
		SUP 98-2 (ASC 958-720)				

					(A) Beginning of year		( <b>B)</b> End of year
1	1	Cash — non-interest-bearing			191,347.	1	154,095
	2	Savings and temporary cash investments			206.279	2	232,636
1	3	Pledges and grants receivable, net				3	
1	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	l of Sch	edule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contril sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)	/ emnic	vees benetician/ I		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·	8	
	9	Prepaid expenses and deferred charges			71.	9	· · · · · · · · · · · · · · · · · · ·
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		7,181.			
1	b	Less: accumulated depreciation ,		2,405.	3,498.	10-	A 77.
	11	Investments — publicly traded securities			2,430.	10 c	4,776
П	12	Investments – other securities. See Part IV, line 11	••••		0.	12	375 000
Ţ	13	Investments – program-related. See Part IV, line 11.				13	375,000
ł	14	Intangible assets			<del></del>	14	·*···
1	15	Other assets. See Part IV, line 11			12 520	15	
1	16	Total assets. Add lines 1 through 15 (must equal line 3	As		12,528. 413,652.	16	755 505
╼		Accounts payable and accrued expenses			<u>413,632.</u>	17	766,507
Į	18	Grants payable	. <b></b>			18	2,000
	19	Deferred revenue			··· ··· ···	19	
	20	Tax-exempt bond liabilities		20			
		Escrow or custodial account liability. Complete Part IV				21	<del></del>
		Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers of Schedule L	ees, ke	y employees,			
L	23	Secured mortgages and notes payable to unrelated thir				22	
Į.		Unsecured notes and loans payable to unrelated third p				23	· · · · · · · · · · · · · · · · · · ·
1					<del></del>	24	··········
Ι΄		Other ltabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Compi	lete Pai	t X of Schedule D		25	
1	26	Total liabilities. Add lines 17 through 25			0.	26	2,080
		Organizations that follow SFAS 117, check here	X and	complete lines			
		27 through 29 and lines 33 and 34.	_				
:	27	Unrestricted net assets			194,199.	27	513,086
1	28	Temporarily restricted net assets				28	
;		Permanently restricted net assets			219,453.	29	251,341
l		Organizations that do not follow SFAS 117, check here					
ŀ		lines 30 through 34.	_				
:	30	Capital stock or trust principal, or current funds			e e i i na vee vive veer e et revier dirigitet bid	30	i de di seleci i i i esti della seleci i esti, della 1965 tito di 1965 ti
3		Paid-in or capital surplus, or land, building, or equipme			· ·· · · ·	31	
1 :		Retained earnings, endowment, accumulated income, o			· · · · · · · · · · · · · · · · · · ·	32	··· <u>·</u> ···
		Total net assets or fund balances			413,652.	33	764,427
ı	33	The state of the body control of the state o					

Form 990 (2011) CHIARI & SYRINGOMYELIA FOUNDATION	26-1316274		P;	age 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			П
1 Total revenue (must equal Part VIII, column (A), line 12)	,	7	38,5	501.
2 Total expenses (must equal Part IX, column (A), line 25)	2	3	87,	726.
3 Revenue less expenses. Subtract line 2 from line 1	3	3	50,7	775.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	13,6	652.
5 Other changes in net assets or fund balances (explain in Schedule 0)	5			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7	64.4	427
Part XII Financial Statements and Reporting		<del>-</del>	0 1 1 7	<u> </u>
Check if Schedule O contains a response to any question in this Part XII				x
	<u> </u>	1	Yes	<del>,</del>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	5777775
b Were the organization's financial statements audited by an independent accountant?				<b>├</b> ──
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the oudit	2c		x
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	issued on a			
Separate basis X Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a		х

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

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Form 990 (2011)

TEEA0112 07/06/11

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

CHIARI & SYRINGOMYELIA FOUNDATION 26-1316274 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II Type III — Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ..... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? ..... 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? ..... 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported (ii) EIN (iv) is the (v) Did you notify (vi) Is the (vii) Amount of support the organization in column (i) of your support? organization in column (I) organized in the U.S.? organization in column (i) listed in your governing document? Yes Yes No No Yes (A) (B) (¢) (D) <u>(E)</u> Total BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						**,**,***,**
Cale beg	endar year (or fiscal year inning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			<u> </u>	***************************************		· · · · · · · · · · · · · · · · · · ·
2.	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						<u>, </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			The real residence of the second second		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year nning in) 🟲	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				***************************************		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						***
12	Gross receipts from related activit	ties, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organiza	tion's first, second	l, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶□
Sec	tion C. Computation of Pub	lic Support P	'ercentage				
	Public support percentage for 201						%
	Public support percentage from 26					<u> </u>	%
16 a	33-1/3% support test $-$ 2011. If the and stop here. The organization of	ne organization di Jualifies as a pub	d not check the bo ticly supported org	ox on line 13, and anization	the line 14 is 33-1	/3% or more, check	this box
b	33-1/3% support test — 2010. If the and stop here. The organization q	le organization di ualifies as a publ	d not check a box licly supported org	on line 13 or 16a, anization	and line 15 is 33-	1/3% or more, chec	k this box
	10%-facts-and-circumstances tes or more, and if the organization method the organization meets the facts-and the organization meets the	leers the Tacts-ar	id-circlimetancae'	tast chack this ba	v and ctombound	= undain - Paul IV I.	
	10%-facts-and-circumstances tes or more, and if the organization m organization meets the 'facts-and-	eets the Tacts-ar circumstances' te	id-circumstances est. The organizati	test, check this bo on qualifies as a p	ix and stop here, i publicly supported	Explain in Part IV ho organization	ow the
18 ΔΔ	Private foundation. If the organiza	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o	r 17b, check this b	ox and see instruct	ons , , >

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in) >	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees			· · · · · · · · · · · · · · · · · · ·			(7.00)
	received. (Do not include						
,	any 'unusual grants.')	57,231.	215,320.	95,007.	90,872.	100,748.	559,178.
2	sions, merchandise sold or			1			
	services performed, or facilities	İ		1			
	furnished in any activity that is related to the organization's					:	
	tax-exempt purpose					}	
3	Gross receipts from activities						- · · · · · · · · · · · · · · · · · · ·
	that are not an unrelated trade or business under section 513		347,127.	292,870.	453,434.	458,685.	1 550 116
4	Tax revenues levied for the		21,724,71	232,070.	100,404.	430,003.	1,552,116.
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or	******					
	facilities furnished by a governmental unit to the		1			]	
	organization without charge	<u> </u>					
6	Total. Add lines 1 through 5	57,231.	562,447.	387,877.	544,306.	559,433.	2,111,294.
7 :	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
ı	Amounts included on lines 2	· · · · · · · · · · · · · · · · · · ·					<del></del>
•	and 3 received from other than					+	
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	<u> </u>	}				
	for the year						
€	Add lines 7a and 7b						
8	Public support (Subtract line						
500	7c from line 6.)						2,111,294.
***		( )		··· <del>·</del>			
	dar year (or fiscal yr beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	57,231.	562,447.	387,877.	544,306.	559,433.	2,111,294.
102	r Gross income nom therest,	1	1	}			
	dividends, payments received	[		1			
	on securities loans, rents.						
	on securities loans, rents, royalties and income from						
ŧ	on securities loans, rents, royalties and income from similar sources						· ·,
ŧ	on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511						
ŧ	on securities loans, rents, royalties and income from similar sources						,,
	on securities loans, rents, royalties and income from similar sources						
c	on securities loans, rents, royalties and income from similar sources						
c	on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
c	on securities loans, rents, royalties and income from similar sources						
11	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
11	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in						
11 12	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add line 9, 10c, 11, and 12.)	57,231.	562,447.	387,877.	544,306.	559,433.	2,111,294.
11 12 13	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add line 9, 10c, 11, and 12.)			387,877. third, fourth, or fi	<b>544,306.</b> fth tax year as a s	559,433. section 501(c)(3)	2,111,294.
11 12 13 14	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (fess section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add line 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and	s for the organizati	ion's first, second,	387,877. third, fourth, or fi	<b>544,306.</b> Ifth tax year as a s	<b>559,433.</b> section 501(c)(3)	2,111,294.  X
11 12 13 14	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Put	s for the organizati stop here blic Support Pe	ion's first, second, ercentage	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	×x
11 12 13 14 Sec	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	s for the organizati stop here blic Support Pe 11 (line 8, column	ion's first, second, ercentage (f) divided by line	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	<u>×</u> ×
12 13 14 Sec 15	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pullic support percentage from 20.	s for the organizati stop here blic Support Po 1 (line 8, column 010 Schedule A, P	ion's first, second, ercentage (f) divided by line eart III, line 15	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	×x
11 12 13 14 Sec 15 16	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add los 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 2 tion D. Computation of Inv	s for the organizati stop here Dic Support Po 11 (line 8, column i 010 Schedule A, P estment Incom	ercentage (f) divided by line Part III, line 15	third, fourth, or fi	fth tax year as a s	15 16	× X 8
12 13 14 Sec 15 16 Sec	on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (fess section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pullic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for	s for the organization here  Dic Support Po  I (line 8, column of the support A, Po  Schedule A, Po  Stment Incom  r 2011 (line 10c, co	ion's first, second, ercentage (f) divided by line eart III, line 15 ne Percentage olumn (f) divided b	third, fourth, or fi	fth tax year as a s	15 16 17	► X % %
11 12 13 14 Sec 15 16 Sec 17 18	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add los 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pulpublic support percentage from 2 tion D. Computation of Investment income percentage for 133-1/3% support tests - 2011.	s for the organization here  Dic Support Period of the Schedule A, Period of the Schedule A, Period of the Organization of the	ercentage (f) divided by line Part III, line 15 ne Percentage olumn (f) divided b A, Part III, line 17	third, fourth, or fi	fth tax year as a s	15 16 17 18	% % %
12 13 14 16 6ec 17 18 19 a	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (fess section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pullic support percentage from 2 tion D. Computation of Investment income percentage for 133-1/3% support tests — 2011. If is not more than 33-1/3%, check	s for the organization here  olic Support Po  I (line 8, column of the street of the street of the street of the street of the street of the street of the street of the street of the organization dithis box and stop is	ion's first, second, ercentage (f) divided by line eart III, line 15 ne Percentage olumn (f) divided b A, Part III, line 17 d not check the be here. The organiza	third, fourth, or fi 13, column (f)) by line 13, column ox on line 14, and ation qualifies as a	Ifth tax year as a s	15 16 17 18 nan 33-1/3%, and ad organization	% % % % % % % % % % % % % % % % % % %
11 12 13 14 Sec 15 16 Sec 17 18 19a	on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add los 9, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pulpublic support percentage from 2 tion D. Computation of Investment income percentage for 133-1/3% support tests - 2011.	s for the organization here  olic Support Po  I (line 8, column of the street of the street of the street of the street of the street of the street of the street of the street of the organization dithis box and stop is	ion's first, second, ercentage (f) divided by line eart III, line 15 ne Percentage olumn (f) divided b A, Part III, line 17 d not check the be here. The organiza	third, fourth, or fi 13, column (f)) by line 13, column ox on line 14, and ation qualifies as a	Ifth tax year as a s	15 16 17 18 nan 33-1/3%, and ad organization	% % % % % % % % % % % % % % % % % % %

Striedule A	(FORM 990 of 990-EX) ZOTE CHIARL & SYRINGOMYELIA FOUNDATION 26-1316274	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	0;
		- <b></b> .
<del>- ,</del>		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization **Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

	IARI & SYRINGOMYELIA FOUNDATIO		····	26-1316274
Pa	rt 1 Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Oti Form 990, Part IV, Iir	h <b>er Similar Fund</b> ne 6.	ds or Accounts. Complete if
1	Total number at end of year	(a) Donor advised		(b) Funds and other accounts
2	Aggregate contributions to (during year)			,
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
	•			
5	funds are the organization's property, subject to	the organization's exclusive	e legal control?	X Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefit	e benefit of the donor or don	or advisor, or for an	v other
Pa	rt II Conservation Easements. Comple			
1				to rome 550, rate rv, line 7.
·	Preservation of land for public use (e.g., rec			an historically important land area
	Protection of natural habitat	TOUROTT OF GUGGGROTTY		a certified historic structure
	Preservation of open space		L reservation of	a coranea mistorio sa dotare
2		held a qualified conservation	on contribution in the	e form of a conservation easement on the
	,			Held at the End of the Tax Yea
	a Total number of conservation easements			
	b Total acreage restricted by conservation easeme			Y-1
	c Number of conservation easements on a certifie			*****
,	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, a	nd not on a historic	2d
3	Number of conservation easements modified, tratax year ►	ansferred, released, extingui	ished, or terminated	by the organization during the
4	Number of states where property subject to cons	servation easement is locate	ed 🟲	
5	Does the organization have a written policy rega and enforcement of the conservation easements	rding the periodic monitoring it holds?	g, inspection, handl	ing of violations,
6	Staff and volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, insp	pecting, and enforcing conse	ervation easements	during the year
8	Does each conservation easement reported on I-170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the re	quirements of section	on Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote to conservation easements.	ts conservation easements the organization's financial s	in its revenue and e statements that desc	xpense statement, and balance sheet, and tribes the organization's accounting for
Pa	ttill Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historica ered 'Yes' to Form 990	Treasures, or 0 0, Part IV, line 8	Other Similar Assets.
1:	alf the organization elected, as permitted under S art; historical treasures, or other similar assets h in Part XIV, the text of the footnote to its financia	neld for public exhibition, edi	ucation, or research	statement and balance sheet works of in furtherance of public service, provide,
ı	o If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, educat	ion, or research in f	urtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, lin	ne 1		<b>.</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;\$</b>
	If the organization received or held works of art, amounts required to be reported under SFAS 11.	historical treasures, or othe 6 (ASC 958) relating to thes	r similar assets for t e items:	financial gain, provide the following
a	a Revenues included in Form 990, Part VIII, line 1			<b>&gt;\$</b>
t	Assets included in Form 990, Part X			⊁\$

Schedule D (Form 990) 2011 CHIA Part III Organizations Mainta						Other 9	26-131 Similar Ass	6274 ets (	continu	Page ued)
3 Using the organization's acquisititems (check all that apply):										
a Public exhibition			d Loan	or exchang	je programs					
b Scholarly research			e Other	·						
c Preservation for future gener	ations		<u> </u>		· · · · ·		<del></del>	•••		
4 Provide a description of the orga Part XIV.	nization's col									
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or	receive d	onations of art	, historical	treasures, or o	ther simil	ar	<b>п.</b> .	Г	<del></del>
Part IV Escrow and Custodia line 9, or reported an	ıl Arrangeı	ments. (	Complete if	the organ	nization ans	wered	Yes' to Fo	m 99	0, Par	No t IV,
Tails the organization an agent true	tae custodio	n or othe	r intermediana	for contribe	tiona or other					<del></del>
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	in, or othe	r intermediary	for contribu	itions or other	assets no	ot .	☐ Yes		No
b If 'Yes,' explain the arrangement						- 1		يا ادء	L	] (40
, ,		and dompi		ig (GDIC)				Amour		
c Beginning balance						. 1c		AITIQUI	<u> </u>	
d Additions during the year										
e Distributions during the year							<del></del>			
f Ending balance										<del>~~</del>
2a Did the organization include an a	mount on For	rm 990 Pr	art Y line 212	**********		1		V		
b if 'Yes,' explain the arrangement		1111 220, 1 (	211 A, IIII E 21:			• • • • • • • • •		Yes	L	] No
Part V Endowment Funds. Co		the orga	nization and	cwarad "	lest to Form	990 E	Part IV/ line	10	<del></del>	
and and an arrangement of the second	(a) Curren		(b) Prior yea							<del></del>
1 a Beginning of year balance			(u) Filor yea	1 (C	Two years back	(a) 11	ree years back	(£)	Four year	s back
<b>b</b> Contributions	<u> </u>	<del></del>	·			<del></del>	·			
•	<u> </u>				.,.,.	<del></del>				
c Net investment earnings, gains, and losses										
d Grants or scholarships			· · ·	<u> </u>	·····	<del> </del>				
e Other expenditures for facilities and programs	<del></del>									
f Administrative expenses					· · · · · · · · · · · · · · · · · · ·	1	<u> </u>			
g End of year balance						-	•			
2 Provide the estimated percentage		nt vear en	d balance (line	1a. columi	n (a)) beld as:			Jacobson eg	<u>a raju projes</u>	<u> 1806 Y. H. (1804)</u>
a Board designated or quasi-endow			%	. 9, 00.0	1 (4)/ 110/0 43.					
b Permanent endowment *	- 9	<u></u>								
c Temporarily restricted endowmen		•	g <sub>e</sub>							
The percentages in lines 2a, 2b, a		t equal 10								
3a Are there endowment funds not in organization by:	the possess	ion of the	organization th	nat are held	I and administe	ered for the	ne	Г		F
(i) unrelated organizations								[ <del>]</del>	Yes	No
(ii) related organizations								3a(i)		
b if 'Yes' to 3a(ii), are the related or	manizatione l	listed on r	serviced on Pale	adula D2				3a(ii)		<u> </u>
4 Describe in Part XIV the intended	yanizations i	nsieu as re	equired on Sch	equie R?		• • • • • • • •		3b		
Part VI Land, Buildings, and I	auinment	Soo E	arm 000 Pa	it iurios.	10	····			· ·· · · · · · · · · · · · · · · · · ·	
	-quipinein			···						
Description of property			or other basis estment)	(b) Cost basis	or other (other)	(c) Accu depre	mulated ciation	(d) E	Book va	lue
1a Land					1.00					
<b>b</b> Buildings				***						
c Leasehold improvements			******		· ·					
d Equipment			***		7,181.		2,405.		Α	776.
e Other			<del></del>	··			2,202.		-2,	110.
Total. Add lines 1a through 1e. (Column			990, Part X co	dumo (R) I	ine 10(c) 1		<b>P</b>			775
BAA	, -> <u>o</u>		,,,,	(67, 1	10(0).			ilo D. (T		776.
							ocued(	115 D (L	orm 99	0) 2011

(a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

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

2 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 FIN 48 (ASC 740).

	dule D (Form 990) 2011 CHIARI & SYRINGOMYELIA FOUNDATION		26-1316274	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financ	ial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			738,501.
2	Total expenses (Form 990, Part IX, column (A), line 25)			387,726.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			350,775.
4	Net unrealized gains (losses) on investments			000,775
5	Donated services and use of facilities			,
6	Investment expenses			
7	Prior period adjustments		· · · · · · · · · · · · · · · · · · ·	<del></del>
8	Other (Describe in Part XIV.)			<del></del>
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			252 555
	t XII Reconciliation of Revenue per Audited Financial Statement	to Mith Davis		350,775.
	Total revenue, gains, and other support per audited financial statements			
			H	738,501.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما		
	Net unrealized gains on investments			
	Donated services and use of facilities		<del></del>	
	Recoveries of prior year grants			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	738,501.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ł	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	738,501.
Par	XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses	per Return	
1	Total expenses and losses per audited financial statements		1	387,726.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			····
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b		
	Other losses			
	Other (Describe in Part XIV.)			
	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1		3	387,726.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			301,120.
	Investment expenses not included on Form 990, Part VIII, line 7b	Aa		
	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			387,726.
Par	XIV Supplemental Information			
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines dditional information.	III, lines 1a and 4; Part I's 2d and 4b. Also comple	V, lines 1b and 2b; te this part to provi	de
~ — ···				
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Schedule D	(Form 990) 2011	CHIARI & S	YRINGOMYELIA continued)	FOUNDATION	26-1316274	Page 5
Part XIV	Supplementa	Information (	continued)			v·· <u>-</u>
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# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization			· · · · · · · · · · · · · · · · · · ·		Employer identific	ation number
CHIARI & SYRINGOMYELIA F	26-131627	4				
Part   Fundraising Activities. Comp Form 990-EZ filers are not rec	lete if the organ juired to comple	ization an ete this pa	swered 'Ye	s' to Form 990, Part IV	, l <sub>I</sub> ne 17.	<del></del>
1 Indicate whether the organization r	aised funds thro	ough any o	of the follow	ving activities. Check a	II that apply.	
a Mail solicitations			е	Solicitation of non-		
<b>b</b> Internet and email solicitations			f	Solicitation of gove		
c Phone solicitations			q	Special fundraising	-	
d In-person solicitations			2		, 0.0,113	
2a Did the organization have a written employees listed in Form 990, Par	or oral agreem t VII) or entity in	nent with a	ny individu on with pro	al (including officers, d fessional fundraising s	irectors, trustées or key ervices?	☐ Yes ☐ No
b If 'Yes,' list the ten highest paid inc compensated at least \$5,000 by th	lividuals or entr					——————————————————————————————————————
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)			dy or control abutions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
*** **********************************		Yes	No			
1						
2						
3						
4				······································		
5				· · · · · · · · · · · · · · · · · · ·		<del></del>
6				· · · · · ·		· · · · · · · · · · · · · · · · · · ·
7						· · · · · · · · · · · · · · · · · · ·
8				······································		<del></del> ·····
9	-					
10						
		<u> </u>	<u> </u>			
Total		<b>. </b>	▶			
<ol> <li>List all states in which the organiza or licensing.</li> </ol>	tion is registere	d or licens	sed to solic	it contributions or has	been notified it is exemp	ot from registration
~~						
<u> </u>						
			·			
			<del>-</del>			

Pa	rt II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gr	i event coannibilition	nswered 'Yes' to E	orm 990, Part IV, fi e on Form 990-EZ,	ne 18 or reported
REV			(a) Event #1  NY CHARITY BALL  (event type)	(b) Event #2  TASTE FOR A CURE (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
<b>ボロンロン</b>	1	Gross receipts	135,220.	146,818.	176,647.	458,685.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	135,220.	146,818.	176,647.	458,685.
	4	Cash prizes				
Þ	5	Noncash prizes				
D I RECT	6	Rent/facility costs	27,625.	22,089.	52,970.	102,684.
	7	Food and beverages		<u></u>	21,089.	21,089.
X P E	8	Entertainment	2,800.		2,745.	5,545.
EXPENSES	9	Other direct expenses	18,626.	24,119.	29,020.	71,765.
3	10	Direct expense summary. Add lines 4 thro	ough 9 in column (d)			201,083.
Pa,	11 # 111	Net income summary. Combine line 3, col Gaming. Complete if the organiza	lumn (d), and line 10			257,602.
	ga engan.	\$15,000 on Form 990-EZ, line 6a.	answered re:	s to roith 990, Par	tiv, line 19, or rep	orted more than
MCZ8<			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue		• • • • • • • • • • • • • • • • • • • •		<del>.</del>
D X	2	Cash prizes				
DIRECT S	3	Non-cash prizes				···
C S T E S	4	Rent/facility costs		***		
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes%	
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)		.,,,,,,,	
	8	Net gaming income summary. Combine lin	es 1, column (d) and li	ne 7	<b>.</b>	
					4.1.1.1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.	
a	Is th	er the state(s) in which the organization ope e organization licensed to operate gaming a o,' explain:	activities in each of thes	e states?		
10 a b	Were	e any of the organization's gaming licenses es,' explain:				Yes No
ВАА	· · · · · · · · · · · · · · · · · · ·		TEEA3702 01		Schedule <b>G</b> (Form	n 990 or 990-EZ) 2011

26-1316274

Schedule G (Form 990 or 990-EZ) 2011 CHIARI & SYRINGOMYELIA FOUNDATION

dule <b>G</b> (Form 990 or 990-	EZ) 2011 CHIARI & SYF	RINGOMYELIA FOUNDATION	26-1316274	Page 3
			<b>L—</b>	No
Is the organization a gra administer charitable gar	ntor, beneficiary or trustee of a ming?	a trust or a member of a partnership or othe	r entity formed to	☐ No
			1 !	
The organization's facility	y		13a	%
An outside facility Enter the name and addi	ress of the person who prepare	es the organization's gaming/special events	books and records:	8
Does the organization ha	ive a contact with a third party	from whom the organization receives gamin	no revenue?	∏No
If 'Yes,' enter the amount	t of gaming revenue received b	y the organization ► S	and the amount	U
or gaming revenue retain	ned by the third party 🛌 💲			
Name •				
Address ►				1 !
Gaming manager informa	ation:			
Name •				
Description of services pr	ovided >			
Director/officer	Employee	Independent contractor		
Mandatory distributions				
ls the organization require	ed under state law to make cha	aritable distributions from the gaming proces	eds to retain the	-
Enter the amount of distri	butions required under state la	w to be distributed to other exempt organiza	Yes	No
IV Supplemental I columns (iii) an	Information. Complete the document of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the lines of the li	nis part to provide the explanations 9, 9b, 10b, 15b, 15c, 16, and 17b	required by Part I, line 2 as applicable, Also comp	b, lete
this part to prov	vide any additional inforr	nation (see instructions).		
			· · · · · · · · · · · · · · · · · · ·	
······································				·····
		TEEA3703 05/20/11	Schedule & (Form 990 or 990	·····
	Does the organization op is the organization a gra administer charitable gail Indicate the percentage of The organization's facility. An outside facility. Enter the name and additionable the programme and additionable facility. Enter the name and additionable facility. Enter the name and additionable facility. Enter the name and additionable facility. Enter the amount of gaming revenue retain if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and if 'Yes,' enter name and	Does the organization operate gaming activities with not is the organization a grantor, beneficiary or trustee of a administer charitable gaming?  Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Enter the name and address of the person who prepare Name  Address  Does the organization have a contact with a third party if 'Yes,' enter the amount of gaming revenue received the of gaming revenue retained by the third party:  Name  Address  Gaming manager information:  Name  Gaming manager information:  Name  Director/officer  Employee  Mandatory distributions  Is the organization required under state law to make chastate gaming license?  Enter the amount of distributions required under state law organization's own exempt activities during the tax year  V Supplemental Information, Complete the columns (iii) and (v), and Part III, lines	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or othe administer charitable gaming?  Indicate the percentage of gaming activity operated in: The organization's facility An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events.  Name   Address   Does the organization have a contact with a third party from whom the organization receives gamin if 'Yes,' enter the amount of gaming revenue received by the organization   § gaming revenue retained by the third party:  Name   Address   Gaming manager information:  Name   Gaming manager compensation   \$ Description of services provided   Director/officer	Does the organization operate gaming activities with nonmembers?  It is the organization a granter, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHIARI & SYRINGOMYELIA FOUNDATION

Employer identification number 26 - 1316274

1.8	rt I Types of Property				
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2					
3	Art – Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				<u> </u>
9	Securities – Publicly traded		100,000	375,000.	FMV DATE OF DONATION
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests			<u> </u>	
12	Securities - Miscellaneous				· · · · · · · · · · · · · · · · · · ·
13	Qualified conservation contribution — Historic structures			······································	
14			· · · · · · · · · · · · · · · · · · ·	······································	
15	Real estate - Residential				
16	Real estate - Commercial				· · · · · · · · · · · · · · · · · · ·
17	Real estate - Other			····	
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies			· · · · · · · · · · · · · · · · · · ·	
21	Taxidermy			····	
22	Historical artifacts				
23	Scientific specimens			· · · · · · · · · · · · · · · · · · ·	
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()		· · · · · · · · · · · · · · · · · · ·		<del></del>
27	Other ►				
28	Other ► (			<del></del>	
		<u>.</u>		·	
49	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee	i during the Acknowledg	tax year for contribution ement	s for which the	29
					Yes No
30 a	During the year, did the organization receive by conhold for at least three years from the date of the init purposes for the entire holding period?	tribution and ial contribut	y property reported in Pa tion, and which is not re	art I, lines 1-28 that it ri quired to be used for ex	
b	If 'Yes,' describe the arrangement in Part II.				30a X
31	Does the organization have a gift acceptance policy				? 31 <u>x</u>
	Does the organization hire or use third parties or rel noncash contributions?	ated organi	zations to solicit, proces	s, or sell	32a X
	If 'Yes,' describe in Part II.				
33	If the organization did not report an amount in colun	nn (c) for a	type of property for whic	ch column (a) is checke	d,
	describe in Part II.				

Schedule	M (Form 9	90) 2011	CHIARI &	SYRINGOM	YELIA	FOUNDAT	ION		26-1316274	Page 2
Part II	Suppler	nental In	formation.	Complete th	nis part	to provide	the informatio	n required	by Part I, lines r of contribution y additional info	30h 32h
	Humber	Of Reilis	received, c	л а соптонта	tuori oi	DOTH. AISO	complete this	part for an	y additional info	rmation.
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#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

CHIARI & SYRINGOMYELIA FOUNDATION 26-1316274 Pt VI, Line 11a executive director and charinan of board review return prior to piling. Pinancial statements reviewed on monthly BA Pt VI, Line 15 COMPENSATION FOR EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY MEMBERS OF THE BOARD Pt VI, Like 12c BOARD MEMBERS SIGN A DOCUMENT STATING THAT THEY RECIEVED THE FOLICY, READ AND UNDERSTAND IT, AND AGREE TO COMPLY Pt\_VI, Line 19 \_ ITEMS ARE AVAILABLE VIA ENTITY WEBSITE AND GUIDESTAR. WE CURRENTLY HAVE GUIDESTAR SEAL OF APPROVAL CHANGED METHOD OF ACCOUNTING FROM CASH TO ACCRUAL IN 2011

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number
CHIARI & SYRINGOMYELIA FOUND	PATION	26-1316274
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as 527 political organization	a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation	rivate foundation
Check if your organization is covered by the GNOTE. Only a section 501(c)(7), (8), or (10) organization.	eneral Rufe or a Special Rufe. anization can check boxes for both the General Rufe and a	Special Rule, See instructions.
General Rule  X For an organization filing Form 990, 990-Escontributor. (Complete Parts I and II.)	Z, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
DUSCALL) and 170(DR1)(A)(VI), and receive	Form 990 or 990-EZ that met the 33-1/3% support test of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the difference of the differ	of the greater of (1) SE ODD or
For a section 501(c)(7), (8), or (10) organize total contributions of more than \$1,000 for the prevention of cruelty to children or anim	ration filing Form 990 or 990-EZ that received from any one use <i>exclusively</i> for religious, charitable, scientific, literary, in als. Complete Parts I, II, and III.	contributor, during the year, or educational purposes, or
purpose. Do not complete any of the parts	tation filing Form 990 or 990-EZ that received from any one is, charitable, etc. purposes, but these contributions did not contributions that were received during the year for an exclusion state were applies to this organization because.	isively religious, charitable, etc. se it received nonexclusively
religious, charitable, etc. contributions of \$5	5,000 or more during the year	
- 950°FF) VULTU <b>INUST</b> answer INO OR Part IV. IING	the General Rule and/or the Special Rules does not file So 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or	990.E7 or on Part I line 2 of its
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	ee the Instructions for Form 990, Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011

<del></del>		120-1	.3104/4
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1(a)	CANDIDA LANCASTER  15156 MANOR ROAD  MONRTON MD 21111-2421	- \$12,707.	(Complete Part II if there is a noncash contribution.)
Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DENISE AVERSANO  35 CREST LOOP  STATEN ISLAND  NY 10312	\$5,520.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DOUGLAS AND KAREN KINDLON  20 W FAIRVIEW LANE  SPRINGFIELD  IL 62711-9448	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DR. DOMINICK MARINO  163 SOUTH SERVICE ROAD  PLAINVIEW  NY 11803	\$32,075.	Person X Payroti Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DR. FRASER HENDERSON  7830 OLD GEORGETOWN ROAD, SUITE C15  BETHESDA MD 20814	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Tumber	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ļ   	FIVE STAR SHEET, LLC  54370 SMILAX ROAD  NEW CARLISLE IN 46552-9751	\$6 <u>,25</u> 0.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

4 of Part 1

Schedule B (Form	990,	990-EZ,	or	990-PF)	(2011	)
Name of organization						

Page

2 of

4 of Part 1

Employer identification number CHIARI & SYRINGOMYELIA FOUNDATION 26-1316274 Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Number Total contributions Name, address, and ZIP + 4 Type of contribution FTI CONSULTING, INC Person Х Payroll 909 COMMERCE ROAD 10,000. Noncash (Complete Part II if there ANNAPOLIS is a noncash contribution.) (a) (b) (c) (d) Number Name, address, and ZIP + 4 Total Type of contribution contributions JEROME A. RICH Person Payroll PO BOX 369 10,000. Noncash (Complete Part II if there SUGAR GROVE is a noncash contribution,) (a) (b) (c) (d) Number Name, address, and ZiP + 4 Total Type of contribution contributions LORD & LADY MARK MALLOCH - BROWN Person Payroli ENGLAND 11,500. Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Number Name, address, and ZIP + 4 Total Type of contribution contributions 10 MICHAEL AND DENISE MIKULA Person Payroll 4390 LIBERTY STREET 45,800. Noncash (Complete Part II if there AURORA IL 60504 is a noncash contribution.) (a) (b) (c) (d) Number Name, address, and ZIP + 4 Total Type of contribution contributions 11 TEH FARRELL LAW FIRM LLP Person Pavroll 290 BROADHALLOW ROAD SUITE 210E 16,275 Noncash (Complete Part II if there MELVILLE is a noncash contribution.) (a) (b) (c) (d) Number Total contributions Name, address, and ZIP + 4 Type of contribution 12 PETER JACOBSON SPORTS LLC Person X. Payroll 9400 SW BARNES ROAD SUITE 550" 7,500. Noncash (Complete Part II if there PORTLAND OR 97225 is a noncash contribution.)

### CHIARI & SYRINGOMYELIA FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PHL DOWN  8118 GOOD LUCK ROAD  LANHAM MD 20706	\$25,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	PRO-PAK INDUSTRIES INC.  1125 FORD STREET  MAUMEE OH 43537-1704	\$6,950.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	RICHARD TRIPODI AND JANE MCKINNEY  PO Box 241670 34 DEAUVILLE CIRCLE  LITTLE ROCK AR 72223	\$10,250.	Person X Payrolf Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ROBERT AND MARY FOREMAN  8 MAPLE LEAF DRIVE  HOLMDEL NJ 07733	\$6,195.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RUSS HOBBS  9523 TREE TOPS LAKE ROAD  TAMPA FL 33626	\$10,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	WENDY GREENSEICH 290 BROADHALLOW ROAD SUITE 210E MELVILLE NY 11747	\$ <u>5,550</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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## CHIARI & SYRINGOMYELIA FOUNDATION

Employer identification number 26-1316274

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	STEPHEN A. VICTOR  30 EAST 76ST STREET  NEW YORK NY 10021	\$375,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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**1** to

1 of Part II

CHIARI & SYRINGOMYELIA FOUNDATION

Employer identification number

26-1316274

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
19	100,000 SHARES OF STOCK IN INTELLICELL BIOSCIENCES, INC. STOCK TRADING AT \$3.75 A			
	SHARE ON THE DATE OF DONATION	<b></b> \$	375,000.	12/30/11
(a) No. from Part i	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
····		ş		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
· · · · · · · · · · · · · · · · · · ·				
(a) No. from	(b)	\$	(c) FMV (or estimate)	(d)
Part 1	Description of noncash property given		FMV (or estimate) (see instructions)	Date received
		<b>\$_</b>	,	····
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$		
(a) No. from	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		$\frac{1}{2}$	(see instructions)	
-		ş		