

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See specific instructions. CHRISTOPHER REEVE FOUNDATION dba CHRISTOPHER & DANA REEVE FOUNDATION 636 MORRIS AVENUE Ste3A SHORT HILLS, NJ 07078-2608	D Employer Identification Number 22-2939536
		E Telephone number (973) 379-2690
F Name and address of principal officer: Same As C Above		G Gross receipts \$ 14,504,900.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if 'No,' attach a list. (see instructions)
J Website: www.christopherreeve.org		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1988 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The Christopher & Dana Reeve Foundation is dedicated to curing spinal cord injury by funding innovative research and improving the quality of life for people living with paralysis through grants, information and advocacy.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31
	5	Total number of employees (Part V, line 2a)	41
	6	Total number of volunteers (estimate if necessary)	25
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 17,215,074. Current Year: 13,683,082.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,249,919. 21,422.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-531,510. -332,182.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,433,645. 13,372,322.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,890,257. 6,367,599.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,802,912. 3,585,140.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	231,194. 180,600.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,692,287.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,585,980. 3,468,159.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,510,343. 13,601,498.
19	Revenue less expenses. Subtract line 18 from line 12	-2,076,698. -229,176.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 10,792,669. End of Year: 10,527,359.
	21	Total liabilities (Part X, line 26)	4,406,905. 4,325,344.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,385,764. 6,202,015.

Part II Signature Block

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

Signature of officer: Peter Wilderotter Date: 8/3/10
 Type or print name and title: President & CEO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 07/29/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: Ernst & Young U.S. LLP
111 Monument Circle, Suite 2600
Indianapolis, IN 46204
 EIN: 34-6565596
 Phone no.: 317-681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The Christopher & Dana Reeve Foundation is dedicated to curing spinal cord injury by funding innovative research and improving the quality of life for people living with paralysis through grants, information and advocacy.

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 No

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,808,821. including grants of \$ 5,358,150.) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ 4,524,172. including grants of \$ 1,009,449.) (Revenue \$)

The Foundation's Quality of Life Grants Program began in 1999 and expanded in 2001 with the establishment of the Paralysis Resource Center funded by a federal grant from the Centers for Disease Control. Since then appropriations have continued annually, the most recent effective June 1, 2009 for \$5,479,000. The Resource Center provides interactive information services to the paralysis community and their caregivers. They also award Quality of Life grants twice a year to organizations and projects that make living with paralysis more productive, creative, independent and fun.

4c (Code:) (Expenses \$ 882,000. including grants of \$) (Revenue \$)

Public education and advocacy is a cornerstone of the Foundation. The Foundation maintains a constant presence in Washington, D.C. speaking out and educating the public and legislators on behalf of the paralysis community. Community outreach through its website enables the Foundation to educate the public on research initiatives currently underway.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,214,993.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• 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		
	• 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		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
		Yes	No
12 A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	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, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1a 39		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 41		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i> 2b X	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3b		
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)? 4a X	X	
b	If 'Yes,' enter the name of the foreign country: <u>Bermuda</u> See the instructions for exceptions and 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? 5a X		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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 X		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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? 7a X	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b X	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		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h		
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? 8 X		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
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 other members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		

Part VII 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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			31
1b	Enter the number of voting members that are independent		
1b			31
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? See Schedule O	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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	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.		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ALL
- 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 for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website 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 to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
CHRISTOPHER REEVE FOUNDATION 636 MORRIS AVE SHORT HILLS NJ 07078-2608 (973) 379-2690

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Peter D. Kiernan, III Director	1	X						0.	0.	0.
John M. Hughes Chairman	1	X		X				0.	0.	0.
Arnold H. Snider Co-Chairman	1	X		X				0.	0.	0.
Henry G. Stifel III Co-Chairman	1	X		X				0.	0.	0.
Joel M. Faden Chair Ex Commit	1	X		X				0.	0.	0.
Robert L. Guyett Treasurer	1	X		X				0.	0.	0.
Carl Bolch, III Director	1	X						0.	0.	0.
Jacqueline Bresnahan ExOff Director	1	X						0.	0.	0.
James G. Dinan Director	1	X						0.	0.	0.
Hon. Stephen Evans-Freke Director	1	X						0.	0.	0.
Ms. Janet Hanson Director	1	X						0.	0.	0.
Ms. Francine LeFrak Director	1	X						0.	0.	0.
Jon O'Connor Director	1	X						0.	0.	0.
John Osborn Director	1	X						0.	0.	0.
Patricia Quick Director	1	X						0.	0.	0.
Alexandra Reeve Givens Director	1	X						0.	0.	0.
Matthew Reeve Director	1	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Alan T. Brown Director	1	X					0.	0.	0.
Heidi Steiger Director	1	X					0.	0.	0.
Krishen Sud Director	1	X					0.	0.	0.
Daniel Cahill Director	1	X					0.	0.	0.
James O. Welch, Jr Director	1	X					0.	0.	0.
Carl Vogel Director	1	X					0.	0.	0.
Rober W. Yant Director	1	X					0.	0.	0.
David Blair Director	1	X					0.	0.	0.
Paul Davereso Director	1	X					0.	0.	0.
Deborah Flynn Director	1	X					0.	0.	0.
Kelly Anne Henechan, Esq. Director	1	X					0.	0.	0.
Daniel Heumann Director	1	X					0.	0.	0.
John McConnell Director	1	X					0.	0.	0.
1b Total							1,238,238.	0.	193,899.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
HCM Strategists, LLC 1156 15St, NW Washington, DC 20005	Government contracts	151,522.
A.E. Data, Ltd. 600 AB Data Drive Milwaukee, WI 53217	Data Base Management	146,785.
Direct Answer, Inc. 6424 Block Road Oxon Hill, MD 20745	Caging operations	107,605.
PIDI 1800 Diagonal Rd Alexandria, VA 22314	Direct Mail Consult	122,537.
WHDGA 555 East Wells St., Suite900 Milwaukee, WI 53202	Government contracts	139,850.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 20,416.					
	b Membership dues	1 b					
	c Fundraising events	1 c 1,690,256.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 5,789,764.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 6,182,646.					
	g Noncash contribas included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f		13,683,082.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		28,146.			28,146.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			-6,724.		-6,724.
	8 a Gross income from fundraising events (not including \$ 1,690,256 of contributions reported on line 1c). See Part IV, line 18	a	190,000.				
		b Less: direct expenses	b	522,182.			
		c Net income or (loss) from fundraising events			-332,182.		-332,182.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			13,372,322.	0.	0.	-310,760.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,388,278.	5,388,278.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	979,321.	979,321.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	834,964.	635,797.	77,802.	121,365.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	2,070,386.	1,229,691.	263,032.	577,663.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,279.	53,939.	10,113.	20,227.
9 Other employee benefits	395,368.	310,856.	22,664.	61,848.
10 Payroll taxes	200,143.	151,128.	14,713.	34,302.
11 Fees for services (non-employees)				
a Management				
b Legal	118,097.		118,097.	
c Accounting	53,891.		53,891.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	180,600.			180,600.
f Investment management fees				
g Other	1,007,694.	962,653.	19,911.	25,130.
12 Advertising and promotion	71,081.	68,696.		2,385.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	376,844.	303,897.	21,896.	51,051.
17 Travel	203,289.	166,188.	7,220.	29,881.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,357.	73,700.	1,657.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,525.	36,690.	6,811.	14,024.
23 Insurance	52,418.	27,418.	25,000.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DIRECT MAIL EXPENSES</u>	707,669.	234,980.		472,689.
b <u>INTERNET COMMUNICATIONS</u>	149,687.	137,222.		12,465.
c <u>Printing and Publications</u>	145,593.	123,299.	11,147.	11,147.
d <u>Postage and Shipping</u>	83,238.	75,583.	1,914.	5,741.
e <u>TELEPHONE</u>	69,168.	52,484.	5,008.	11,676.
f All other expenses	296,608.	203,173.	33,342.	60,093.
25 Total functional expenses. Add lines 1 through 24f	13,601,498.	11,214,993.	694,218.	1,692,287.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,410,451.	305,762.	273,367.	831,322.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	3,129.	1	2,956.
	2	Savings and temporary cash investments	1,948,831.	2	2,740,552.
	3	Pledges and grants receivable, net	6,967,273.	3	6,241,465.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	97,258.	9	152,818.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,087,489.		
	b	Less: accumulated depreciation	10b 1,018,283.	98,417.	10c 69,206.
	11	Investments — publicly-traded securities	834,831.	11	389,489.
	12	Investments — other securities. See Part IV, line 11	829,264.	12	917,210.
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,666.	15	13,663.
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,792,669.	16	10,527,359.	
LIABILITIES	17	Accounts payable and accrued expenses	269,257.	17	511,824.
	18	Grants payable	4,137,648.	18	3,813,520.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,406,905.	26	4,325,344.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	6,385,764.	27	6,202,015.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,385,764.	33	6,202,015.	
34	Total liabilities and net assets/fund balances	10,792,669.	34	10,527,359.	

BAA

Part XI Financial Statements and Reporting

	Yes	No
--	-----	----

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a		X
----	--	---

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

2b	X	
----	---	--

2b Were the organization's financial statements audited by an independent accountant?

2c	X	
----	---	--

2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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 issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a	X	
----	---	--

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3b	X	
----	---	--

3b 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

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') ...	15428515.	14027299.	15286068.	17215074.	13683082.	75,640,038.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3 ...	15428515.	14027299.	15286068.	17215074.	13683082.	75,640,038.
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) ...						999,553.
6 Public support. Subtract line 5 from line 4 ...						74,640,485.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	15428515.	14027299.	15286068.	17215074.	13683082.	75,640,038.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	319,725.	261,730.	189,166.	83,538.	28,146.	882,305.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ...						0.
11 Total support. Add lines 7 through 10.						76,522,343.
12 Gross receipts from related activities, etc. (see instructions) ...					12	1,296,221.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	97.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	97.2 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16c, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number
22-2939536

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,026,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number

22-2939536

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

3 Using the organization's acquisition and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,087,489.	1,018,283.	69,206.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				69,206.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,372,322.
2	Total expenses (Form 990, Part IX, column (A), line 25)	13,601,498.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-229,176.
4	Net unrealized gains (losses) on investments	45,428.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	45,428.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-183,748.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	13,666,564.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	45,428.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) See Part XIV	2d	522,182.
	e Add lines 2a through 2d	2e	567,610.
3	Subtract line 2e from line 1	3	13,098,954.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) See Part XIV	4b	273,368.
	c Add lines 4a and 4b	4c	273,368.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,372,322.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,850,313.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV) See Part XIV	2d	522,182.
	e Add lines 2a through 2d	2e	522,182.
3	Subtract line 2e from line 1	3	13,328,131.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) See Part XIV	4b	273,367.
	c Add lines 4a and 4b	4c	273,367.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,601,498.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

 During 2009, the Foundation adopted the standards for accounting for uncertainty in

 income tax positions. This guidance required an entity to recognize the impact of a

 tax position in its financial statements if that position is more likely than not to

 be sustained on an audit based on the technical merits of the position. The effect

 of adoption of this guidance did not have an impact on the financial statements.

Client 1090

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

7/29/10

07:30PM

Schedule D, Part XII, Line 2d
Other Revenue Included In F/S But Not Included On Form 990

SPECIAL EVENTS EXPENSES.....	\$ 522,182.
Total	<u>\$ 522,182.</u>

Schedule D, Part XII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

DIRECT BENEFIT TO DONOR - COSTS.....	\$ 273,368.
Total	<u>\$ 273,368.</u>

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

SPECIAL EVENTS EXPENSES.....	\$ 522,182.
Total	<u>\$ 522,182.</u>

Schedule D, Part XIII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

DIRECT BENEFIT TO DONOR- COSTS.....	\$ 273,367.
Total	<u>\$ 273,367.</u>

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OVB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ... Yes No

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe	0	0	grants to organizations	science\research	530,250.
North America	0	0	grants to organizations	science\research	449,071.
Totals	0	0			979,321.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	scientific	125,000	checks			
			Europe	research					
			Europe	scientific	200,000	check			
			Europe	research					
			Europe	scientific	200,000	check			
			Europe	research					
			Europe	scientific	250	checks			
			Europe	research					
			Europe	scientific	5,000	check			
			Europe	research					
			North America	scientific	179,641	check			
			North America	research					
			North America	scientific	269,430	check			
			North America	research					

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 7

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Part I, Line 2 - Grantmakers Explanation For Grants Outside US

Procedures for monitoring the use of grant funds outside the United States are the same as those described in Schedule I Part I, Line 2 and Schedule I, Part IV.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		NYC DINNER DAN (event type)	TEAM REEVE NYC (event type)	2 (total number)	(Add col. (a) through col. (c))		
REVENUE	1	Gross receipts	1,008,050.	651,125.	221,081.	1,880,256.	
	2	Less: Charitable contributions	843,050.	651,125.	196,081.	1,690,256.	
	3	Gross income (line 1 minus line 2)	165,000.		25,000.	190,000.	
DIRECT EXPENSES	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs	43,529.		39,314.	82,843.	
	7	Food and beverages	169,024.			169,024.	
	8	Entertainment	16,000.		5,500.	21,500.	
	9	Other direct expenses	76,616.	152,932.	19,257.	248,815.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					522,182.
	11	Net income summary. Combine lines 3, column (d) and line 10					-332,182.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(Add col. (a) through col. (c))	
REVENUE	1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____
 b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
 b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	YES	NO
9a		
10a		
11		
12		

		YES	NO
13 Indicate the percentage of gaming activity operated in: a The organization's facility 13 a % b An outside facility 13 b %			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name: ▶ _____ Address: ▶ _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? 15 a b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ c If 'Yes,' enter name and address of the third party: Name: ▶ _____ Address: ▶ _____			
16 Gaming manager information Name: ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided: ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17 a b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____			

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
➔ Attach to Form 990.

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access Sports America 119 High Street Acton, MA 01720	43-256194	501 (c) (3)	5,447.	0.			Actively Achieving/Sports/Recreation
Adventist Rehab Hospital of MD 9909 Medical Center Dr Rochville, MD 20850	20-1486678	501 (c) (3)	12,500.	0.			Actively achieving therapy program caring and coping/respite care
ALS Assoc. St. Louis Reg Chapter 225B Weldon Parkway St. Louis, MO 63146	43-1458163	501 (c) (3)	7,500.	0.			Actively Achieving/Sports/Recreation
Angelica Patient Assistance Prog 300 East 42nd Street, 3rd Floor New York, NY 10017	20-3391292	501 (c) (3)	7,220.	0.			actively achieving/arts program
Aquarium of the Pacific 100 Aquarium Way Long Beach, CA 90802	33-0532354	501 (c) (3)	8,600.	0.			Caring and coping/Consumer Education
Asians & Pacific Islanders Disab 555 12th Street, Suite 1030 Oakland, CA 94607	80-0211920	501 (c) (3)	6,200.	0.			Conferences Actively Achieving/Arts
Assistance Dogs of the West 730 St. Michaels Drive Santa Fe, NM 87505 Auburn University	85-0431646	501 (c) (3)	8,250.	0.			1 Assistance Programs Actively

2 Enter total number of section 501(c)(3) and government organizations. **83**

3 Enter total number of other organizations. **0**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

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

Part I, Line 2 - Grantmaker's Description of How Grants are Used

Grant awards are administered via a contract between the Foundation and the grantee's university or research institution. Quality of Life grants are awarded through the Foundation's Quality of Life Department. No awards are made to individuals. All recipients are required to submit reports at least once a year and a final report when the project is completed. The final report must detail the outcomes of the project and whether or not the original goals and objectives were accomplished. Indirect overhead costs are limited to 10% of the direct costs of all agreements. Unexpended or uncommitted funds at the termination of the agreement revert back to the Foundation unless written permission to proceed otherwise is granted by the Foundation. Site visits to granted organizations are also conducted whenever

7/29/10

07:30PM

Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

possible by Christopher Reeve Foundation staff and management. This process applies to funding both within the United States and for organizations based outside the United States.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

Employer identification number

22-2939536

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
208 M. W. Smith Hall Auburn, AL 36849	63-6000724	501 (c) (3)	6,400.	0.			Achieving\Sports\Recreation
British Columbia Mobility Support North America 6613J9 Canada							Actively Achieving\Sports\Recreation
Burke Rehabilitation Center 785 Mamaroneck Avenue White Plains, NY 10605	11-8818723	501 (c) (3)	9,100.				Actively Achieving\Physical Therapy Programs
CA Assoc Physically Handicapped 3008 North Fresno Street Fresno, CA 93703	13-739937	501 (c) (3)	9,000.				Bridging Barriers\Access to Medical Equipment
California Inst. of Technology 1200 E. California Blvd Pasadena, CA 91125	94-238156	501 (c) (3)	12,000.				scientific research
Camp Still Meadows, Inc. 1192 Hollar School Road Linville, VA 22834	95-1643307	501 (c) (3)	120,000.				Caring and Coping
Canine Support Teams 26500 Scott Road Menifee, CA 92584	54-1857340	501 (c) (3)	7,000.				Actively Achieving\Animal
Carolina Crash Inc. 7431 Flodden Field Court Charlotte, NC 28217	33-0434821	501 (c) (3)	5,400.				Assistance Program Actively Achieving\Sports\Recreation
	26-0190728	501 (c) (3)	6,100.				

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Cross Country Skiing 10850N Stewart Road Hayward, WI 54843	39-2008660	501(c)(3)	10,000.	0.			Actively Achieving\Sports\Recreation
Chicago State University Fdn 9501 South King Drive, ADM 322 Chicago, IL 60628	23-7034677	501(c)(3)	7,500.				Actively Achieving\Sports\Recreation
Children's Specialized Hosp. Fdn 150 New Providence Road Mountainside, NJ 07092	13-6844298	501(c)(3)	6,705.				Actively Achieving\Physical Therapy Programs
Compassions Training & Awareness 10640 St. Clair Avenue Cleveland, OH 44109	20-761609	501(c)(3)	10,000.				Caring and Coping\Home Care Support
Darrell Gwynn Foundation, Inc. 4850 SW 52nd Street Davie, FL 33314	51-0430477	501(c)(3)	10,000.				Caring and Coping Prevention
Disabled Resources Center, Inc. 2750 East Spring Street, Ste 100 Long Beach, CA 90806	51-0204442	501(c)(3)	5,080.				Employment Actively Achieving
Dreamcatcher Playground Fdn Choctaw Elementary 14663 NE 3rd Choctaw, OK 73020	73-1624473	501(c)(3)	8,000.				Accessible Playgrounds Actively Achieving\Special Assistance
Fast Coast Assistance DogFL Inc 149 New Field Road Torrington, CT 06790							

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

CMB No. 1545 0047

2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eve's Fund for Native American 3101 Old Pecos Trail #667 Red Mesa, AZ 86514	61-436718	501 (c) (3)	6,000.	0.			Programs Caring and Coping\Injury Prevention Programs Actively
Georgia Southern University 252 Forest Drive Vazey Rm2021 Statesboro, GA 30460	20-3008753	501 (c) (3)	8,187.				Achieving\Spo rts\Recreatio n
Gig Harbor Fire & Medic One 10222 Bujaclich Road Gig Harbor, WA 98332	50-2354256	501 (c) (3)	11,700.				Bridging Barriers\Acce ss to Medical Equipment
Good Samaritan Health Ctr 5601 Loch Raven Blvd Pallimore, MD 21239	91-1226135	501 (c) (3)	8,950.				Actively Achieving
Good Shepherd Rehab Hosp 850 South Fifth Street Allentown, PA 18103	52-2307122	501 (c) (3)	7,500.				Actively Achieving
Greater Providence YMCA-Newman 472 Taunton Ave Seekonk, MA 02771	23-1371947	501 (c) (3)	6,600.				Actively Achieving\Phy sical Therapy Programs Actively
I believe, Inc. 41 Watchung Plaza, Suite 357 Montclair, NJ 07042	50-258878	501 (c) (3)	17,000.				Achieving\Edu cation Actively Achieving\Phy sical Therapy
Itasca College-Dept PhysTherapy 1100 Goodman Street South Rochester, NY 14620	20-5346316	501 (c) (3)	24,000.				

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
James A. Haley VA Hosp Adaptive Sports Prog - 13000 Bruce B Downs Tampa, FL 33612	15-0532204	501 (c) (3)	9,700.	0.			Programs Actively Achieving\Sports\Recreation
Joe Martin ALS Foundation 100 North Tryon St., Suite 3420 Charlotte, NC 28202	59-3214855	501 (c) (3)	14,000.				Actively Achieving\Physical Therapy Programs
Johns Hopkins U of Med 733 N. Broadway Baltimore, MD 21205	26-0163120	501 (c) (3)	7,728.				scientific research
Kennedy Krieger Research Inst. 707 North Broadway, Room 212 Baltimore, MD 21205	52-0595110	501 (c) (3)	120,000.				Actively Achieving\Physical Therapy Programs
Kessler Foundation Research Ctr 1199 Pleasant Valley Way West Orange, NJ 07052	52-1524967	501 (c) (3)	11,865.				Programs Actively Achieving\Employment
Living Independence for Everyone Mississippi - 1304 Vine Street Jackson, MS 39202	31-1562134	501 (r) (3)	12,814.				Caring and Coping\Home
Matheny Medical & Educational Ctr 65 Highland Ave Peapack, NJ 07977	58-2062107	501 (c) (3)	18,750.				Care Support Bridging Barriers\Access to Medical Equipment
Mind Body Solutions 17516 Minnetonka Blvd Minnetonka, MN 55345	22-1482276	501 (c) (3)	13,650.				Actively Achieving
Muskegon Sports Council	46-0469916	501 (c) (3)	25,000.				Actively Achieving

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047
2009

Open to Public Inspection

Employer identification number

22-2939536

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P.O. Box 5085 North Muskegon, MS 49445	38-2639291	501 (c) (3)	6,000.	0.			Achieving\Sports Recreation
National Ability Center 1000 Ability Way Park City, UT 84060	94-3025807	501 (c) (3)	6,000.				Actively Achieving\Sports
Nat'l Inst of Art & Disabilities 551 - 23rd Street Richmond, CA 94804	94-2837552	501 (c) (3)	5,650.				Recreation Actively Achieving\Art
Nat'l MS Soc. -Upstate New York 1650 South Avenue, Suite 100 Rochester, NY 14620	16-0777886	501 (c) (3)	10,000.				s Programs access to medical equipment
Nat'l Rehabilitation Hospital 102 Irving Street, NW Washington, DC 20010	52-1369749	501 (c) (3)	6,875.				Caring and Coping
ME DuPage Special Recreation 1770 West Centennial Place Addison, IL 60101	36-2930414	501 (c) (3)	9,500.				Actively Achieving\Physical Therapy Programs
Northwestern University 750 North Lake Shore Drive Chicago, IL 60611	36-2167817	501 (c) (3)	125,000.				Scientific Research
Other grants & allocations	43-287920	501 (c) (3)	96,611.	5,396.			scientific research Actively Achieving\Sports/Recreation

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(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

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Inspection

Employer identification number
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CHRISTOPHER REEVE FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
People, Inc. 1219 North Forest Road Williamsville, NY 14231	16-0975530	501(c)(3)	15,782.	0.			Bridging Barriers\Acce ss to Healthcare Actively Achieving\Phy sical Therapy Programs Actively
Pushing Boundaries 4162 148th Avenue NE Redmond, WA 98052	20-2043330	501(c)(3)	6,250.				Achieving\Phy sical Therapy Programs Actively
QUAD Foundation, Inc. 306-N West El Norte Pkwy, Ste 441 Escondido, CA 92026	20-0195354	501(c)(3)	25,000.				Achieving\Phy sical Therapy Programs
Quadruplegics United Against Dependency, 5125 SW Macadam #205 Portland, OR 97239	93-0639118	501(c)(3)	7,450.				Bridging Barriers\Acce ssibility Bridging Barriers\Acce ssibility
Paritan Valley YMCA 144 Tices Lane East Brunswick, NJ 08816	22-1494457	501(c)(3)	9,683.				Bridging Barriers\Acce ssibility
Regents Univ of CA, IA Los Angeles, CA 90095	95-6006143	501(c)(3)	200,000.				scientific research
Rehabilitation Inst of Michigan 261 Mack Avenue Detroit, MI 48201	38-1417366	501(c)(3)	12,365.				Bridging Barriers\Assi stive Technology
Spaulding Rehab Hospital 125 Nashua Street - Rm 717 Boston, MA 02114 St. Univ. of NY-SUNY-Cortland 35 State Street	42-551124	501(c)(3)	125,000.				scientific research Actively Achieving\Spo

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(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Continuation Sheet for Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cortland, NY 12207 Sterling-Rock Falls Family YMCA 2505 YMCA Way	14-1368361	501 (c) (3)	6,000.	0.			ts/Recreation Bridging Barriers\Acce ssibility
Stearling, IL 61081 SUNY PO Box 9	36-2225496	501 (c) (3)	6,963.				scientific research Bridging Barriers\Acce ssibility
Albany, NY 12201 Tallahassee Memorial Healthcare 1401 Centerville Road, Suite 504	14-1368361	501 (c) (3)	62,500.				scientific research Bridging Barriers\Acce ssibility
Tallahassee, FL 32303 Telluride Adaptive Sports Prog. 565 Mountain Village Blvd	59-1727645	501 (c) (3)	6,484.				scientific research Bridging Barriers\Acce ssibility
Telluride, CO 81435 The Children's Inst. - Pittsburgh 1405 Shady Avenue Pittsburgh, PA 15217	84-1337870	501 (c) (3)	5,600.				Active Achieving\Phy sical Therapy Programs
The Heuga Center 27 Main Street, Suite 303 Edwards, CO 81632	23-2935278	501 (c) (3)	8,000.				Active Achieving
The Ohio State University 1960 Kenny Road Columbus, OH 22904	74-2337853	501 (c) (3)	10,000.				scientific Research
The Regents Univ of CA-Irvine Irvine, CA 92697 The Research Foundation of SUNY Stony Brook, NY 11794	13-1640159	501 (c) (3)	120,000.				scientific research scientific research
	95-2226406	501 (c) (3)	493,000.				scientific research
	14-1368361	501 (c) (3)	200,000.				scientific research

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

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Continuation Sheet for Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salk Institute Biological S LaJolla, CA 92037	95-2160097	501 (c) (3)	650,000.				scientific research
ThinkFirst Foundation 29W120 Butterfield Road, Ste 105 Warrenville, IL 60555	36-3730822	501 (c) (3)	10,000.				Caring and Coping
Triton Museum of Art 1505 Warburton Avenue Santa Clara, CA 95050	94-6122076	501 (c) (3)	5,300.				Actively Achieving\Arts Programs
Tufts University 200 Harrison Avenue Boston, MA 02111	42-1036634	501 (c) (3)	59,000.				scientific research
University of Florida Gainesville, FL 32611	59-6002052	501 (c) (3)	8,389.				scientific research
Univ - Alabama Disability Sports 103 Moore Hall, Box 870312 Tuscaloosa, 35487	63-6001138	501 (c) (3)	6,000.				Actively Achieving\Sports/Recreation
Univ of Louisville Research Foun Louisville, KY 40292	61-1029626	501 (c) (3)	1,280,033.				scientific research
Univ of Wisconsin at Madison 21 N Park Street, Suite 6401 Madison, WI 53715	39-6006492	501 (c) (3)	13,077.				Actively Achieving\Arts Programs
University of Baltimore Baltimore, MD 21201	52-6002033	501 (c) (3)	150,000.				scientific research
University of Miami							scientific

SCHEDULE I-1
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Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

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Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miami, FL 33101 University of Texas-Houston HSC	59-062448	501(c)(3)	200,000.	0.			research
Houston, TX 77225 Uof Montana - Missoula-Physical Therapy/Rehab 32 Campus Drive	74-1761309	501(c)(3)	225,000.				scientific
Missoula, MT 59812 Victory Gardens Theater	81-0362989	501(c)(3)	20,665.				research Actively Achieving\Phy sical Therapy Programs Actively
2257 North Lincoln Avenue Chicago, IL 60614 VSA Arts, Inc.		501(c)(3)	6,400.				Achieving\Art s Programs Actively
818 Connecticut Avenue NW, #600 Washington, DC 20006 Wayne State University	52-1065313	501(c)(3)	10,000.				Achieving\Art s Programs Bridging
5475 Woodward Ave. Detroit, MI 48202	38-6028429	501(c)(3)	5,156.				Barriers\Asst tive Technology Bridging
Wheelchair Recycle 54 Linda Circle Marlboro, MA 01752							Barriers\Acce ss to Medical Equipment
Yale Univ School of Medicine	20-1909856	501(c)(3)	25,000.				scientific
New Haven, CT 06508	06-0646973	501(c)(3)	124,667.				research

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment? **4a** X
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? **5a**
- b Any related organization? **5b**
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? **6a** X
- b Any related organization? **6b** X
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III. **8**

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** X

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		
5a		
5b		
6a		X
6b		X
7		X
8		
9		X

CHRISTOPHER REEVE FOUNDATION

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

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

Name of the organization **CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION**

Employer identification number
22-2939536

Form 990, Part III, Line 4a - Program Service Accomplishments

The Reeve Foundation allocates its research dollars among four initiatives covering the full bench-to-bedside continuum.

1) The International Research Consortium on Spinal Cord Injury includes seven of the world's premier labs, which pool their talents to address some of the most challenging issues relating to spinal cord injury, including tissue repair, neuron activation and regeneration, and physical therapy.

2) The Individual Research Grants Program, which is the Foundation's broadest research program, nurtures new talent and ideas for the development of treatments for paralysis caused by spinal cord injury.

3) The NeuroRecovery Network (NRN) is a unique network of institutions formed through a cooperative agreement with the Centers for Disease Control and Prevention. Each center is a cutting-edge rehab facility using intensive locomotor training, an activity based therapy in which a patient walks on a treadmill while suspended in a harness.

4) NACTN is a network of North American clinical centers, created by the Foundation, to standardize injury assessment protocols, data gathering, and acute injury protocols. The Foundation has a total of nine centers which are substantially funded through multi-million dollar grants from the U.S. Department of Defense.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Matthew Reeve and Alexandra Reeve Givens are brother and sister.

Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

Results of Committee meetings are presented to the Board, voted on when necessary, and included as part of the Board minutes.

Name of the organization: CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number
22-2939536

Form 990, Part VI, Line 11 - Form 990 Review Process

The Form 990 is prepared by the Foundation's Controller then reviewed and signed by the independent auditors, Ernst & Young. It is reviewed by the Finance Committee of the Board and the review process discussed with the Board. It is made available to the members of the Board for their review prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are required to review and sign conflict of interest statements annually. Beginning in 2009 key employees are also required to complete and sign the conflict of interest statements.

Possible conflicts shall be disclosed to the board of Directors and President and such persons, if a Director, shall abstain from voting on all matters related to such possible conflict of interest and shall recuse himself/herself from any portion of any meeting of the Board of Directors at which such matter is discussed and/or voted upon.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Form 990, annual report, conflict of interest policy and 501 C-3 Internal Revenue Service letter of determination are posted on the Foundation's website. Other governing documents are available on request.