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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
DECEMBER 31, 2020

Prepared for	CHRISTOPHER REEVE FOUNDATION 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078
Prepared by	SMOLIN, LUPIN & CO., P.A. 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

CHRISTOPHER REEVE FOUNDATION
636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER REEVE FOUNDATION		D Employer identification number 22-2939536
	Doing business as CHRISTOPHER & DANA REEVE FOUNDATION		E Telephone number 973-379-2690
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 636 MORRIS TURNPIKE, SUITE 3A	G Gross receipts \$ 14,798,590.	
	City or town, state or province, country, and ZIP or foreign postal code SHORT HILLS, NJ 07078		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: MARGARET GOLDBERG SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CHRISTOPHERREEVE.ORG			
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: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,719,929.	14,568,064.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,530.	6,041.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-612,901.	-127,752.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,114,558.	14,446,353.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,661,296.	5,641,493.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,982,601.	4,993,715.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,557,003.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,384,477.	3,469,172.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,028,374.	14,104,380.
19 Revenue less expenses. Subtract line 18 from line 12	86,184.	341,973.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,032,472.	8,358,001.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,131,866.	4,135,740.
		3,900,606.	4,222,261.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	MARGARET GOLDBERG, COO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LAURA DITOMMASO		
Firm's name ▶ SMOLIN, LUPIN & CO., P.A.		Firm's EIN ▶ 22-2258733	Check if self-employed <input type="checkbox"/> PTIN P00055087
Firm's address ▶ 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701		Phone no. (732) 933-9300	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,420,087. including grants of \$ 3,372,713.) (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 AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JULY 1, 2020 FOR \$8,700,000. 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 WHOSE PROJECTS AND INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT, WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSIS.

4b (Code:) (Expenses \$ 3,061,233. including grants of \$ 2,268,780.) (Revenue \$) THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG TWO INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM.

1. THE MISSION OF THE CHRISTOPHER REEVE FOUNDATION'S NORTH AMERICAN CLINICAL TRIALS NETWORK (NACTN) IS TO ADVANCE THE QUALITY OF CARE AND LIFE FOR PEOPLE WITH SPINAL CORD INJURY (SCI) THROUGH CLINICAL TRIALS OF NEW THERAPIES THAT PROVIDE STRONG EVIDENCE OF SAFETY AND EFFECTIVENESS. NACTN ALSO HAS THE OBJECTIVE OF CREATING AND EVALUATING BEST CARE PRACTICES FOR ACUTE SCI. ITS RESEARCH HAS BEEN SUPPORTED HISTORICALLY BY MULTI-MILLION DEPARTMENT OF DEFENSE AWARDS.

4c (Code:) (Expenses \$ 568,260. including grants of \$) (Revenue \$) PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION. IT MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,049,580.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 52		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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 members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **RICHARD SHERMAN, CFO - 973-379-2690**
636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JAY SHEPARD CHAIR	5.00	X		X				0.	0.	0.
(2) JOHN M. HUGHES CHAIR EMERITUS	5.00	X		X				0.	0.	0.
(3) JOHN E. MCCONNELL VICE CHAIR	5.00	X		X				0.	0.	0.
(4) ALEXANDRA REEVE GIVENS, ESQ. VICE CHAIR	5.00	X		X				0.	0.	0.
(5) MATTHEW REEVE VICE CHAIR	5.00	X		X				0.	0.	0.
(6) HENRY G. STIFELL, III VICE CHAIR	5.00	X		X				0.	0.	0.
(7) TANIA LYNN TAYLOR TREASURER	5.00	X		X				0.	0.	0.
(8) JEFFREY P. CUNARD, ESQ. SECRETARY	5.00	X		X				0.	0.	0.
(9) JAMES CALBI DIRECTOR	2.50	X						0.	0.	0.
(10) IAN CURTIS DIRECTOR	2.50	X						0.	0.	0.
(11) MICHAEL FORDYCE DIRECTOR	2.50	X						0.	0.	0.
(12) TRACY J. FORST DIRECTOR	2.50	X						0.	0.	0.
(13) SIMONE GEORGE DIRECTOR	2.50	X						0.	0.	0.
(14) JACK HAGERTY, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(15) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(16) LISA HENRY HOLMES DIRECTOR	2.50	X						0.	0.	0.
(17) ANITA MCGORTY DIRECTOR	2.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JULIE NEUSTADT DIRECTOR	2.50	X						0.	0.	0.
(19) RITESH PATEL DIRECTOR	2.50	X						0.	0.	0.
(20) TIMOTHY PERNETTI DIRECTOR	2.50	X						0.	0.	0.
(21) MARK POLLOCK DIRECTOR	2.50	X						0.	0.	0.
(22) WILLIAM REEVE DIRECTOR	2.50	X						0.	0.	0.
(23) CHRISTOPHER TAGATAC DIRECTOR	2.50	X						0.	0.	0.
(24) PATRICIA J. VOLLAND DIRECTOR	2.50	X						0.	0.	0.
(25) PETER WILDEROTTER PRESIDENT AND CEO	40.00			X				413,006.	0.	32,572.
(26) RICHARD SHERMAN CFO	40.00			X				92,788.	0.	0.
1b Subtotal								505,794.	0.	32,572.
c Total from continuation sheets to Part VII, Section A								1,683,562.	0.	264,783.
d Total (add lines 1b and 1c)								2,189,356.	0.	297,355.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

	Yes	No
3 Did the organization list any former officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HORIZON BCBS OF NJ PO BOX 10130, NEWARK, NJ 07101	HEALTH INSURANCE	662,500.
SHORT HILLS PLAZA, LLC, 636 MORRIS TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	354,722.
AMERICAN EXPRESS PO BOX 1270, NEWARK, NJ 07101	MISCELLANEOUS TRAVEL, BUSINESS MEALS, SU	317,673.
WAXMAN STRATEGIES, 1150 CONNECTICUT AVENUE NW SUITE 800, WASHINGTON, DC 20036	ADVOCACY CONSULTANTS	180,000.
AO SPINE NORTH AMERICA 1700 RUSSELL ROAD, PAOLI, PA 19301	NACTN	150,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	792,631.				
	d Related organizations	1d	7,375.				
	e Government grants (contributions)	1e	9,405,542.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,362,516.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 86,017.				
	h Total. Add lines 1a-1f		14,568,064.				
	Program Service Revenue	2 a	Business Code				
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)		6,334.			6,334.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	207,120.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	207,413.				
	c Gain or (loss)	7c	-293.				
d Net gain or (loss)		-293.			-293.		
8 a Gross income from fundraising events (not including \$ 792,631. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	144,824.					
c Net income or (loss) from fundraising events		-144,824.			-144,824.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	17,072.		17,072.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			17,072.			
12 Total revenue. See instructions			14,446,353.	0.	0.	-121,711.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,603,993.	5,603,993.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	37,500.	37,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,449,450.	1,046,863.	72,868.	329,719.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,660,551.	1,895,724.	136,221.	628,606.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,019.	58,022.	3,668.	9,329.
9 Other employee benefits	525,806.	451,948.	10,558.	63,300.
10 Payroll taxes	286,889.	232,635.	9,623.	44,631.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,439.	2,583.	21,856.	
c Accounting	118,533.	21,290.	97,243.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,165,447.	1,015,090.	45,311.	105,046.
12 Advertising and promotion	111,682.	105,181.		6,501.
13 Office expenses	140,122.	121,093.	3,375.	15,654.
14 Information technology				
15 Royalties				
16 Occupancy	347,992.	282,218.	11,666.	54,108.
17 Travel	92,775.	57,243.	24,558.	10,974.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	401,174.	398,962.	2,212.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,789.	23,736.	3,202.	14,851.
23 Insurance	99,624.	74,718.	24,906.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	271,368.	254,794.	8,288.	8,286.
b INTERNET COMMUNICATIONS	211,071.	194,901.	2,695.	13,475.
c DIRECT MAIL	138,021.	41,406.	0.	96,615.
d TEAMS	123,615.	0.	0.	123,615.
e All other expenses	181,370.	129,680.	19,397.	32,293.
25 Total functional expenses. Add lines 1 through 24e	14,104,380.	12,049,580.	497,797.	1,557,003.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	282,846.	84,854.	0.	197,992.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,716,227.	1	1,917,105.
	2 Savings and temporary cash investments	649,644.	2	1,517,083.
	3 Pledges and grants receivable, net	2,973,201.	3	2,995,491.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,582.	9	149,765.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,225,141.		
	b Less: accumulated depreciation	10b 1,210,395.		
	11 Investments - publicly traded securities	16,359.	10c	14,746.
	12 Investments - other securities. See Part IV, line 11	141,393.	11	1,055.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	1,444,060.	13	1,742,010.
	15 Other assets. See Part IV, line 11	35,343.	14	7,083.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,663.	15	13,663.	
	8,032,472.	16	8,358,001.	
Liabilities	17 Accounts payable and accrued expenses	454,215.	17	573,449.
	18 Grants payable	3,567,067.	18	3,263,830.
	19 Deferred revenue	110,584.	19	148,461.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,131,866.	26	4,135,740.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,900,606.	27	4,222,261.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,900,606.	32	4,222,261.
33 Total liabilities and net assets/fund balances	8,032,472.	33	8,358,001.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,446,353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,104,380.
3	Revenue less expenses. Subtract line 2 from line 1	3	341,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,900,606.
5	Net unrealized gains (losses) on investments	5	-20,318.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,222,261.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						72774842.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,928.	67,983.	25,623.	14,022.	6,334.	177,890.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						72952732.
12 Gross receipts from related activities, etc. (see instructions)					12	485,800.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	99.76 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.59 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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 - 2020. 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 VI 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 - 2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>7,945,659.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>962,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CHRISTOPHER 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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art collections and amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,225,141.	1,210,395.	14,746.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,746.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) NRT HOLDINGS, LLC	1,742,010.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,742,010.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,570,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-20,318.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	144,824.
e	Add lines 2a through 2d	2e	124,506.
3	Subtract line 2e from line 1	3	14,446,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	150.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,446,353.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,249,054.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	144,824.
e	Add lines 2a through 2d	2e	144,824.
3	Subtract line 2e from line 1	3	14,104,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	150.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,104,380.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE. THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE CODE. ADDITIONALLY, SINCE THE FOUNDATION IS PUBLICLY SUPPORTED, CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE CODE. THE FOUNDATION IS ALSO EXEMPT FROM NEW JERSEY STATE INCOME TAX.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION.

Part XIII Supplemental Information (continued)

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED DECEMBER 31, 2020 AND 2019. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017 AND 2016, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	144,824.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	144,824.
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES ARE THE SAME AS THOSE DESCRIBED IN SCHEDULE I PART 1, LINE 2 AND SCHEDULE I PART IV.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AME (event type)	TEAM REEVE (event type)	2 (total number)	
Revenue	1 Gross receipts	426,535.	340,320.	25,776.	792,631.
	2 Less: Contributions	426,535.	340,320.	25,776.	792,631.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39,131.	75,330.	30,363.	144,824.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				144,824.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-144,824.

Part III Gaming. Complete if the organization answered "Yes" on 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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF ALABAMA 1600 7TH AVE SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	13,010.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
CLEMSON UNIVERSITY 230 KAPPA STREET, SUITE 200 CLEMSON, SC 29634-5702	57-0426335	501(C)(3)	42,604.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
DISABILITY PARTNERSHIP PROJECT 14103 STANWOOD TERRACE, 103 ROCKVILLE, MD 20850	47-2647318	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	22,490.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
PARALYZED VETERANS OF AMERICA - NATIONAL HQ - 801 EIGHTEENTH STREET NW - WASHINGTON, DC 20006	13-1946868	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ROCHESTER SPINAL ASSOCIATION 3380 MONROE AVENUE, SUITE 102 ROCHESTER, NY 14618	22-3041847	501(C)(3)	22,715.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 152.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ROCKY MOUNTAIN MS CENTER 8845 WAGNER STREET WESTMINSTER, CO 80031	84-0795455	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
SISTEMA INFANTIL TELETON USA 10839 QUARRY PARK SAN ANTONIO, TX 78233	46-4845389	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND - 219 E. MAIN STREET, SUITE 100B - MILFORD, MA 01757	23-7305430	501(C)(3)	19,500.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	50,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
UNIVERSITY OF MIAMI - MIAMI PROJECT - 1320 S. DIXIE HIGHWAY, SUITE 650 - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	43,881.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ABLE SOUTH CAROLINA (CIL) 720 GRACERN ROAD, SUITE 106 COLUMBIA, SC 29210	58-2336332	501(C)(3)	50,000.	0.			EMPLOYMENT
ALS ASSOCIATION GOLDEN WEST CHAPTER - P.O. BOX 565 - AGOURA HILLS, CA 91376-0565	95-4163338	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
CENTER FOR PEOPLE WITH DISABILITIES - 1675 RANGE STREET - BOULDER, CO 80301	84-0732497	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
EOD WARRIOR FOUNDATION 716 CRESTVIEW AVE NICEVILLE, FL 32578	20-8618412	501(C)(3)	15,000.	0.			RESPITE/CAREGIVING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	94-3255845	501(C)(3)	27,655.	0.			RESPIRE/CAREGIVING
HANDI-WHEELS TRANSPORTATION 2525 BROADWAY N. , UNIT 002 FARGO, ND 58102	45-0348910	501(C)(3)	30,000.	0.			TRANSPORTATION
HOPE NETWORK 3075 ORCHARD VISTA DRIVE SE GRAND RAPIDS, MI 49546	38-2731395	501(C)(3)	50,000.	0.			EMPLOYMENT
INDEPENDENCEFIRST (CIL) 540 SOUTH 1ST STREET MILWAUKEE, WI 53204	39-1343425	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
ON MY OWN, INC 428 E. HIGHLAND AVE. NEVADA, MO 64772	43-1759551	501(C)(3)	50,000.	0.			EMPLOYMENT
RAMP - REGIONAL ACCESS & MOBILIZATION PROJECT (CIL) - 202 MARKET ST - ROCKFORD, IL 61107	36-3149827	501(C)(3)	24,989.	0.			EMPLOYMENT
RESOURCE CENTER FOR INDEPENDENT LIVING, INC. (CIL) - 131 GENESEE STREET, PO BOX 210 - UTICA, NY 13503-0210	22-2518284	501(C)(3)	30,000.	0.			DISASTER RESPONSE
SPECIAL KIDS SPECIAL FAMILIES 1915 AEROTECH DRIVE, SUITE 100 COLORADO SPRINGS, CO 80916	84-1476535	501(C)(3)	30,000.	0.			RESPIRE/CAREGIVING
THE ALS ASSOCIATION OF GEORGIA 5881 GLENRIDGE DRIVE, SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)(3)	30,000.	0.			TRANSPORTATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE ALS ASSOCIATION, MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA CHAPTER - 1919 UNIVERSITY AVE W, SUITE 175 - ST. PAUL, MN 55104	41-1756085	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK RD. ABINGTON, PA 19001	23-1352152	501(C)(3)	25,000.	0.			CAREGIVING
ACHIEVE TAHOE PO BOX 8339 TRUCKEE, CA 96162	68-0024920	501(C)(3)	24,863.	0.			ADAPTIVE SPORTS
AGING, DISABILITY & TRANSIT SERVICES OF ROCKINGHAM COUNTY - PO BOX 1915, 105 LAWSONVILLE AVE. - REIDSVILLE, NC 27323	56-1480312	501(C)(3)	962.	0.			FITNESS AND WELLNESS
ARC OF MAUI COUNTY 140 N. MARKET STREET, SUITE 202B WAILUKU, HI 96793	99-0109804	501(C)(3)	24,000.	0.			TRANSPORTATION
CAMP TWIN LAKES 1100 SPRING STREET, SUITE 406 ATLANTA, GA 30309	58-1826782	501(C)(3)	24,200.	0.			CAMP
CHANGING GAITS INC. P.O. BOX 21 BROOK PARK, MN 55007	20-8039907	501(C)(3)	24,785.	0.			THERAPEUTIC HORSEBACK RIDING
CHARLES RIVER CENTER 59 EAST MILITIA HEIGHTS DR. NEEDHAM, MA 02492	04-2393108	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CHESHIRE HOME 9 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	22-1936587	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CITY OF AURORA, IL 44 E. DOWNER PLACE AURORA, IL 60507-2067	36-6005778	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
CITY OF LEITCHFIELD 314 W WHITE OAK STREET LEITCHFIELD, KY 42754	61-6001857	501(C)(3)	24,995.	0.			ACCESSIBLE PLAYGROUND
CITY OF MARINE CITY 303 S. WATER STREET MARINE CITY, MI 48039	38-6004573	501(C)(3)	24,706.	0.			ACCESSIBLE BEACH/DOCK/PIER
CITY OF PALO ALTO 1451 MIDDLEFIELD ROAD PALO ALTO, CA 94301	94-6000389	501(C)(3)	14,325.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CIVITAN FOUNDATION, INC. 12635 N 42ND ST PHOENIX, AZ 85032	23-7036797	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
COASTAL HORIZONS CENTER 615 SHIPYARD BLVD WILMINGTON, NC 28412	56-0950370	501(C)(3)	22,407.	0.			ACCESSIBLE PLAYGROUND
COMMON GROUND OUTDOOR ADVENTURES 335 N. 100 E. LOGAN, UT 84321	84-1385181	501(C)(3)	17,600.	0.			ADAPTIVE SPORTS
CONNECTICUT INSTITUTE FOR THE BLIND D/B/A OAK HILL - 120 HOLCOMB STREET - HARTFORD, CT 06112	06-0669111	501(C)(3)	15,506.	0.			ASSISTIVE TECHNOLOGY
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422	41-1952989	501(C)(3)	23,000.	0.			TRANSPORTATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DISABLED SPORTS USA - OR (OREGON ADAPTIVE SPORTS) - 63025 O.B. RILEY RD, SUITE 12 - BEND, OR 97703	26-0076749	501(C)(3)	5,000.	0.			ADAPTIVE SPORTS
EASTER SEALS - AZ (EASTER SEALS SOUTHWEST HUMAN DEVELOPMENT) - 2850 N. 24TH STREET - PHOENIX, AZ 85008	86-0407179	501(C)(3)	5,587.	0.			ASSISTIVE TECHNOLOGY
FOOD UNITING NEIGHBORS 3029 SYLVAN DRIVE FALLS CHURCH, VA 22042	83-3442020	501(C)(3)	9,776.	0.			ACCESSIBLE TRAIL
HIGH FIVES NON-PROFIT FOUNDATION 10775 PIONEER TRAIL SUITE 108 TRUCKEE, CA 96161	26-4275773	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707	23-7062317	501(C)(3)	4,870.	0.			PEER MENTORING AND SUPPORT
INDEPENDENT LIVING CENTER OF THE HUDSON VALLEY (CIL) - 15-17 THIRD STREET - TROY, NY 12180	22-2875911	501(C)(3)	21,494.	0.			FITNESS AND WELLNESS
JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION - 1340 CAMPUS PARKWAY, BUILDING C, UNIT 4 - NEPTUNE, NJ 07753	22-2342452	501(C)(3)	24,003.	0.			ASSISTIVE TECHNOLOGY
LOGAN UNIVERSITY 1851 SCHOETTLER ROAD CHESTERFIELD, MO 63017	43-0746185	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS, IN 46222	35-0868175	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MONTGOMERY PARKS FOUNDATION 2425 REEDIE DRIVE, 12TH FLOOR WHEATON, MD 20902	52-1788782	501(C)(3)	9,308.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MORE THAN WALKING INCORPORATED 155 PEACE ACRE LANE STRATFORD, CT 06614	82-3271603	501(C)(3)	12,500.	0.			MEDIA DEVELOPMENT
NORTHERN VIRGINIA THERAPEUTIC RIDING PROGRAM - 6429 CLIFTON RD. - CLIFTON, VA 20124	54-1897241	501(C)(3)	9,147.	0.			THERAPEUTIC HORSEBACK RIDING
OGDEN VALLEY ADAPTIVE SPORTS P.O. BOX 1193 EDEN, UT 84310	27-0650748	501(C)(3)	15,597.	0.			ADAPTIVE SPORTS
ORLANDO HEALTH INC. 3160 SOUTHGATE COMMERCE BLVD, SUITE ORLANDO, FL 32806	59-1726273	501(C)(3)	16,771.	0.			DURABLE MEDICAL EQUIPMENT
PIERS PARK SAILING CENTER 95 MARGINAL STREET EAST BOSTON, MA 02128	04-3411388	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
RAYTOWN CHAMBER OF COMMERCE BUILDING FOUNDATION - 5909 RAYTOWN TRAFFICWAY - RAYTOWN, MO 64133	43-1503025	501(C)(3)	12,766.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SMOKY MOUNTAIN SERVICE DOGS 110 TOOWEKA CIRCLE LOUDON, TN 37774	27-3365083	501(C)(3)	12,500.	0.			SERVICE ANIMAL PROGRAM
SOCIEDAD, EDUCACION Y REHABILITACION (SER) DE PUERTO RICO, INC. - 500 CALLE BEZ URB. PREZ MORIS - SAN JUAN, PR 00917	66-0207947	501(C)(3)	13,600.	0.			DURABLE MEDICAL EQUIPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SPORTABLE 1365 OVERBROOK ROAD, ROOM 2 RICHMOND, VA 23220	20-8924701	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
STABLESTRIDES 13620 HALLELUIAH TRAIL ELBERT, CO 80106	74-2232440	501(C)(3)	2,980.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
STONINGTON FREE LIBRARY PO BOX 232, 20 HIGH STREET STONINGTON, CT 06378	06-0665194	501(C)(3)	2,800.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
TETON ADAPTIVE SPORTS 7342 GRANITE LOOP ROAD, P.O. BOX 90 TETON VILLAGE, WY 83025	06-1741611	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
THE ALS ASSOCIATION NORTHERN OHIO CHAPTER - 6155 ROCKSIDE ROAD, SUITE 403 - INDEPENDENCE, OH 44131	34-1595148	501(C)(3)	18,474.	0.			DURABLE MEDICAL EQUIPMENT
THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	11,675.	0.			FITNESS AND WELLNESS
THE WILLIAM S BAER SCHOOL PARTNERSHIP BOARD INC. - 2001 NORTH WARWICK AVENUE - BALTIMORE, MD 21216	52-1890556	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
TOMS RIVER FIELD OF DREAMS 37 HARPERS FERRY RD TOMS RIVER, NJ 08753	82-0886452	501(C)(3)	20,805.	0.			ACCESSIBLE PLAYGROUND
TOPFIELD EQUESTRIAN CENTER 115 STONECROP LANE COLD SPRING, NY 10516	20-4432765	501(C)(3)	4,525.	0.			THERAPEUTIC HORSEBACK RIDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TRAIL ACCESS PROJECT 8844 CORTILE DRIVE LAS VEGAS, NV 89134	81-2198398	501(C)(3)	21,287.	0.			ACCESSIBLE TRAIL
TRIBAL ADAPTIVE ORGANIZATION 1718 MARIPOSA DR. DURANGO, CO 81301	81-4076368	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 1207 S. OAK ST., M/C 574 - CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	23,555.	0.			FITNESS AND WELLNESS
WAHINE PROJECT PO BOX 791465 PAIA, HI 96779	45-1154140	501(C)(3)	20,515.	0.			ADAPTIVE SPORTS
WINDSOR PUBLIC LIBRARY 43 STATE ST WINDSOR, VT 05089	03-0197037	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	25,000.	0.			CAREGIVING
WRIGHT STATE UNIVERSITY FOUNDATION INC - FOUNDATION BUILDING, 3640 COLONEL GLENN HIGHWAY - DAYTON, OH 45435	23-7019799	501(C)(3)	24,608.	0.			ADAPTIVE SPORTS
CT TECH ACT PROJECT 55 FARMINGTON AVENUE, 12TH FLOOR HARTFORD, CT 06105	45-4078714	501(C)(3)	75,000.	0.			HIIAT
HORACE MANN EDUCATIONAL ASSOCIATES DBA TECHACCESS OF RI - 161 COMSTOCK PARKWAY - CRANSTON, RI 02921	04-2300014	501(C)(3)	75,000.	0.			HIIAT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SC ASSISTIVE TECHNOLOGY PROGRAM USC SCHOOL OF MEDICINE, CENTER FOR DISABILITY RESOURCES - COLUMBIA, SC 29208	57-6001153	501(C)(3)	74,542.	0.			HIIAT
WYOMING ASSISTIVE TECHNOLOGY RESOURCES - 1000 E. UNIVERSITY AVE., DEPT. 4928 - LARAMIE, WY 82071	83-6000331	501(C)(3)	75,000.	0.			HIIAT
ACCESS II INDEPENDENT LIVING CENTER (CIL) - 101 INDUSTRIAL PARKWAY - GALLATIN, MO 64640	43-1721357	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
ADAPT ABILITY INC 362 78TH STREET BROOKLYN, NY 11209	82-2916736	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
AFAR D/B/A THE ABILITY CENTER 10300 W. WISCONSIN AVENUE WAUWATOSA, WI 53226	26-3510832	501(C)(3)	24,500.	0.			ACCESSIBLE BEACH/DOCK/PIER
ALL MY FRIENDS INC W74 N1060 MONTGOMERY AVE CEDARBURG, WI 53012	37-1645545	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND
AMVETS 4647 FORBES BLVD LANHAM, MD 20706	52-0970963	501(C)(3)	20,000.	0.			CAREGIVING
BEAMAN MEMORIAL PUBLIC LIBRARY 8 NEWTON STREET WEST BOYLSTON, MA 01583	04-6001348	501(C)(3)	4,385.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10595	13-1739922	501(C)(3)	25,000.	0.			TRANSPORTATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BRAIN INJURY ASSOCIATION OF GEORGIA - P.O. BOX 2817 - WOODSTOCK, GA 30188	58-1497137	501(C)(3)	7,400.	0.			CAMP
BRIDGING VOICE 2132 84TH ST BROOKLYN, NY 11214	83-3669089	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
CANINE ASSISTANTS 3160 FRANCIS ROAD MILTON, GA 30004	58-1974410	501(C)(3)	20,500.	0.			SERVICE ANIMAL PROGRAM
CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763	94-2494324	501(C)(3)	8,613.	0.			SERVICE ANIMAL PROGRAM
CHESAPEAKE REGION ACCESSIBLE BOATING (CRAB) - 177 DEFENSE HIGHWAY SUITE 9 - ANNAPOLIS, MD 21401	35-2188410	501(C)(3)	15,870.	0.			ACCESSIBLE BEACH/DOCK/PIER
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE GREENFIELD, NH 03047	02-0222168	501(C)(3)	24,575.	0.			ADAPTIVE SPORTS
DALLAS SCI RECOVERY, INC. (DBA: REACT) - 15046 BELTWAY DRIVE - ADDISON, TX 75001	45-3060615	501(C)(3)	14,203.	0.			FITNESS AND WELLNESS
DES MOINES ROWING CLUB 3017 FOX RUN DES MOINES, IA 50321	42-1220527	501(C)(3)	24,784.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DREAM ADAPTIVE RECREATION PO BOX 4084 WHITEFISH, MT 59937	36-3416198	501(C)(3)	23,830.	0.			ADAPTIVE SPORTS
EXTRA SPECIAL PEOPLE, INC. 194 VFW DR. WATKINSVILLE, GA 30601	58-1710803	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION INC. - 11200 SW 8TH STREET, AHC2, ROOM 693 - MIAMI, FL 33199	23-7047106	501(C)(3)	22,753.	0.			HEALTHCARE
FLYNN CENTER FOR PERFORMING ARTS 153 MAIN STREET BURLINGTON, VT 05401	03-0277052	501(C)(3)	9,204.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FRIENDS' HEALTH CONNECTION 54 HUDSON ST., SUITE 203B FREEHOLD, NJ 07728	22-3095641	501(C)(3)	5,000.	0.			EDUCATION
GAYLORD HOSPITAL 50 GAYLORD FARM ROAD, P.O. BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)(3)	23,900.	0.			FITNESS AND WELLNESS
GREATER PROVIDENCE YMCA - NEWMAN BRANCH - 472 TAUNTON AVENUE - SEEKONK, MA 02771	05-0258878	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
HANDS AND HEARTS FOR HORSES 3828 LOWER CAIRO RD THOMASVILLE, GA 31792	58-2580985	501(C)(3)	7,980.	0.			THERAPEUTIC HORSEBACK RIDING
HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY - 10130 S 222ND STREET - GRETNA, NE 68028	36-3713040	501(C)(3)	4,605.	0.			THERAPEUTIC HORSEBACK RIDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
HEARTLAND HORSE HEROES 16680 W JAMES ANDERSON HWY BUCKINGHAM, VA 23921	54-2037302	501(C)(3)	10,616.	0.			THERAPEUTIC HORSEBACK RIDING
HOPE, INC. 810 4TH AVE S, SUITE 140 MOORHEAD, MN 56560	45-0425106	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
JEFFERSON COUNTY HISTORICAL SOCIETY - 172-176 MAIN ST, P.O. BOX 51 - BROOKVILLE, PA 15825	25-1382415	501(C)(3)	16,613.	0.			ACCESSIBLE TRAIL
KIDS & HORSES, INC. 2869 ESAW STREET MINDEN, NV 89423	88-0419196	501(C)(3)	17,373.	0.			THERAPEUTIC HORSEBACK RIDING
MISSISSIPPI STATE UNIVERSITY - T.K. MARTIN CENTER FOR TECHNOLOGY & DISABILI - 129 ETHEREDGE HALL, 449 HARDY ROAD - MISSISSIPPI	64-6000819	501(C)(3)	17,733.	0.			ASSISTIVE TECHNOLOGY
NEUABILITY 866 EAST 78TH AVENUE DENVER, CO 80229	26-3221944	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
NEURO FITNESS FOUNDATION 1500 WESTPARK WAY EULESS, TX 76040	75-2789496	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
NEW ENGLAND VILLAGE 664 SCHOOL STREET PEMBROKE, MA 02359	04-6144180	501(C)(3)	24,262.	0.			ADAPTIVE SPORTS
NEXTSTEP RALEIGH 6601 HILLSBOROUGH STREET, SUITE 113 RALEIGH, NC 27606	82-4195962	501(C)(3)	20,530.	0.			FITNESS AND WELLNESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NEXTSTEPS CHICAGO 8434 S. CORCORAN RD. WILLOW SPRINGS, IL , IL 60480	36-4409382	501(C)(3)	24,016.	0.			FITNESS AND WELLNESS
NORTHERN CALIFORNIA SPINAL CORD INJURY FOUNDATION (NORCAL SCI) - 696 NORTH SANTA CRUZ AVE. - LOS GATOS, CA 95030	82-2423561	501(C)(3)	24,540.	0.			FITNESS AND WELLNESS
NORTHWEST COLORADO CENTER FOR INDEPENDENCE - 1855 SHIELD DR. UNIT #300 - STEAMBOAT SPRINGS, CO 80487	84-1473968	501(C)(3)	25,000.	0.			TRANSITION FROM INSTITUTION TO HOME
NORTHWEST SUBURBAN SPECIAL EDUCATION ORGANIZATION - 799 W. KENSINGTON RD. - MT. PROSPECT, IL 60056	36-3237600	501(C)(3)	25,000.	0.			TRANSPORTATION
OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD, OH 44903	34-1691325	501(C)(3)	3,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
OPPORTUNITIES INC 200 EAST CRAMER ST FORT ATKINSON, WI 53538	39-1078133	501(C)(3)	20,101.	0.			TRANSPORTATION
PORTSMOUTH POLICE RI 2270 EAST MAIN ROAD PORTSMOUTH, RI 02871	14-0499170	501(C)(3)	5,530.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD, SUITE 102, P OCEANSIDE, CA 92057	26-0086305	501(C)(3)	25,000.	0.			CAREGIVING
THE ABILITY CENTER OF GREATER TOLEDO (CIL) - 5605 MONROE ST - SYLVANIA, OH 43560	34-4428597	501(C)(3)	6,058.	0.			ASSISTIVE TECHNOLOGY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE ARIZONA SPINAL CORD INJURY ASSOCIATION - 5025 E. WASHINGTON ST STE #110 - PHOENIX, AZ 85034	86-0953423	501(C)(3)	22,500.	0.			CONSUMER EDUCATION
THE LOCKWOOD FOUNDATION 917 S CAMINO DE BRAVO PUEBLO WEST, CO 81007	37-1881911	501(C)(3)	8,225.	0.			ACCESSIBLE TRAIL
THE MICHIGAN STATE UNIVERSITY DEPARTMENT OF KINESIOLOGY - 426 AUDITORIUM ROAD, ROOM 2 - EAST LANSING, MI 48824	38-6005984	501(C)(3)	24,611.	0.			ADAPTIVE SPORTS
THE MONTPELIER FOUNDATION PO BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE VISCARDI CENTER 201 I.U. WILLETS ROAD ALBERTSON, NY 11507	11-1814883	501(C)(3)	10,656.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THREE RIVERS LAND TRUST P.O. BOX 295 ALFRED, ME 04002	01-0539771	501(C)(3)	10,000.	0.			ACCESSIBLE TRAIL
TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-1169939	501(C)(3)	20,202.	0.			TRANSPORTATION
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1200 10TH AVE SOUTH - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	24,575.	0.			ARTS
WASHINGTON STATE UNIVERSITY (WSU) LIGHTY STUDENT SERVICES BLDG, ROOM 280, P.O. BOX 641060 - PULLMAN, WA 99164	91-6001108	501(C)(3)	9,740.	0.			CONSUMER EDUCATION

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WATERFORD RECREATION AND PARKS 15 ROPE FERRY ROAD WATERFORD, CT 06385	06-6002121	501(C)(3)	10,000.	0.			ACCESSIBLE BEACH/DOCK/PIER
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	56-2100632	501(C)(3)	8,777.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ADAPTIVE SPORTS PROGRAM OF OHIO 100 KURZEN ROAD NORTH, SUITE B DALTON, OH 44618	27-1144442	501(C)(3)	100,000.	0.			ADAPTIVE SPORTS
DISABILITY ACTION CENTER - NW (CIL) - 505 N MAIN ST - MOSCOW, ID 83843	82-0458076	501(C)(3)	94,458.	0.			ASSISTIVE TECHNOLOGY
LOUISIANA ASSISTIVE TECHNOLOGY ACCESS NETWORK (LATAN) - 3042 OLD FORGE DRIVE, STE. D - BATON ROUGE, LA 70808	72-1281065	501(C)(3)	100,000.	0.			ASSISTIVE TECHNOLOGY
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 3 EAST 101ST STREET - NEW YORK, NY 10029	13-6171197	501(C)(3)	99,961.	0.			SPECIAL EMERGENCY GRANT
THE METHODIST HOSPITAL RESEARCH INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	87-0721923	501(C)(3)	150,000.	0.			NACTN
UNIVERSITY OF MIAMI SPONSORED PROGRAMS PO BOX 025405 MIAMI, FL 33102-5405	59-0624458	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	45,000.	0.			NACTN

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET, SHERIDAN BUILDING, 2ND FL - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	37,500.	0.			NACTN
DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, SUITE 900 DURHAM, NC 27705	56-0532129	501(C)(3)	50,000.	0.			NACTN
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	37,500.	0.			NACTN
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - HOUSTON, TX 75303-1418	74-1761309	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE, DAVIS 5 ROOM 5293, PO BOX 800793 - CHARLOTTESVILLE, VA 2	54-6001796	501(C)(3)	37,500.	0.			NACTN
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001-0988	74-6001399	501(C)(3)	50,000.	0.			NACTN
UNIV OF WASHINGTON DEPT. REHAB MEDICINE BOX 356490 SEATTLE, WA 98195	91-6001537	501(C)(3)	100,000.	0.			RESEARCH
MARQUETTE UNIVERSITY ATTN KATHLEEN LUDINGTON ZILBER HALL 321 PO BOX 1881 - MILWAUKEE, WI 53201	39-0806251	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	1,058,198.	0.			BIG IDEA

Schedule I (Form 990)

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT AWARDS ARE ADMINISTERED VIA A CONTRACT BETWEEN THE FOUNDATION AND THE GRANTEE. QUALITY OF LIFE GRANTS ARE AWARDED THROUGH THE FOUNDATION'S QUALITY OF LIFE DEPARTMENT. 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

Part IV Supplemental Information

FOUNDATION UNLESS WRITTEN PERMISSION TO PROCEED OTHERWISE IS GRANTED BY THE FOUNDATION. SITE VISITS TO GRANTED ORGANIZATIONS ARE ALSO CONDUCTED WHENEVER POSSIBLE BY THE CHRISTOPHER REEVE FOUNDATION STAFF AND MANAGEMENT. THIS PROCESS APPLIES TO FUNDING BOTH WITHIN THE UNITED STATES AND FOR ORGANIZATIONS BASED OUTSIDE THE UNITED STATES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on 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 (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER WILDEROTTER PRESIDENT AND CEO	(i)	413,006.	0.	0.	16,680.	15,892.	445,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	155,220.	0.	0.	7,212.	22,062.	184,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE LOIACONO VP, OPERATIONS	(i)	161,244.	0.	0.	7,515.	6,179.	174,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AIMEE HUNNEWELL CHIEF DEVELOPMENT OFFICER	(i)	185,164.	0.	0.	8,412.	10,409.	203,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET GOLDBERG COO	(i)	250,477.	0.	0.	11,631.	28,497.	290,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **CHRISTOPHER REEVE FOUNDATION** Employer identification number: **22-2939536**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	12	86,017.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

USE BROKERAGE FIRM SERVICES FOR SALES OF MARKETABLE SECURITIES.

Horizontal lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

FORM 990, PART I, DOING BUSINESS AS:

CHRISTOPHER & DANA REEVE FOUNDATION

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

INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND
FAMILIES IMPACTED BY PARALYSIS.

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

2. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS
RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD
STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING
VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER
CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE. THE BIG IDEA
IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO
PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS
THE AFORE-MENTIONED SECONDARY FUNCTIONS.

FORM 990, PART VI, SECTION A, LINE 2:

THERE IS A FAMILY RELATIONSHIP BETWEEN THREE BOARD OF DIRECTORS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 3:

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORMED BY AN OUTSIDE
CONSULTANT.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINANCE COMMITTEE

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
--	--

AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. 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, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY. THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON. AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE.

COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES:

THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & THE COMPENSATION COMMITTEE BASED ON WRITTEN PERFORMANCE EVALUATIONS AND OTHER BUDGET CONSIDERATIONS.

Name of the organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
--	--

KEY EMPLOYEES HAVE ANNUAL PERFORMANCE EVALUATIONS AFTER WHICH COMPENSATION IS DETERMINED. WHEN CONSIDERED NECESSARY, THE COMPENSATION COMMITTEE WILL MAKE COMPARISONS WITH OTHER SIMILAR ORGANIZATIONS BY REVIEWING OTHERS' COMPENSATION AS DISCLOSED IN THEIR RESPECTIVE FORM 990S AND DOCUMENT ITS EVALUATION PROCESS.

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

FORM 990, PART VI, SECTION C, LINE 19:
THE FORM 990, ANNUAL REPORT, CONFLICT OF INTEREST POLICY, AND 501(C)(3) INTERNAL REVENUE SERVICE DETERMINATION LETTER ARE POSTED ON THE FOUNDATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CHRISTOPHER REEVE FOUNDATION** Employer identification number **22-2939536**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NRT HOLDINGS LLC - 84-2875859 2181 GREENWICH STREET SAN FRANCISCO, CA 94123	INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A	CA		RELATED	-8,840.	1,726,981.		X	N/A		X	16.16%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

SEE PART VII FOR CONTINUATIONS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NRT HOLDINGS LLC

EIN: 84-2875859

2181 GREENWICH STREET

SAN FRANCISCO, CA 94123

PRIMARY ACTIVITY: INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A CURE FOR PARALYSIS

DIRECT CONTROLLING ENTITY:

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING
DECEMBER 31, 2020

Prepared for	CHRISTOPHER REEVE FOUNDATION 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078
Prepared by	SMOLIN, LUPIN & CO., P.A. 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THE NEW JERSEY FORM CRI-300R SHOULD BE FILED VIA THE WEB AT: HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/
Return must be mailed on or before	DECEMBER 31, 2021
Special Instructions	

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

**Application for an Extension of Time to File the Annual Renewal Registration
Statement and Financial Report for a Charitable Organization**

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/20 Date of this application: _____ N.J. Charities Registration Number: CH- _____

Charity's Full Legal Name: CHRISTOPHER REEVE FOUNDATION

Other Names Used (d.b.a.) _____

Mailing Address:

636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078
In care of: Address City State ZIP Code

Street Address:

Street Address City State ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: _____ Phone Number: _____
(include area code)

E-mail: MBURKE@CHRISTOPHERREEVE.ORG Federal Tax ID (EIN): 22-2939536

Web site: WWW.CHRISTOPHERREEVE.ORG Fax Number: _____
(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No

If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? Yes No

4. Has the organization previously filed an initial registration with the Charities Registration Section? Yes No

If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title COO _____ Date _____

Signature _____ Title TREASURER _____ Date _____

This form must be signed by at least one (1) officer of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2020
month day year

2. Federal ID Number (EIN) 22-2939536 2a. N.J. Charities Registration Number: CH- 0343800

3. Full legal name of the registering organization: CHRISTOPHER REEVE FOUNDATION
In care of: (if necessary, otherwise leave this line blank) _____

4. Mailing Address: 636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 0 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

_____ Contact person _____ Street address _____ City _____ State _____ ZIP Code

_____ Telephone number (include area code) _____ Fax number (include area code)

7. Organization's contact information:
973-379-2690 _____
Telephone number (include area code) Fax number (include area code)

MBURKE@CHRISTOPHERREEVE.ORG _____ WWW.CHRISTOPHERREEVE.ORG _____
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 05/11/1988 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: CHRISTOPHER & DANA REEVE FOUNDATION

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
ALREADY EXISTS-FORM 990, PAGE 2, PART III, LINE 4A

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: <u>CHRISTOPHER REEVE FOUNDATION</u>				
Fiscal year-end being reported: <u>12/31/2020</u>		Federal ID Number (EIN) <u>22-2939536</u>		
month day year				
Mailing address:				
<u>636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: _____				
Street Address	City	State	ZIP Code	
New Jersey Charities Registration number: CH <u>0343800</u>		Telephone number: <u>973-379-2690</u>		
		(include area code)		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	4,362,516.
(2)	Telephone solicitation	0.
(3)	Commercial co-venture	0.
(4)	Gross receipts from fund-raising events	792,631.
(5)	Canisters, counter cards, door to door etc	0.
(6)	Corporations and other businesses	0.
(7)	Foundations and trusts	0.
(8)	Donated land, buildings, property, equipment and materials	0.
(9)	Legacies and bequests	0.
(10)	Membership dues solely resulting from solicitations	0.
(11)	Other support (specify)	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 5,155,147.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	7,375.
(2)	From an affiliated organization	0.
(3)	From another fund-raising organization	0.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) 7,375.

Line A1e. Total Gross Contributions (add lines A1b and A1d) 5,162,522.

Line A2.	Government grants including purchase of service contracts (specify agency)		
a.	GOVERNMENT GRANTS - CONTRIBUTIONS		9,405,542.
b.	_____		0.
c.	_____		0.
d.	_____		0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)		9,405,542.

Line A3.	Other Support		
a.	Bona fide membership		0.
b.	Program service revenue		0.
c.	Professional services rendered by volunteers		0.
d.	Miscellaneous income (specify) SEE STATEMENT 3		-121,711.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)		-121,711.

Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)		14,446,353.
-----------------	---	--	--------------------

B. Expenses

Line B1.	Program expenses		12,049,580.
Line B2.	Management and general expenses		497,797.
Line B3.	Fund-raising expenses		1,557,003.
Line B4.	Payments to state/national affiliates (if applicable)		0.
Line B5.	Total Expenses (add the totals of line B1 thru B4)		14,104,380.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)			341,973.
---	--	--	----------

D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year		3,900,606.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 2		-20,318.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)		4,222,261.

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: CHRISTOPHER REEVE FOUNDATION

N.J. Charities Registration Number: CH- 0343800 -00

Federal ID Number (EIN) 22-2939536

Fiscal Year-End being reported: 12/31/2020
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. **SEE STATEMENT 4**

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name MARGARET GOLDBERG Title COO Date _____

Signature _____ Name TANIA LYNN TAYLOR Title TREASURER Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES STATEMENT 1
AND FIVE MOST HIGHLY PAID EMPLOYEES

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ALAN BROWN	DIRECTOR OF PUBLIC IMPACT	
<u>ADDRESS</u>		
636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ANGELA CANTILLON	DIRECTOR, PARALYSIS RESOURCE C	
<u>ADDRESS</u>		
636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
WILLIAM CAWLEY	DIRECTOR, PEER AND FAMILY SUPP	
<u>ADDRESS</u>		
636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078		
<u>SALARY</u>		
0.		

NAME OF INDIVIDUALTITLETELEPHONE NO.

MARK BOGOSIAN

DIRECTOR, QUALITY OF
LIFE GRANADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

KIMBERLY BEER

DIRECTOR, PUBLIC
POLICYADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

PETER WILDEROTTER

PRESIDENT AND CEO

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MARGARET GOLDBERG

COO

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

AIMEE HUNNEWELL

CHIEF DEVELOPMENT
OFFICERADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MICHELE LOIACONO

VP, OPERATIONS

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ETHAN PERLSTEIN

CHIEF SCIENTIFIC
OFFICER

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

OLIVIA MULLANE

VP, MARKETING AND
COMMUNICATIO

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RICHARD SHERMAN

CFO

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078

SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JAY SHEPARD

CHAIR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOHN M. HUGHES

CHAIR EMERITUS

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JOHN E. MCCONNELL

VICE CHAIR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

ALEXANDRA REEVE GIVENS, ESQ.

VICE CHAIR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MATTHEW REEVE

VICE CHAIR

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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

HENRY G. STIFELL, III

VICE CHAIR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

TANIA LYNN TAYLOR

TREASURER

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JEFFREY P. CUNARD, ESQ.

SECRETARY

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JAMES CALBI

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

IAN CURTIS

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MICHAEL FORDYCE

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

TRACY J. FORST

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

SIMONE GEORGE

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JACK HAGERTY, ESQ.

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

KELLY ANNE HENEGHAN, ESQ.

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
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0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

LISA HENRY HOLMES

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

ANITA MCGORTY

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

JULIE NEUSTADT

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

RITESH PATEL

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

TIMOTHY PERNETTI

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

MARK POLLOCK

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

WILLIAM REEVE

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

CHRISTOPHER TAGATAC

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

NAME OF INDIVIDUALTITLETELEPHONE NO.

PATRICIA J. VOLLAND

DIRECTOR

ADDRESS636 MORRIS TURNPIKE, SUITE 3A
SHORT HILLS, NJ 07078SALARY

0.

FORM CRI-300	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	-20,318.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2	-20,318.

FORM CRI-300	MISCELLANEOUS INCOME	STATEMENT	3
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DESCRIPTION	AMOUNT
INVESTMENT INCOME	6,334.
GAIN/LOSS ON SALE OF ASSET(S) OTHER THAN INVENTORY	-293.
DIRECT EXPENSES FOR FUNDRAISING EVENTS	-144,824.
OTHER INCOME	17,072.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D	-121,711.

FORM CRI-300RC

EXPLANATION OF RELATIONSHIP
PAGE 6, LINE 24

STATEMENT 4

BOARD MEMBERS ALEXANDRA REEVE GIVENS, MATTHEW REEVE AND WILL REEVE ARE BROTHERS/SISTERS.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name **MARGARET
GOLDBERG** Title **COO** Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name **TANIA LYNN
TAYLOR** Title **TREASURER** Date _____

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER REEVE FOUNDATION		D Employer identification number 22-2939536
	Doing business as CHRISTOPHER & DANA REEVE FOUNDATION		E Telephone number 973-379-2690
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	636 MORRIS TURNPIKE, SUITE 3A		G Gross receipts \$ 14,798,590.
City or town, state or province, country, and ZIP or foreign postal code SHORT HILLS, NJ 07078		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MARGARET GOLDBERG SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 24
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 52
	6 Total number of volunteers (estimate if necessary) 6 75
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 17,719,929. Prior Year 14,568,064. Current Year
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,530. 6,041.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -612,901. -127,752.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,114,558. 14,446,353.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,661,296. 5,641,493.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,982,601. 4,993,715.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,557,003.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,384,477. 3,469,172.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,028,374. 14,104,380.
19 Revenue less expenses. Subtract line 18 from line 12 86,184. 341,973.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,032,472. Beginning of Current Year 8,358,001. End of Year
	21 Total liabilities (Part X, line 26) 4,131,866. 4,135,740.
	22 Net assets or fund balances. Subtract line 21 from line 20 3,900,606. 4,222,261.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MARGARET GOLDBERG, COO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAURA DITOMMASO	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00055087
	Firm's name ▶ SMOLIN, LUPIN & CO., P.A.	Firm's EIN ▶ 22-2258733	Phone no. (732) 933-9300		
Firm's address ▶ 331 NEWMAN SPRINGS RD - SUITE 145		RED BANK, NJ 07701			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS.

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

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

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

4a (Code:) (Expenses \$ 8,420,087. including grants of \$ 3,372,713.) (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 AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JULY 1, 2020 FOR \$8,700,000. 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 WHOSE PROJECTS AND INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT, WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSIS.

4b (Code:) (Expenses \$ 3,061,233. including grants of \$ 2,268,780.) (Revenue \$) THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG TWO INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM.

1. THE MISSION OF THE CHRISTOPHER REEVE FOUNDATION'S NORTH AMERICAN CLINICAL TRIALS NETWORK (NACTN) IS TO ADVANCE THE QUALITY OF CARE AND LIFE FOR PEOPLE WITH SPINAL CORD INJURY (SCI) THROUGH CLINICAL TRIALS OF NEW THERAPIES THAT PROVIDE STRONG EVIDENCE OF SAFETY AND EFFECTIVENESS. NACTN ALSO HAS THE OBJECTIVE OF CREATING AND EVALUATING BEST CARE PRACTICES FOR ACUTE SCI. ITS RESEARCH HAS BEEN SUPPORTED HISTORICALLY BY MULTI-MILLION DEPARTMENT OF DEFENSE AWARDS.

4c (Code:) (Expenses \$ 568,260. including grants of \$) (Revenue \$) PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION. IT MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,049,580.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	24	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	24	
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **RICHARD SHERMAN, CFO - 973-379-2690**
636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JAY SHEPARD CHAIR	5.00	X		X				0.	0.	0.
(2) JOHN M. HUGHES CHAIR EMERITUS	5.00	X		X				0.	0.	0.
(3) JOHN E. MCCONNELL VICE CHAIR	5.00	X		X				0.	0.	0.
(4) ALEXANDRA REEVE GIVENS, ESQ. VICE CHAIR	5.00	X		X				0.	0.	0.
(5) MATTHEW REEVE VICE CHAIR	5.00	X		X				0.	0.	0.
(6) HENRY G. STIFELL, III VICE CHAIR	5.00	X		X				0.	0.	0.
(7) TANIA LYNN TAYLOR TREASURER	5.00	X		X				0.	0.	0.
(8) JEFFREY P. CUNARD, ESQ. SECRETARY	5.00	X		X				0.	0.	0.
(9) JAMES CALBI DIRECTOR	2.50	X						0.	0.	0.
(10) IAN CURTIS DIRECTOR	2.50	X						0.	0.	0.
(11) MICHAEL FORDYCE DIRECTOR	2.50	X						0.	0.	0.
(12) TRACY J. FORST DIRECTOR	2.50	X						0.	0.	0.
(13) SIMONE GEORGE DIRECTOR	2.50	X						0.	0.	0.
(14) JACK HAGERTY, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(15) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(16) LISA HENRY HOLMES DIRECTOR	2.50	X						0.	0.	0.
(17) ANITA MCGORTY DIRECTOR	2.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JULIE NEUSTADT DIRECTOR	2.50	X						0.	0.	0.
(19) RITESH PATEL DIRECTOR	2.50	X						0.	0.	0.
(20) TIMOTHY PERNETTI DIRECTOR	2.50	X						0.	0.	0.
(21) MARK POLLOCK DIRECTOR	2.50	X						0.	0.	0.
(22) WILLIAM REEVE DIRECTOR	2.50	X						0.	0.	0.
(23) CHRISTOPHER TAGATAC DIRECTOR	2.50	X						0.	0.	0.
(24) PATRICIA J. VOLLAND DIRECTOR	2.50	X						0.	0.	0.
(25) PETER WILDEROTTER PRESIDENT AND CEO	40.00			X				413,006.	0.	32,572.
(26) RICHARD SHERMAN CFO	40.00			X				92,788.	0.	0.
1b Subtotal								505,794.	0.	32,572.
c Total from continuation sheets to Part VII, Section A								1,683,562.	0.	264,783.
d Total (add lines 1b and 1c)								2,189,356.	0.	297,355.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

	Yes	No
3 Did the organization list any former officer, director, 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HORIZON BCBS OF NJ PO BOX 10130, NEWARK, NJ 07101	HEALTH INSURANCE	662,500.
SHORT HILLS PLAZA, LLC, 636 MORRIS TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	354,722.
AMERICAN EXPRESS PO BOX 1270, NEWARK, NJ 07101	MISCELLANEOUS TRAVEL, BUSINESS MEALS, SU	317,673.
WAXMAN STRATEGIES, 1150 CONNECTICUT AVENUE NW SUITE 800, WASHINGTON, DC 20036	ADVOCACY CONSULTANTS	180,000.
AO SPINE NORTH AMERICA 1700 RUSSELL ROAD, PAOLI, PA 19301	NACTN	150,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	792,631.				
	d Related organizations	1d	7,375.				
	e Government grants (contributions)	1e	9,405,542.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,362,516.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 86,017.				
	h Total. Add lines 1a-1f		14,568,064.				
	Program Service Revenue	2 a	Business Code				
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)		6,334.			6,334.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	207,120.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	207,413.				
	c Gain or (loss)	7c	-293.				
d Net gain or (loss)		-293.			-293.		
8 a Gross income from fundraising events (not including \$ 792,631. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	144,824.					
c Net income or (loss) from fundraising events		-144,824.			-144,824.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	17,072.		17,072.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			17,072.			
12 Total revenue. See instructions			14,446,353.	0.	0.	-121,711.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,603,993.	5,603,993.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	37,500.	37,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,449,450.	1,046,863.	72,868.	329,719.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,660,551.	1,895,724.	136,221.	628,606.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,019.	58,022.	3,668.	9,329.
9 Other employee benefits	525,806.	451,948.	10,558.	63,300.
10 Payroll taxes	286,889.	232,635.	9,623.	44,631.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,439.	2,583.	21,856.	
c Accounting	118,533.	21,290.	97,243.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,165,447.	1,015,090.	45,311.	105,046.
12 Advertising and promotion	111,682.	105,181.		6,501.
13 Office expenses	140,122.	121,093.	3,375.	15,654.
14 Information technology				
15 Royalties				
16 Occupancy	347,992.	282,218.	11,666.	54,108.
17 Travel	92,775.	57,243.	24,558.	10,974.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	401,174.	398,962.	2,212.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,789.	23,736.	3,202.	14,851.
23 Insurance	99,624.	74,718.	24,906.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	271,368.	254,794.	8,288.	8,286.
b INTERNET COMMUNICATIONS	211,071.	194,901.	2,695.	13,475.
c DIRECT MAIL	138,021.	41,406.	0.	96,615.
d TEAMS	123,615.	0.	0.	123,615.
e All other expenses	181,370.	129,680.	19,397.	32,293.
25 Total functional expenses. Add lines 1 through 24e	14,104,380.	12,049,580.	497,797.	1,557,003.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	282,846.	84,854.	0.	197,992.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,716,227.	1	1,917,105.
	2 Savings and temporary cash investments	649,644.	2	1,517,083.
	3 Pledges and grants receivable, net	2,973,201.	3	2,995,491.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,582.	9	149,765.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,225,141.		
	b Less: accumulated depreciation	10b 1,210,395.	16,359.	10c 14,746.
	11 Investments - publicly traded securities	141,393.	11	1,055.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,444,060.	13	1,742,010.
	14 Intangible assets	35,343.	14	7,083.
	15 Other assets. See Part IV, line 11	13,663.	15	13,663.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,032,472.	16	8,358,001.	
Liabilities	17 Accounts payable and accrued expenses	454,215.	17	573,449.
	18 Grants payable	3,567,067.	18	3,263,830.
	19 Deferred revenue	110,584.	19	148,461.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,131,866.	26	4,135,740.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,900,606.	27	4,222,261.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,900,606.	32	4,222,261.
33 Total liabilities and net assets/fund balances	8,032,472.	33	8,358,001.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,446,353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,104,380.
3	Revenue less expenses. Subtract line 2 from line 1	3	341,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,900,606.
5	Net unrealized gains (losses) on investments	5	-20,318.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,222,261.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 on Schedule O.	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? _____	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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						72774842.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,928.	67,983.	25,623.	14,022.	6,334.	177,890.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						72952732.
12 Gross receipts from related activities, etc. (see instructions)					12	485,800.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	99.76 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.59 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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 - 2020. 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 VI 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 - 2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>7,945,659.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>962,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **CHRISTOPHER 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" on Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

032051 12-01-20

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,225,141.	1,210,395.	14,746.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,746.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) NRT HOLDINGS, LLC	1,742,010.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,742,010.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	14,570,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-20,318.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	144,824.	
e	Add lines 2a through 2d	2e		124,506.
3	Subtract line 2e from line 1	3		14,446,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		14,446,353.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	14,249,054.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	144,824.	
e	Add lines 2a through 2d	2e		144,824.
3	Subtract line 2e from line 1	3		14,104,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		150.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		14,104,380.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE. THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE CODE. ADDITIONALLY, SINCE THE FOUNDATION IS PUBLICLY SUPPORTED, CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE CODE. THE FOUNDATION IS ALSO EXEMPT FROM NEW JERSEY STATE INCOME TAX.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION.

Part XIII Supplemental Information (continued)

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED DECEMBER 31, 2020 AND 2019. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017 AND 2016, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	144,824.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	144,824.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON	37,500.
3 a Subtotal	0	0			37,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			37,500.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2020
SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES ARE THE SAME AS THOSE DESCRIBED IN SCHEDULE I PART 1, LINE 2 AND SCHEDULE I PART IV.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		AME (event type)	TEAM REEVE (event type)	2 (total number)	
	1 Gross receipts	426,535.	340,320.	25,776.	792,631.
	2 Less: Contributions	426,535.	340,320.	25,776.	792,631.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39,131.	75,330.	30,363.	144,824.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				144,824.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-144,824.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF ALABAMA 1600 7TH AVE SOUTH BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	13,010.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
CLEMSON UNIVERSITY 230 KAPPA STREET, SUITE 200 CLEMSON, SC 29634-5702	57-0426335	501(C)(3)	42,604.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
DISABILITY PARTNERSHIP PROJECT 14103 STANWOOD TERRACE, 103 ROCKVILLE, MD 20850	47-2647318	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	22,490.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
PARALYZED VETERANS OF AMERICA - NATIONAL HQ - 801 EIGHTEENTH STREET NW - WASHINGTON, DC 20006	13-1946868	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ROCHESTER SPINAL ASSOCIATION 3380 MONROE AVENUE, SUITE 102 ROCHESTER, NY 14618	22-3041847	501(C)(3)	22,715.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **152.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ROCKY MOUNTAIN MS CENTER 8845 WAGNER STREET WESTMINSTER, CO 80031	84-0795455	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
SISTEMA INFANTIL TELETON USA 10839 QUARRY PARK SAN ANTONIO, TX 78233	46-4845389	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND - 219 E. MAIN STREET, SUITE 100B - MILFORD, MA 01757	23-7305430	501(C)(3)	19,500.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	50,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
UNIVERSITY OF MIAMI - MIAMI PROJECT - 1320 S. DIXIE HIGHWAY, SUITE 650 - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	43,881.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ABLE SOUTH CAROLINA (CIL) 720 GRACERN ROAD, SUITE 106 COLUMBIA, SC 29210	58-2336332	501(C)(3)	50,000.	0.			EMPLOYMENT
ALS ASSOCIATION GOLDEN WEST CHAPTER - P.O. BOX 565 - AGOURA HILLS, CA 91376-0565	95-4163338	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
CENTER FOR PEOPLE WITH DISABILITIES - 1675 RANGE STREET - BOULDER, CO 80301	84-0732497	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
EOD WARRIOR FOUNDATION 716 CRESTVIEW AVE NICEVILLE, FL 32578	20-8618412	501(C)(3)	15,000.	0.			RESPITE/CAREGIVING

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	94-3255845	501(C)(3)	27,655.	0.			RESPIRE/CAREGIVING
HANDI-WHEELS TRANSPORTATION 2525 BROADWAY N. , UNIT 002 FARGO, ND 58102	45-0348910	501(C)(3)	30,000.	0.			TRANSPORTATION
HOPE NETWORK 3075 ORCHARD VISTA DRIVE SE GRAND RAPIDS, MI 49546	38-2731395	501(C)(3)	50,000.	0.			EMPLOYMENT
INDEPENDENCEFIRST (CIL) 540 SOUTH 1ST STREET MILWAUKEE, WI 53204	39-1343425	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
ON MY OWN, INC 428 E. HIGHLAND AVE. NEVADA, MO 64772	43-1759551	501(C)(3)	50,000.	0.			EMPLOYMENT
RAMP - REGIONAL ACCESS & MOBILIZATION PROJECT (CIL) - 202 MARKET ST - ROCKFORD, IL 61107	36-3149827	501(C)(3)	24,989.	0.			EMPLOYMENT
RESOURCE CENTER FOR INDEPENDENT LIVING, INC. (CIL) - 131 GENESEE STREET, PO BOX 210 - UTICA, NY 13503-0210	22-2518284	501(C)(3)	30,000.	0.			DISASTER RESPONSE
SPECIAL KIDS SPECIAL FAMILIES 1915 AEROTECH DRIVE, SUITE 100 COLORADO SPRINGS, CO 80916	84-1476535	501(C)(3)	30,000.	0.			RESPIRE/CAREGIVING
THE ALS ASSOCIATION OF GEORGIA 5881 GLENRIDGE DRIVE, SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)(3)	30,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE ALS ASSOCIATION, MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA CHAPTER - 1919 UNIVERSITY AVE W, SUITE 175 - ST. PAUL, MN 55104	41-1756085	501(C)(3)	30,000.	0.			RESPIRE/CAREGIVING
ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK RD. ABINGTON, PA 19001	23-1352152	501(C)(3)	25,000.	0.			CAREGIVING
ACHIEVE TAHOE PO BOX 8339 TRUCKEE, CA 96162	68-0024920	501(C)(3)	24,863.	0.			ADAPTIVE SPORTS
AGING, DISABILITY & TRANSIT SERVICES OF ROCKINGHAM COUNTY - PO BOX 1915, 105 LAWSONVILLE AVE. - REIDSVILLE, NC 27323	56-1480312	501(C)(3)	962.	0.			FITNESS AND WELLNESS
ARC OF MAUI COUNTY 140 N. MARKET STREET, SUITE 202B WAILUKU, HI 96793	99-0109804	501(C)(3)	24,000.	0.			TRANSPORTATION
CAMP TWIN LAKES 1100 SPRING STREET, SUITE 406 ATLANTA, GA 30309	58-1826782	501(C)(3)	24,200.	0.			CAMP
CHANGING GAITS INC. P.O. BOX 21 BROOK PARK, MN 55007	20-8039907	501(C)(3)	24,785.	0.			THERAPEUTIC HORSEBACK RIDING
CHARLES RIVER CENTER 59 EAST MILITIA HEIGHTS DR. NEEDHAM, MA 02492	04-2393108	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CHESHIRE HOME 9 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	22-1936587	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CITY OF AURORA, IL 44 E. DOWNER PLACE AURORA, IL 60507-2067	36-6005778	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
CITY OF LEITCHFIELD 314 W WHITE OAK STREET LEITCHFIELD, KY 42754	61-6001857	501(C)(3)	24,995.	0.			ACCESSIBLE PLAYGROUND
CITY OF MARINE CITY 303 S. WATER STREET MARINE CITY, MI 48039	38-6004573	501(C)(3)	24,706.	0.			ACCESSIBLE BEACH/DOCK/PIER
CITY OF PALO ALTO 1451 MIDDLEFIELD ROAD PALO ALTO, CA 94301	94-6000389	501(C)(3)	14,325.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CIVITAN FOUNDATION, INC. 12635 N 42ND ST PHOENIX, AZ 85032	23-7036797	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
COASTAL HORIZONS CENTER 615 SHIPYARD BLVD WILMINGTON, NC 28412	56-0950370	501(C)(3)	22,407.	0.			ACCESSIBLE PLAYGROUND
COMMON GROUND OUTDOOR ADVENTURES 335 N. 100 E. LOGAN, UT 84321	84-1385181	501(C)(3)	17,600.	0.			ADAPTIVE SPORTS
CONNECTICUT INSTITUTE FOR THE BLIND D/B/A OAK HILL - 120 HOLCOMB STREET - HARTFORD, CT 06112	06-0669111	501(C)(3)	15,506.	0.			ASSISTIVE TECHNOLOGY
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422	41-1952989	501(C)(3)	23,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DISABLED SPORTS USA - OR (OREGON ADAPTIVE SPORTS) - 63025 O.B. RILEY RD, SUITE 12 - BEND, OR 97703	26-0076749	501(C)(3)	5,000.	0.			ADAPTIVE SPORTS
EASTER SEALS - AZ (EASTER SEALS SOUTHWEST HUMAN DEVELOPMENT) - 2850 N. 24TH STREET - PHOENIX, AZ 85008	86-0407179	501(C)(3)	5,587.	0.			ASSISTIVE TECHNOLOGY
FOOD UNITING NEIGHBORS 3029 SYLVAN DRIVE FALLS CHURCH, VA 22042	83-3442020	501(C)(3)	9,776.	0.			ACCESSIBLE TRAIL
HIGH FIVES NON-PROFIT FOUNDATION 10775 PIONEER TRAIL SUITE 108 TRUCKEE, CA 96161	26-4275773	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707	23-7062317	501(C)(3)	4,870.	0.			PEER MENTORING AND SUPPORT
INDEPENDENT LIVING CENTER OF THE HUDSON VALLEY (CIL) - 15-17 THIRD STREET - TROY, NY 12180	22-2875911	501(C)(3)	21,494.	0.			FITNESS AND WELLNESS
JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION - 1340 CAMPUS PARKWAY, BUILDING C, UNIT 4 - NEPTUNE, NJ 07753	22-2342452	501(C)(3)	24,003.	0.			ASSISTIVE TECHNOLOGY
LOGAN UNIVERSITY 1851 SCHOETTLER ROAD CHESTERFIELD, MO 63017	43-0746185	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
MARIAN UNIVERSITY 3200 COLD SPRING ROAD INDIANAPOLIS, IN 46222	35-0868175	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MONTGOMERY PARKS FOUNDATION 2425 REEDIE DRIVE, 12TH FLOOR WHEATON, MD 20902	52-1788782	501(C)(3)	9,308.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MORE THAN WALKING INCORPORATED 155 PEACE ACRE LANE STRATFORD, CT 06614	82-3271603	501(C)(3)	12,500.	0.			MEDIA DEVELOPMENT
NORTHERN VIRGINIA THERAPEUTIC RIDING PROGRAM - 6429 CLIFTON RD. - CLIFTON, VA 20124	54-1897241	501(C)(3)	9,147.	0.			THERAPEUTIC HORSEBACK RIDING
OGDEN VALLEY ADAPTIVE SPORTS P.O. BOX 1193 EDEN, UT 84310	27-0650748	501(C)(3)	15,597.	0.			ADAPTIVE SPORTS
ORLANDO HEALTH INC. 3160 SOUTHGATE COMMERCE BLVD, SUITE ORLANDO, FL 32806	59-1726273	501(C)(3)	16,771.	0.			DURABLE MEDICAL EQUIPMENT
PIERS PARK SAILING CENTER 95 MARGINAL STREET EAST BOSTON, MA 02128	04-3411388	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
RAYTOWN CHAMBER OF COMMERCE BUILDING FOUNDATION - 5909 RAYTOWN TRAFFICWAY - RAYTOWN, MO 64133	43-1503025	501(C)(3)	12,766.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SMOKY MOUNTAIN SERVICE DOGS 110 TOOWEKA CIRCLE LOUDON, TN 37774	27-3365083	501(C)(3)	12,500.	0.			SERVICE ANIMAL PROGRAM
SOCIEDAD, EDUCACIN Y REHABILITACIN (SER) DE PUERTO RICO, INC. - 500 CALLE BEZ URB. PREZ MORIS - SAN JUAN, PR 00917	66-0207947	501(C)(3)	13,600.	0.			DURABLE MEDICAL EQUIPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SPORTABLE 1365 OVERBROOK ROAD, ROOM 2 RICHMOND, VA 23220	20-8924701	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
STABLESTRIDES 13620 HALLELUIAH TRAIL ELBERT, CO 80106	74-2232440	501(C)(3)	2,980.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
STONINGTON FREE LIBRARY PO BOX 232, 20 HIGH STREET STONINGTON, CT 06378	06-0665194	501(C)(3)	2,800.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
TETON ADAPTIVE SPORTS 7342 GRANITE LOOP ROAD, P.O. BOX 90 TETON VILLAGE, WY 83025	06-1741611	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
THE ALS ASSOCIATION NORTHERN OHIO CHAPTER - 6155 ROCKSIDE ROAD, SUITE 403 - INDEPENDENCE, OH 44131	34-1595148	501(C)(3)	18,474.	0.			DURABLE MEDICAL EQUIPMENT
THE UNIVERSITY OF MICHIGAN 3003 S. STATE STREET, ANN ARBOR, MI 48109-1274 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	11,675.	0.			FITNESS AND WELLNESS
THE WILLIAM S BAER SCHOOL PARTNERSHIP BOARD INC. - 2001 NORTH WARWICK AVENUE - BALTIMORE, MD 21216	52-1890556	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
TOMS RIVER FIELD OF DREAMS 37 HARPERS FERRY RD TOMS RIVER, NJ 08753	82-0886452	501(C)(3)	20,805.	0.			ACCESSIBLE PLAYGROUND
TOPFIELD EQUESTRIAN CENTER 115 STONECROP LANE COLD SPRING, NY 10516	20-4432765	501(C)(3)	4,525.	0.			THERAPEUTIC HORSEBACK RIDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TRAIL ACCESS PROJECT 8844 CORTILE DRIVE LAS VEGAS, NV 89134	81-2198398	501(C)(3)	21,287.	0.			ACCESSIBLE TRAIL
TRIBAL ADAPTIVE ORGANIZATION 1718 MARIPOSA DR. DURANGO, CO 81301	81-4076368	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 1207 S. OAK ST., M/C 574 - CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	23,555.	0.			FITNESS AND WELLNESS
WAHINE PROJECT PO BOX 791465 PAIA, HI 96779	45-1154140	501(C)(3)	20,515.	0.			ADAPTIVE SPORTS
WINDSOR PUBLIC LIBRARY 43 STATE ST WINDSOR, VT 05089	03-0197037	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	25,000.	0.			CAREGIVING
WRIGHT STATE UNIVERSITY FOUNDATION INC - FOUNDATION BUILDING, 3640 COLONEL GLENN HIGHWAY - DAYTON, OH 45435	23-7019799	501(C)(3)	24,608.	0.			ADAPTIVE SPORTS
CT TECH ACT PROJECT 55 FARMINGTON AVENUE, 12TH FLOOR HARTFORD, CT 06105	45-4078714	501(C)(3)	75,000.	0.			HIIAT
HORACE MANN EDUCATIONAL ASSOCIATES DBA TECHACCESS OF RI - 161 COMSTOCK PARKWAY - CRANSTON, RI 02921	04-2300014	501(C)(3)	75,000.	0.			HIIAT

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SC ASSISTIVE TECHNOLOGY PROGRAM USC SCHOOL OF MEDICINE, CENTER FOR DISABILITY RESOURCES - COLUMBIA, SC 29208	57-6001153	501(C)(3)	74,542.	0.			HIIAT
WYOMING ASSISTIVE TECHNOLOGY RESOURCES - 1000 E. UNIVERSITY AVE., DEPT. 4928 - LARAMIE, WY 82071	83-6000331	501(C)(3)	75,000.	0.			HIIAT
ACCESS II INDEPENDENT LIVING CENTER (CIL) - 101 INDUSTRIAL PARKWAY - GALLATIN, MO 64640	43-1721357	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
ADAPT ABILITY INC 362 78TH STREET BROOKLYN, NY 11209	82-2916736	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
AFAR D/B/A THE ABILITY CENTER 10300 W. WISCONSIN AVENUE WAUWATOSA, WI 53226	26-3510832	501(C)(3)	24,500.	0.			ACCESSIBLE BEACH/DOCK/PIER
ALL MY FRIENDS INC W74 N1060 MONTGOMERY AVE CEDARBURG, WI 53012	37-1645545	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND
AMVETS 4647 FORBES BLVD LANHAM, MD 20706	52-0970963	501(C)(3)	20,000.	0.			CAREGIVING
BEAMAN MEMORIAL PUBLIC LIBRARY 8 NEWTON STREET WEST BOYLSTON, MA 01583	04-6001348	501(C)(3)	4,385.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10595	13-1739922	501(C)(3)	25,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BRAIN INJURY ASSOCIATION OF GEORGIA - P.O. BOX 2817 - WOODSTOCK, GA 30188	58-1497137	501(C)(3)	7,400.	0.			CAMP
BRIDGING VOICE 2132 84TH ST BROOKLYN, NY 11214	83-3669089	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
CANINE ASSISTANTS 3160 FRANCIS ROAD MILTON, GA 30004	58-1974410	501(C)(3)	20,500.	0.			SERVICE ANIMAL PROGRAM
CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763	94-2494324	501(C)(3)	8,613.	0.			SERVICE ANIMAL PROGRAM
CHESAPEAKE REGION ACCESSIBLE BOATING (CRAB) - 177 DEFENSE HIGHWAY SUITE 9 - ANNAPOLIS, MD 21401	35-2188410	501(C)(3)	15,870.	0.			ACCESSIBLE BEACH/DOCK/PIER
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE GREENFIELD, NH 03047	02-0222168	501(C)(3)	24,575.	0.			ADAPTIVE SPORTS
DALLAS SCI RECOVERY, INC. (DBA: REACT) - 15046 BELTWAY DRIVE - ADDISON, TX 75001	45-3060615	501(C)(3)	14,203.	0.			FITNESS AND WELLNESS
DES MOINES ROWING CLUB 3017 FOX RUN DES MOINES, IA 50321	42-1220527	501(C)(3)	24,784.	0.			ADAPTIVE SPORTS

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DREAM ADAPTIVE RECREATION PO BOX 4084 WHITEFISH, MT 59937	36-3416198	501(C)(3)	23,830.	0.			ADAPTIVE SPORTS
EXTRA SPECIAL PEOPLE, INC. 194 VFW DR. WATKINSVILLE, GA 30601	58-1710803	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION INC. - 11200 SW 8TH STREET, AHC2 , ROOM 693 - MIAMI, , FL 33199	23-7047106	501(C)(3)	22,753.	0.			HEALTHCARE
FLYNN CENTER FOR PERFORMING ARTS 153 MAIN STREET BURLINGTON, VT 05401	03-0277052	501(C)(3)	9,204.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FRIENDS' HEALTH CONNECTION 54 HUDSON ST., SUITE 203B FREEHOLD, NJ 07728	22-3095641	501(C)(3)	5,000.	0.			EDUCATION
GAYLORD HOSPITAL 50 GAYLORD FARM ROAD, P.O. BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)(3)	23,900.	0.			FITNESS AND WELLNESS
GREATER PROVIDENCE YMCA - NEWMAN BRANCH - 472 TAUNTON AVENUE - SEEKONK, MA 02771	05-0258878	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
HANDS AND HEARTS FOR HORSES 3828 LOWER CAIRO RD THOMASVILLE, GA 31792	58-2580985	501(C)(3)	7,980.	0.			THERAPEUTIC HORSEBACK RIDING
HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY - 10130 S 222ND STREET - GRETNA, NE 68028	36-3713040	501(C)(3)	4,605.	0.			THERAPEUTIC HORSEBACK RIDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HEARTLAND HORSE HEROES 16680 W JAMES ANDERSON HWY BUCKINGHAM, VA 23921	54-2037302	501(C)(3)	10,616.	0.			THERAPEUTIC HORSEBACK RIDING
HOPE, INC. 810 4TH AVE S, SUITE 140 MOORHEAD, MN 56560	45-0425106	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
JEFFERSON COUNTY HISTORICAL SOCIETY - 172-176 MAIN ST, P.O. BOX 51 - BROOKVILLE, PA 15825	25-1382415	501(C)(3)	16,613.	0.			ACCESSIBLE TRAIL
KIDS & HORSES, INC. 2869 ESAW STREET MINDEN, NV 89423	88-0419196	501(C)(3)	17,373.	0.			THERAPEUTIC HORSEBACK RIDING
MISSISSIPPI STATE UNIVERSITY - T.K. MARTIN CENTER FOR TECHNOLOGY & DISABILI - 129 ETHEREDGE HALL, 449 HARDY ROAD - MISSISSIPPI	64-6000819	501(C)(3)	17,733.	0.			ASSISTIVE TECHNOLOGY
NEUABILITY 866 EAST 78TH AVENUE DENVER, CO 80229	26-3221944	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
NEURO FITNESS FOUNDATION 1500 WESTPARK WAY EULESS, TX 76040	75-2789496	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
NEW ENGLAND VILLAGE 664 SCHOOL STREET PEMBROKE, MA 02359	04-6144180	501(C)(3)	24,262.	0.			ADAPTIVE SPORTS
NEXTSTEP RALEIGH 6601 HILLSBOROUGH STREET, SUITE 113 RALEIGH, NC 27606	82-4195962	501(C)(3)	20,530.	0.			FITNESS AND WELLNESS

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NEXTSTEPS CHICAGO 8434 S. CORCORAN RD. WILLOW SPRINGS, IL , IL 60480	36-4409382	501(C)(3)	24,016.	0.			FITNESS AND WELLNESS
NORTHERN CALIFORNIA SPINAL CORD INJURY FOUNDATION (NORCAL SCI) - 696 NORTH SANTA CRUZ AVE. - LOS GATOS, CA 95030	82-2423561	501(C)(3)	24,540.	0.			FITNESS AND WELLNESS
NORTHWEST COLORADO CENTER FOR INDEPENDENCE - 1855 SHIELD DR. UNIT #300 - STEAMBOAT SPRINGS, CO 80487	84-1473968	501(C)(3)	25,000.	0.			TRANSITION FROM INSTITUTION TO HOME
NORTHWEST SUBURBAN SPECIAL EDUCATION ORGANIZATION - 799 W. KENSINGTON RD. - MT. PROSPECT, IL 60056	36-3237600	501(C)(3)	25,000.	0.			TRANSPORTATION
OHIO BIRD SANCTUARY 3774 ORWEILER ROAD MANSFIELD, OH 44903	34-1691325	501(C)(3)	3,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
OPPORTUNITIES INC 200 EAST CRAMER ST FORT ATKINSON, WI 53538	39-1078133	501(C)(3)	20,101.	0.			TRANSPORTATION
PORTSMOUTH POLICE RI 2270 EAST MAIN ROAD PORTSMOUTH, RI 02871	14-0499170	501(C)(3)	5,530.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD, SUITE 102, P OCEANSIDE, CA 92057	26-0086305	501(C)(3)	25,000.	0.			CAREGIVING
THE ABILITY CENTER OF GREATER TOLEDO (CIL) - 5605 MONROE ST - SYLVANIA, OH 43560	34-4428597	501(C)(3)	6,058.	0.			ASSISTIVE TECHNOLOGY

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THE ARIZONA SPINAL CORD INJURY ASSOCIATION - 5025 E. WASHINGTON ST STE #110 - PHOENIX, AZ 85034	86-0953423	501(C)(3)	22,500.	0.			CONSUMER EDUCATION
THE LOCKWOOD FOUNDATION 917 S CAMINO DE BRAVO PUEBLO WEST, CO 81007	37-1881911	501(C)(3)	8,225.	0.			ACCESSIBLE TRAIL
THE MICHIGAN STATE UNIVERSITY DEPARTMENT OF KINESIOLOGY - 426 AUDITORIUM ROAD, ROOM 2 - EAST LANSING, MI 48824	38-6005984	501(C)(3)	24,611.	0.			ADAPTIVE SPORTS
THE MONTPELIER FOUNDATION PO BOX 911 ORANGE, VA 22960	31-1620682	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE VISCARDI CENTER 201 I.U. WILLETS ROAD ALBERTSON, NY 11507	11-1814883	501(C)(3)	10,656.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THREE RIVERS LAND TRUST P.O. BOX 295 ALFRED, ME 04002	01-0539771	501(C)(3)	10,000.	0.			ACCESSIBLE TRAIL
TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115	72-1169939	501(C)(3)	20,202.	0.			TRANSPORTATION
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1200 10TH AVE SOUTH - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	24,575.	0.			ARTS
WASHINGTON STATE UNIVERSITY (WSU) LIGHTY STUDENT SERVICES BLDG, ROOM 280, P.O. BOX 641060 - PULLMAN, WA 99164	91-6001108	501(C)(3)	9,740.	0.			CONSUMER EDUCATION

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WATERFORD RECREATION AND PARKS 15 ROPE FERRY ROAD WATERFORD, CT 06385	06-6002121	501(C)(3)	10,000.	0.			ACCESSIBLE BEACH/DOCK/PIER
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	56-2100632	501(C)(3)	8,777.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ADAPTIVE SPORTS PROGRAM OF OHIO 100 KURZEN ROAD NORTH, SUITE B DALTON, OH 44618	27-1144442	501(C)(3)	100,000.	0.			ADAPTIVE SPORTS
DISABILITY ACTION CENTER - NW (CIL) - 505 N MAIN ST - MOSCOW, ID 83843	82-0458076	501(C)(3)	94,458.	0.			ASSISTIVE TECHNOLOGY
LOUISIANA ASSISTIVE TECHNOLOGY ACCESS NETWORK (LATAN) - 3042 OLD FORGE DRIVE, STE. D - BATON ROUGE, LA 70808	72-1281065	501(C)(3)	100,000.	0.			ASSISTIVE TECHNOLOGY
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 3 EAST 101ST STREET - NEW YORK, NY 10029	13-6171197	501(C)(3)	99,961.	0.			SPECIAL EMERGENCY GRANT
THE METHODIST HOSPITAL RESEARCH INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	87-0721923	501(C)(3)	150,000.	0.			NACTN
UNIVERSITY OF MIAMI SPONSORED PROGRAMS PO BOX 025405 MIAMI, FL 33102-5405	59-0624458	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	45,000.	0.			NACTN

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET, SHERIDAN BUILDING, 2ND FL - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	37,500.	0.			NACTN
DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, SUITE 900 DURHAM, NC 27705	56-0532129	501(C)(3)	50,000.	0.			NACTN
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	37,500.	0.			NACTN
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - HOUSTON, TX 75303-1418	74-1761309	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE, DAVIS 5 ROOM 5293, PO BOX 800793 - CHARLOTTESVILLE, VA 2	54-6001796	501(C)(3)	37,500.	0.			NACTN
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001-0988	74-6001399	501(C)(3)	50,000.	0.			NACTN
UNIV OF WASHINGTON DEPT. REHAB MEDICINE BOX 356490 SEATTLE, WA 98195	91-6001537	501(C)(3)	100,000.	0.			RESEARCH
MARQUETTE UNIVERSITY ATTN KATHLEEN LUDINGTON ZILBER HALL 321 PO BOX 1881 - MILWAUKEE, WI 53201	39-0806251	501(C)(3)	100,000.	0.			RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	1,058,198.	0.			BIG IDEA

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT AWARDS ARE ADMINISTERED VIA A CONTRACT BETWEEN THE FOUNDATION AND THE GRANTEE. QUALITY OF LIFE GRANTS ARE AWARDED THROUGH THE FOUNDATION'S QUALITY OF LIFE DEPARTMENT. 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

Part IV Supplemental Information

FOUNDATION UNLESS WRITTEN PERMISSION TO PROCEED OTHERWISE IS GRANTED BY THE FOUNDATION. SITE VISITS TO GRANTED ORGANIZATIONS ARE ALSO CONDUCTED WHENEVER POSSIBLE BY THE CHRISTOPHER REEVE FOUNDATION STAFF AND MANAGEMENT. THIS PROCESS APPLIES TO FUNDING BOTH WITHIN THE UNITED STATES AND FOR ORGANIZATIONS BASED OUTSIDE THE UNITED STATES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: **CHRISTOPHER REEVE FOUNDATION**
 Employer identification number: **22-2939536**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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	X
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on 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" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER WILDEROTTER PRESIDENT AND CEO	(i)	413,006.	0.	0.	16,680.	15,892.	445,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	155,220.	0.	0.	7,212.	22,062.	184,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE LOIACONO VP, OPERATIONS	(i)	161,244.	0.	0.	7,515.	6,179.	174,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AIMEE HUNNEWELL CHIEF DEVELOPMENT OFFICER	(i)	185,164.	0.	0.	8,412.	10,409.	203,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET GOLDBERG COO	(i)	250,477.	0.	0.	11,631.	28,497.	290,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CHRISTOPHER REEVE FOUNDATION** Employer identification number **22-2939536**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	12	86,017.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

USE BROKERAGE FIRM SERVICES FOR SALES OF MARKETABLE SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

FORM 990, PART I, DOING BUSINESS AS:

CHRISTOPHER & DANA REEVE FOUNDATION

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

INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND
FAMILIES IMPACTED BY PARALYSIS.

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

2. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS
RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD
STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING
VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER
CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE. THE BIG IDEA
IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO
PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS
THE AFORE-MENTIONED SECONDARY FUNCTIONS.

FORM 990, PART VI, SECTION A, LINE 2:

THERE IS A FAMILY RELATIONSHIP BETWEEN THREE BOARD OF DIRECTORS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 3:

THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORMED BY AN OUTSIDE
CONSULTANT.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINANCE COMMITTEE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. 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, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY. THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON. AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE.

COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES:

THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & THE COMPENSATION COMMITTEE BASED ON WRITTEN PERFORMANCE EVALUATIONS AND OTHER BUDGET CONSIDERATIONS.

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

KEY EMPLOYEES HAVE ANNUAL PERFORMANCE EVALUATIONS AFTER WHICH COMPENSATION IS DETERMINED. WHEN CONSIDERED NECESSARY, THE COMPENSATION COMMITTEE WILL MAKE COMPARISONS WITH OTHER SIMILAR ORGANIZATIONS BY REVIEWING OTHERS' COMPENSATION AS DISCLOSED IN THEIR RESPECTIVE FORM 990S AND DOCUMENT ITS EVALUATION PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990, ANNUAL REPORT, CONFLICT OF INTEREST POLICY, AND 501(C)(3) INTERNAL REVENUE SERVICE DETERMINATION LETTER ARE POSTED ON THE FOUNDATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NRT HOLDINGS LLC

EIN: 84-2875859

2181 GREENWICH STREET

SAN FRANCISCO, CA 94123

PRIMARY ACTIVITY: INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A CURE FOR PARALYSIS

DIRECT CONTROLLING ENTITY: