

PUBLIC DISCLOSURE COPY

Form **990**  
(Rev. January 2020)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>CHRISTOPHER REEVE FOUNDATION</b>		<b>D</b> Employer identification number <b>22-2939536</b>
	Doing business as <b>CHRISTOPHER &amp; DANA REEVE FOUNDAT</b>		<b>E</b> Telephone number <b>(973) 379-2690</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>636 MORRIS TURNPIKE, SUITE 3A</b>	<b>G</b> Gross receipts \$ <b>18,271,425.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SHORT HILLS, NJ 07078</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>P. WILDEROTTER</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

**J** Website: ▶ **WWW.CHRISTOPHERREEVE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1988** **M** State of legal domicile: **NJ**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>54</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>12,639,619.</b>	<b>17,719,929.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,069.</b>	<b>7,530.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-500,707.</b>	<b>-612,901.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12,143,981.</b>	<b>17,114,558.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,282,408.</b>	<b>8,661,296.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,558,229.</b>	<b>4,982,601.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,437,100.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,517,531.</b>	<b>3,384,477.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,358,168.</b>	<b>17,028,374.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>785,813.</b>	<b>86,184.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>5,726,681.</b>	<b>End of Year</b> <b>8,032,472.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,929,518.</b>	<b>4,131,866.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,797,163.</b>	<b>3,900,606.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date
	P. WILDEROTTER, PRESIDENT Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DIANA MILLER</b>	Preparer's signature	Date
	Firm's name ▶ <b>WISS &amp; COMPANY, LLP</b>	Firm's EIN ▶ <b>22-1732349</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01597612</b>
	Firm's address ▶ <b>100 CAMPUS DRIVE</b> <b>FLORHAM PARK, NJ 07932</b>	Phone no. (973) 994-9400	

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 \$ 8,672,193. including grants of \$ 4,074,152. ) (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, 2019 FOR \$7,505,000. THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SERVICES TO THE PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWARD QUALITY OF LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS AND PROJECTS THAT MAKE LIVING WITH PARALYSIS MORE PRODUCTIVE, CREATIVE, INDEPENDENT AND FUN.

4b (Code: ) (Expenses \$ 5,340,983. including grants of \$ 4,587,144. ) (Revenue \$ ) THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG TWO INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM.

1. NACTN IS A NETWORK OF NORTH AMERICAN CLINICAL CENTERS, CREATED BY THE FOUNDATION, TO STANDARDIZE INJURY ASSESSMENT PROTOCOLS, DATA GATHERING, AND ACUTE INJURY PROTOCOLS. THE FOUNDATION HAS A TOTAL OF TWELVE CENTERS WHICH ARE SUBSTANTIALLY FUNDED THROUGH MULTI-MILLION DOLLAR GRANTS FROM THE US DEPARTMENT OF DEFENSE AND IN COLLABORATION WITH AOSPINE NORTH AMERICA.

2. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS

4c (Code: ) (Expenses \$ 775,507. 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 14,788,683.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> 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
<b>1a</b>	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 25		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
<b>2</b>	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	
<b>3</b>	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	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 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) JOHN M. HUGHES CHAIRMAN OF BOARD	5.00	X		X				0.	0.	0.
(2) JOHN E. MCCONNELL VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(3) MATTHEW REEVE VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(4) HENRY G. STIFEL III VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(5) JOEL M. FADEN TREASURER	5.00	X		X				0.	0.	0.
(6) JEFFREY P. CUNARD, ESQ SECRETARY	5.00	X		X				0.	0.	0.
(7) SIMONE GEORGE DIRECTOR	2.50	X						0.	0.	0.
(8) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(9) LISA HENRY HOLMES DIRECTOR	2.50	X						0.	0.	0.
(10) IAN CURTIS DIRECTOR	2.50	X						0.	0.	0.
(11) TIMOTHY R. PERNETTI DIRECTOR	2.50	X						0.	0.	0.
(12) MARK POLLOCK DIRECTOR	2.50	X						0.	0.	0.
(13) CHRISTOPHER TAGATAC DIRECTOR	2.50	X						0.	0.	0.
(14) PATRICIA J. VOLLAND DIRECTOR	2.50	X						0.	0.	0.
(15) JAMES O. WELCH, JR. DIRECTOR	2.50	X						0.	0.	0.
(16) ANITA MCGORTY DIRECTOR	2.50	X						0.	0.	0.
(17) WILLIAM REEVE 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) TANIA LYNN TAYLOR DIRECTOR	2.50	X						0.	0.	0.
(19) JULIE NEUSTADT DIRECTOR	2.50	X						0.	0.	0.
(20) TRACY FORST DIRECTOR	2.50	X						0.	0.	0.
(21) ALEXANDRA REEVE GIVENS, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(22) JACK HAGERTY, ESQ. DIRECTOR	2.50	X						0.	0.	0.
(23) JAY SHEPHARD DIRECTOR	2.50	X						0.	0.	0.
(24) JAMES CALBI DIRECTOR	2.50	X						0.	0.	0.
(25) RITESH PATEL DIRECTOR	2.50	X						0.	0.	0.
(26) PETER WILDEROTTER PRESIDENT & CEO	40.00			X				313,901.	0.	29,748.
<b>1b Subtotal</b>								313,901.	0.	29,748.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,505,946.	0.	211,208.
<b>d Total (add lines 1b and 1c)</b>								1,819,847.	0.	240,956.

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 **11**

	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	3	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	4	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	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AO SPINE NORTH AMERICA 1700 RUSSELL ROAD , PAOLI, PA 19301	NACTN	185,294.
OBERLAND, 254 CANAL STREET 5TH FLOOR SUITE 5000, NEW YORK, NY 10013	ADVERTISING AGENCY	172,765.
LUMINAR SOLUTIONS INC. 1520 KING STREET, SCOTCH PLAINS, NJ 07076	GRAPHICS & PRINTING	111,914.
WAXMAN STRATEGIES, 1150 CONNECTICUT AVENUE NW SUITE 800, WASHINGTON, DC 20036	ADVOCACY CONSULTANTS	108,738.
VANDERBILT UNIVERSITY PMB 401591 , NASHVILLE, TN 37240	QOL RESEARCH	102,000.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Richard Sherman, Susan Howley, Rebecca Laming, Frank Mascia, Michele Loiacono, Margaret Goldberg, Alan Brown, Jeannine Marotta, Kimberly Beer, Sheila Fitzgibbon, and William Cawley.

Total to Part VII, Section A, line 1c ..... 1,505,946. 211,208.

**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	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	1,863,251.			
	<b>d</b>	Related organizations	<b>1d</b>	4,712.			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	8,697,669.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,154,297.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 402,161.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		17,719,929.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		14,022.		14,022.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				399,724.			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	406,216.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	-6,492.			
<b>d</b>	Net gain or (loss)		-6,492.		-6,492.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,863,251. of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>	137,750.				
<b>b</b>	Less: direct expenses	<b>8b</b>	750,651.				
<b>c</b>	Net income or (loss) from fundraising events		-612,901.		-612,901.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>					
		<b>10b</b>					
<b>b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		17,114,558.	0.	0.	-605,371.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,632,546.	8,632,546.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	28,750.	28,750.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,352,797.	966,844.	106,349.	279,604.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,764,945.	1,943,930.	225,501.	595,514.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,539.	73,153.	4,624.	11,762.
<b>9</b> Other employee benefits .....	495,466.	409,852.	25,170.	60,444.
<b>10</b> Payroll taxes .....	279,854.	220,210.	16,929.	42,715.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	45,192.	36,279.	5,540.	3,373.
<b>c</b> Accounting .....	82,817.	56,316.	20,704.	5,797.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	99,338.		99,338.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,002,294.	814,774.	112,329.	75,191.
<b>12</b> Advertising and promotion .....	95,569.	86,021.		9,548.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	345,648.	276,185.	18,471.	50,992.
<b>17</b> Travel .....	402,730.	290,335.	84,247.	28,148.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	172,364.	170,141.	2,223.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	43,268.	24,614.	4,960.	13,694.
<b>23</b> Insurance .....	97,096.	72,822.	24,274.	
<b>24</b> 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.)				
<b>a</b> INTERNET COMMUNICATIONS	239,430.	222,818.	2,769.	13,843.
<b>b</b> MISCELLANEOUS	198,853.	177,670.	10,592.	10,591.
<b>c</b> TEAMS	148,313.			148,313.
<b>d</b> PRINTING	101,528.	87,021.	7,253.	7,254.
<b>e</b> All other expenses	310,037.	198,402.	31,318.	80,317.
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,028,374.	14,788,683.	802,591.	1,437,100.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	838,567.	122,490.	269,074.	447,003.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	304,239.	<b>1</b>	2,716,227.
	<b>2</b> Savings and temporary cash investments .....	856,846.	<b>2</b>	649,644.
	<b>3</b> Pledges and grants receivable, net .....	3,276,613.	<b>3</b>	2,973,201.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	88,854.	<b>9</b>	42,582.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,213,225.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,196,866.	<b>10c</b>	16,359.
	<b>11</b> Investments - publicly traded securities .....	121,787.	<b>11</b>	141,393.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	969,709.	<b>13</b>	1,444,060.
	<b>14</b> Intangible assets .....	63,603.	<b>14</b>	35,343.
	<b>15</b> Other assets. See Part IV, line 11 .....	13,663.	<b>15</b>	13,663.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,726,681.	<b>16</b>	8,032,472.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	473,193.	<b>17</b>	454,215.
	<b>18</b> Grants payable .....	1,136,379.	<b>18</b>	3,567,067.
	<b>19</b> Deferred revenue .....	319,946.	<b>19</b>	110,584.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,929,518.	<b>26</b>	4,131,866.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,410,019.	<b>27</b>	3,900,606.
	<b>28</b> Net assets with donor restrictions .....	1,387,144.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,797,163.	<b>32</b>	3,900,606.
<b>33</b> Total liabilities and net assets/fund balances .....	5,726,681.	<b>33</b>	8,032,472.	

**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)	17,114,558.
2	Total expenses (must equal Part IX, column (A), line 25)	17,028,374.
3	Revenue less expenses. Subtract line 2 from line 1	86,184.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3,797,163.
5	Net unrealized gains (losses) on investments	17,259.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	3,900,606.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14257323.	13861926.	13985304.	12639619.	17719929.	72464101.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	14257323.	13861926.	13985304.	12639619.	17719929.	72464101.
<b>5</b> 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) .....						675,384.
<b>6 Public support.</b> Subtract line 5 from line 4.						71788717.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	14257323.	13861926.	13985304.	12639619.	17719929.	72464101.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	182,344.	63,928.	67,983.	25,623.	14,022.	353,900.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						72818001.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	622,920.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.59 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	99.39 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> 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) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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, 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  <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number  <b>22-2939536</b>
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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	_____ _____ _____	\$ <u>8,253,755.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>443,914.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,131,744.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number  <b>22-2939536</b>
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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  <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number  <b>22-2939536</b>
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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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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) 2019

**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? <input type="checkbox"/> | 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		1,213,225.	1,196,866.	16,359.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,359.

**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)		
<b>Total.</b> (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	1,444,060.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,444,060.	

**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)	
<b>Total.</b> (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)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	17,790,777.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	17,259.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	7,647.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	750,651.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		775,557.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	17,015,220.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	99,338.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		99,338.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	17,114,558.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	17,687,334.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	7,647.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	750,651.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		758,298.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	16,929,036.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	99,338.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		99,338.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	17,028,374.

**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, 2019, 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, 2019 AND 2018. 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 2016 AND 2015, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	750,651.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	750,651.
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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number <b>22-2939536</b>
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**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	28,750.
<b>3 a</b> Subtotal .....	0	0			28,750.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			28,750.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2019  
SEE PART V FOR COLUMN (E) DESCRIPTIONS



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SCIENCE RESEARCH	28,750.	CHECKS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

3 Enter total number of other organizations or entities ..... **1**

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

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.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**CHRISTOPHER REEVE FOUNDATION**

Employer identification number

**22-2939536**

**Part I**

**Fundraising Activities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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	
		NYC DANCE	TEAM REEVE	3	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,330,580.	599,568.	70,853.	2,001,001.
	2	Less: Contributions	1,192,830.	599,568.	70,853.	1,863,251.
	3	Gross income (line 1 minus line 2)	137,750.			137,750.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	74,755.			74,755.
	7	Food and beverages	185,169.			185,169.
	8	Entertainment	9,150.			9,150.
	9	Other direct expenses	259,541.	153,771.	68,265.	481,577.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				750,651.
11	Net income summary. Subtract line 10 from line 3, column (d)				-612,901.	

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information input.



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY1ST 1823 BUFORD COURT TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	20,000.	0.			DURABLE MEDICAL EQUIPMENT
ABILITY360 (CIL) 5025 EAST WASHINGTON ST, SUITE 200 PHOENIX, AZ 85034	86-0486447	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
ADAPTIVE ADVENTURES 1315 NELSON ST. - UNIT 1 LAKEWOOD, CO 80215	84-1512653	501(C)(3)	13,275.	0.			ACCESSIBLE BEACH/DOCK/PIER
ADAPTIVE SPORTS FOUNDATION, INC. 100 SILVERMAN WAY WINDHAM, NY 12496	14-1823155	501(C)(3)	22,740.	0.			FITNESS AND WELLNESS
ADVENTURES WITHOUT LIMITS 1341 PACIFIC AVE. FOREST GROVE, OR 97116	72-1572963	501(C)(3)	25,000.	0.			CAMP
ALS ASSOCIATION GREATER CHICAGO CHAPTER - 220 W. HURON STREET, - CHICAGO, IL 60654	54-2126575	501(C)(3)	16,884.	0.			DURABLE MEDICAL EQUIPMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 177.**
- 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) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DANCEWHEELS FOUNDATION 58 E. PRINCETON ROAD BALA CYNWYD, PA 19004	55-0868339	501(C)(3)	10,210.	0.			ADAPTIVE SPORTS
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - ARIZONA CHAPTER - 360 EAST CORONADO ROAD, SUITE 360 - PHOENIX, AZ 85004	86-0727136	501(C)(3)	30,000.	0.			TRANSPORTATION
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - IA (IOWA CHAPTER) - 3636 WESTOWN PKWY STE. 204 - WEST DES MOINES, IA 50266	30-0051272	501(C)(3)	92,308.	0.			ASSISTIVE TECHNOLOGY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - MO (ALSA ST. LOUIS REGIONAL CHAPTER) - 2258 WELDON PARKWAY - ST. LOUIS, MO 63146	43-1458163	501(C)(3)	24,550.	0.			ASSISTIVE TECHNOLOGY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - NY (GREATER NEW YORK CHAPTER) - 42 BROADWAY - NEW YORK, NY 10004	13-3616680	501(C)(3)	30,000.	0.			TRANSPORTATION
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - PA (GREATER PHILADELPHIA CHAPTER) - 321 NORRISTOWN ROAD - AMBLER, PA 19002	23-2387205	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
ART SPARKS TEXAS 3710 CEDAR STREET AUSTIN, TX 78705	74-2863338	501(C)(3)	75,000.	0.			ARTS
ASSISTIVE 3240 15 ST S, SUITE B FARGO, ND 58104	27-0260522	501(C)(3)	75,000.	0.			THE SMART HOME FIRST PROJECT
ASSISTIVE TECHNOLOGY FOR KANSANS 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501(C)(3)	75,000.	0.			ACCESSIBLE RECREATION: PLAYING ELECTRONIC GAMES INDEPENDENTLY TO INCREASE HEALTH & SOCIAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARROW NEUROLOGICAL FOUNDATION 124 W. THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	30,000.	0.			TRANSPORTATION
BELTRAMI COUNTY AGRICULTURAL ASSOCIATION, INC - 7223 FAIRGROUNDS RD NW, SUITE 7B - BEMIDJI, MN 56601	41-0800981	501(C)(3)	6,832.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BETHANY LUTHERAN CHURCH 102 G STREET LAPORTE, IN 46350	35-1010426	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
BISMARCK PARKS AND RECREATION DISTRICT - 400 EAST FRONT AVENUE - BISMARCK, ND 58504	45-0409352	501(C)(3)	11,933.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BRANDENBURG PRIMARY SCHOOL 750 BROADWAY STREET BRANDENBURG, KY 40108	61-6001248	501(C)(3)	19,316.	0.			ACCESSIBLE PLAYGROUND
BREAK THE BARRIERS, INC. 8555 N. CEDAR AVE. FRESNO, CA 93720	77-0106437	501(C)(3)	24,933.	0.			FITNESS AND WELLNESS
BROOKS REHABILITATION 3599 UNIVERSITY BLVD. S JACKSONVILLE, FL 32216	59-2249340	501(C)(3)	99,053.	0.			ADAPTIVE SPORTS
CAMELOT THERAPEUTIC HORSEMANSHIP 23623 N. SCOTTSDALE ROAD, SUITE D-3, PMB 259 - SCOTTSDALE, AZ 85255	86-0444470	501(C)(3)	13,278.	0.			THERAPEUTIC HORSEBACK RIDING
CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	71-0265209	501(C)(3)	3,661.	0.			ASSISTIVE TECHNOLOGY

Schedule I (Form 990)

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

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CAMP BULLWHEEL 736 VARNEY ROAD ENNIS, MT 59729	82-4339859	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CAMP SUMMIT 17210 CAMPBELL ROAD, SUITE 180-W DALLAS, TX 75252	75-2488486	501(C)(3)	17,417.	0.			CAMP
CAUSES FOR CHANGE INTERNATIONAL, INC. - 6017 JUNIPER AVENUE - GARY, IN 46403	36-4198484	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CENTER FOR CHRONIC ILLNESS P.O. BOX 31193 SEATTLE, WA 98103	81-2183510	501(C)(3)	5,000.	0.			PEER MENTORING AND SUPPORT
CENTER FOR INDEPENDENT LIVING OF BROWARD - 4800 N. SR 7, SUITE 102 - FORT LAUDERDALE, FL 33319	65-0292125	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
CENTER FOR MEDICARE ADVOCACY 1025 CONNECTICUT AVE, NW WASHINGTON, DC 20036	06-1172509	501(C)(3)	19,517.	0.			ADVOCACY
CENTRAL VALLEY BALLERS 1811 E HEDGES FRESNO, CA 93703	37-1857211	501(C)(3)	20,045.	0.			ADAPTIVE SPORTS
CENTRASTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK ROAD SUITE 5 FREEHOLD, NJ 07728	22-2383065	501(C)(3)	13,540.	0.			FITNESS AND WELLNESS
CHALLENGE MOUNTAIN OF WALLOON HILLS, INC - 1100 BOYNE AVENUE - BOYNE CITY, MI 49712	38-2563815	501(C)(3)	18,426.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANDA PLAN FOUNDATION 1630 CARR STREET LAKEWOOD, CO 80214	20-4358964	501(C)(3)	25,000.	0.			EDUCATION
CHARTER TOWNSHIP OF CANTON 1150 S CANTON CENTER ROAD CANTON, MI 48188	38-6008155	501(C)(3)	10,831.	0.			FITNESS AND WELLNESS
CHILDREN'S CENTER FOR COMMUNICATION/BEVERLY SCHOOL FOR THE DEAF - 6 ECHO AVENUE - BEVERLY, MA 01915	04-2103886	501(C)(3)	6,635.	0.			ASSISTIVE TECHNOLOGY
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION - P.O. BOX 1997, M.S. 3050 - MILWAUKEE, WI 53201	39-1500075	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
CITY OF CHATTANOOGA- DEPARTMENT OF YOUTH & FAMILY DEVELOPMENT - 501 W 12TH STREET - CHATTANOOGA, TN 37402	62-6000259	501(C)(3)	8,267.	0.			ACCESSIBLE TRAIL
CITY OF JACKSONVILLE 117 W DUVAL STREET JACKSONVILLE, FL 32202	59-6000344	501(C)(3)	25,000.	0.			ACCESSIBLE BEACH/DOCK/PIER
CITY OF MADISON HEIGHTS 300 W 13 MILE RD MADISON HEIGHTS, MI 48071	38-6025685	501(C)(3)	11,400.	0.			ACCESSIBLE PLAYGROUND
CITY OF MEMPHIS PARKS AND NEIGHBORHOODS DIVISION - 2599 AVERY AVE - MEMPHIS, TN 38112	62-6000361	501(C)(3)	24,045.	0.			ADAPTIVE SPORTS
CITY OF NORWALK PARK AND RECREATION DEPARTMENT - 1100 CHATHAM AVENUE - NORWALK, IA 50211	42-6025898	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND

Schedule I (Form 990)

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

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COLUMBUS RECREATION AND PARKS- THERAPEUTIC RECREATION - 1111 EAST BROAD STREET - COLUMBUS, OH 43205	31-1167845	501(C)(3)	16,146.	0.			FITNESS AND WELLNESS
COMMUNITIES ACTIVELY LIVING INDEPENDENT & FREE (CALIF) (CIL) - 634 SOUTH SPRING STREET - LOS ANGELES, CA 90014	95-4860169	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
COMMUNITY SAILING OF COLORADO PO BOX 102613 DENVER, CO 80250	84-1284837	501(C)(3)	19,265.	0.			ADAPTIVE SPORTS
COMMUNITY VISION 1750 SW SKYLINE BLVD. PORTLAND, OR 97221	20-1288169	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY
CONQUER PARALYSIS NOW 701 E BRIDGER AVENUE, STE 150 LAS VEGAS, NV 89101	43-1878305	501(C)(3)	14,425.	0.			FITNESS AND WELLNESS
CREASEY MAHAN NATURE PRESERVE INC 12501 HARMONY LANDING ROAD GOSHEN, KY 40026	31-0908496	501(C)(3)	23,374.	0.			ACCESSIBLE PLAYGROUND
DALLAS JR. WHEELCHAIR MAVERICKS 2750 BACHMAN, PO BOX 540112 DALLAS, TX 75354	20-3535447	501(C)(3)	20,800.	0.			ADAPTIVE SPORTS
DESERT ABILITY CENTER 79185 LATIGO CIR LA QUINTA, CA 92253-5912	81-3720313	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	24,300.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

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

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DREAM CATCHERS P O BOX 1261 WILLIAMSBURG, VA 23187	54-1692709	501(C)(3)	4,305.	0.			THERAPEUTIC HORSEBACK RIDING
DREAMS ON HORSEBACK 1416 NEW ALBANY-REYNOLDSBURG RD. BLACKLICK, OH 43004	46-0487078	501(C)(3)	9,411.	0.			THERAPEUTIC HORSEBACK RIDING
EASTER SEALS - MA (EASTER SEALS MASSACHUSETTS) - 484 MAIN STREET - WORCESTER, MA 01608	04-2103867	501(C)(3)	5,000.	0.			ASSISTIVE TECHNOLOGY
EASTER SEALS COLORADO 393 SOUTH HARLAN, SUITE 250 LAKEWOOD, CO 80226	84-0412575	501(C)(3)	7,500.	0.			ACCESSIBLE COMMUNITY SPACES
EASTERSEALS WASHINGTON 200 W MERCER SEATTLE, WA 98119	91-0575956	501(C)(3)	23,252.	0.			CAMP
EDEN I&R 570 B STREET HAYWARD, CA 94541	94-2339050	501(C)(3)	30,000.	0.			DISASTER PREPAREDNESS
EDGAR MAY HEALTH AND RECREATION CENTER - 140 CLINTON ST - SPRINGFIELD, VT 05156	03-0364018	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ELMWOOD HEALTH CENTER 2128 ELMWOOD AVENUE BUFFALO, NY 14207	16-1537243	501(C)(3)	100,000.	0.			DURABLE MEDICAL EQUIPMENT
EP!C 1913 W TOWNLINE RD PEORIA, IL 61615	37-0794792	501(C)(3)	18,076.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

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

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FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS (BE LIKE NICK FUND) - 1131 BOONEVILLE - SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
FRANK LLOYD WRIGHT FOUNDATION 12621 N. FRANK LLOYD WRIGHT BLVD SCOTTSDALE, AZ 85259	86-0197576	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
GIRL SCOUTS HEART OF THE SOUTH 717 S. WHITE STATION, SUITE 2 MEMPHIS, TN 38117	62-0502197	501(C)(3)	7,247.	0.			ACCESSIBLE BEACH/DOCK/PIER
GOWAN SCIENCE ACADEMY 1590 S. AVENUE C YUMA, AZ 85364	62-1450229	501(C)(3)	24,000.	0.			ACCESSIBLE PLAYGROUND
GRACE RIDES, INC. 2061 CORBIN GAINNEY ROAD DEFUNIAK SPRINGS, FL 32435	26-3084817	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
GREYBULL NEEDS A POOL, INC. 436 GREYBULL AVENUE GREYBULL, WY 82426	82-1011934	501(C)(3)	7,909.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
HAMMERHEADS SLED HOCKEY ASSOCIATION INC. - 10990 DECATUR ROAD - PHILADELPHIA, PA 19154	20-4990796	501(C)(3)	17,450.	0.			ADAPTIVE SPORTS
HEADWATERS REGIONAL DEVELOPMENT COMMISSION - PO BOX 906 - BEMIDJI, MN 56619	41-0983661	501(C)(3)	5,000.	0.			TRANSPORTATION
HERITAGE CHRISTIAN SERVICES 275 KENNETH DR ROCHESTER, NY 14623	22-2334190	501(C)(3)	15,390.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)



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

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HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206-1838	61-0445834	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
HOOFBEATS WITH HEART P.O. BOX 2098 HIGLEY, AZ 85236	14-1988788	501(C)(3)	21,330.	0.			THERAPEUTIC HORSEBACK RIDING
HOPE RANCH THERAPEUTIC RIDING CENTER - 3841 W 69TH AVE - MANHATTAN, KS 66503	20-4837483	501(C)(3)	5,000.	0.			THERAPEUTIC HORSEBACK RIDING
HORSES SPIRITS HEALING, INC. (HSHI) - 7256 HWY. 3 - BILLINGS, MT 59106	47-1915118	501(C)(3)	8,000.	0.			THERAPEUTIC HORSEBACK RIDING
IGNITE ADAPTIVE SPORTS PO BOX 19016 BOULDER, CO 80308	84-0798064	501(C)(3)	10,049.	0.			ADAPTIVE SPORTS
IMPACT PERSONAL SAFETY PO BOX 8350 SANTA FE, NM 87504	85-0475597	501(C)(3)	10,000.	0.			FITNESS AND WELLNESS
INFINITY DANCE THEATER COMPANY LTD. - 220 W 93RD ST - NEW YORK, NY 10025	13-3829236	501(C)(3)	15,000.	0.			ARTS
JACK'S HELPING HAND, INC. 710 FIERO LANE SAN LUIS OBISPO, CA 93401	20-4731313	501(C)(3)	24,118.	0.			DURABLE MEDICAL EQUIPMENT
JCC CHICAGO 300 REVERE DRIVE NORTHBROOK, IL 60062	36-2167758	501(C)(3)	24,331.	0.			ACCESSIBLE BEACH/DOCK/PIER

Schedule I (Form 990)

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

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JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION - 3329 JOHNSON STREET - HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	22,500.	0.			ADAPTIVE SPORTS
JOHNSON COUNTY PARKS AND RECREATION - PO BOX 246 - FRANKLIN, IN 46131	35-6000164	501(C)(3)	24,438.	0.			ACCESSIBLE PLAYGROUND
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 1891 CONSTANT AVENUE - LAWRENCE, KS 66047	48-0547734	501(C)(3)	25,000.	0.			CAREGIVING
KENNY ROGERS CHILDREN'S CENTER 300 FLOYD DRIVE SIKESTON, MO 63801	23-7136099	501(C)(3)	24,287.	0.			ADAPTIVE SPORTS
KYLE PEASE FOUNDATION 2566 SHALLOWFORD ROAD ATLANTA, GA 30345	27-4563077	501(C)(3)	25,000.	0.			TRANSPORTATION
LIBERTY ARC, MONTGOMERY COUNTY CHAPTER NYSARC, INC. - 43 LIBERTY DR - AMSTERDAM, NY 12010	14-1506257	501(C)(3)	9,309.	0.			ACCESSIBLE PLAYGROUND
LIFESPAN RESPITE WASHINGTON, PAVE 6316 SOUTH 12TH STREET TACOMA, WA 98465	91-1106684	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
LINKING EMPLOYMENT, ABILITIES AND POTENTIAL (LEAP) (CIL) - 2545 LORAIN AVE. - CLEVELAND, OH 44113	34-1369608	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
MAGEE REHABILITATION HOSPITAL FOUNDATION - 1513 RACE STREET - PHILADELPHIA, PA 19102	23-2937749	501(C)(3)	6,500.	0.			EDUCATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANNA'S HANA RIDING CENTER 1285 BROTHERTON DRIVE COOKEVILLE, TN 38506	61-1609672	501(C)(3)	8,104.	0.			THERAPEUTIC HORSEBACK RIDING
MARSHALL UNIVERSITY RESEARCH CORPORATION - 1 JOHN MARSHALL DR. - HUNTINGTON, WV 25755	55-0683361	501(C)(3)	24,035.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MEDSTAR NRH 102 IRVING ST NW WASHINGTON, DC 20010	52-1369749	501(C)(3)	100,000.	0.			FITNESS AND WELLNESS
MERRIMACK VALLEY YMCA 360 MERRIMACK STREET LAWRENCE, MA 01843	04-2104378	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
MIGHTY PENGUINS SLED HOCKEY 66 ALPHA DRIVE WEST PITTSBURGH, PA 15238	27-5095701	501(C)(3)	13,515.	0.			ADAPTIVE SPORTS
MIRACLE FLIGHTS FOR KIDS 5740 SOUTH EASTER AVENUE LAS VEGAS, NV 89119	88-0209952	501(C)(3)	30,000.	0.			TRANSPORTATION
MISSION TO ASSIST AND PROVIDE FOR SENIORS (MAPS CHARITIES) - 14320 VENTURA BOULEVARD - SHERMAN OAKS, CA 91423	27-0749461	501(C)(3)	25,000.	0.			RESPITE/CAREGIVING
MOVIMIENTO PARA EL ALCANCE DE VIDA INDEPENDIENTE - P.O. BOX 25277 - HATO REY, PR 00928-5277	66-0446732	501(C)(3)	30,000.	0.			DISASTER PREPAREDNESS
NANCY'S HOUSE 440 DEEVER RD WYNCOTE, PA 19095	74-3133561	501(C)(3)	24,016.	0.			CAREGIVING

Schedule I (Form 990)

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

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NEW ENGLAND YOUTH THEATRE 100 FLAT ST. BRATTLEBORO, VT 05301	03-0364216	501(C)(3)	14,850.	0.			CAMP
NEW HEIGHTS THERAPEUTIC RIDING CENTER - 82302 HOLLIDAY RD. - FOLSOM, LA 70437-5212	72-1420620	501(C)(3)	22,660.	0.			THERAPEUTIC HORSEBACK RIDING
NEW HORIZONS, INC 37 BLISS MEMORIAL DRIVE UNIONVILLE, CT 06085	06-6040513	501(C)(3)	30,000.	0.			TRANSPORTATION
NEXTSTEP ORLANDO 330 HARBOUR ISLE WAY #1090 LONGWOOD, FL 32750	26-2998891	501(C)(3)	20,000.	0.			FITNESS AND WELLNESS
NORTHEAST DISABLED ATHLETIC ASSOCIATION - 82 KILLARNEY DR - BURLINGTON, VT 05408	55-0834205	501(C)(3)	16,367.	0.			ADAPTIVE SPORTS
NORTON HEALTHCARE FOUNDATION 234 E. GRAY STREET LOUISVILLE, KY 40202-1902	31-0914919	501(C)(3)	30,000.	0.			TRANSPORTATION
NOT FORGOTTEN OUTREACH, INC. 461 VALVERDE COMMONS DR TAOS, NM 87571	46-2052184	501(C)(3)	23,480.	0.			ACCESSIBLE TRAIL
OAKBROOK TERRACE PARK DISTRICT 1S325 ARDMORE AVE. VILLA PARK, IL 60181	36-2677283	501(C)(3)	20,876.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
OFFICE OF VOCATIONAL REHABILITATION - 500 MERO STREET - FRANKFORT, KY 40601	61-0600439	501(C)(3)	75,000.	0.			MY NEW KENTUCKY SMART HOME

Schedule I (Form 990)

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

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OKLAHOMA ABLE TECH 1514 W HALL OF FAME STILLWATER, OK 74078	73-1383996	501(C)(3)	75,000.	0.			#OKLAHOMA4RAMPS
OPTIONS CENTER FOR INDEPENDENT LIVING (CIL) - 22 HERITAGE DR. - BOURBONNAIS, IL 60901	36-3667955	501(C)(3)	6,000.	0.			DURABLE MEDICAL EQUIPMENT
PACE OF GUILFORD AND ROCKINGHAM COUNTIES, INC. - 1471 E CONE BLVD - GREENSBORO, NC 27405-4533	27-1560334	501(C)(3)	8,878.	0.			FITNESS AND WELLNESS
PARALYZED VETERANS OF AMERICA CENTRAL FLORIDA CHAPTER - 2711 SOUTH DESIGN COURT - SANFORD, FL 32773	59-1793434	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
PENNSYLVANIA ELKS MAJOR PROJECTS, INC. - 703 GEORGIAN PLACE - SOMERSET, PA 15501	25-6084084	501(C)(3)	14,042.	0.			ADVOCACY
PHOENIX ALTERNATIVES, INC. 3700 HIGHWAY 61 N, SUITE 200 WHITE BEAR LAKE, MN 55110	41-1675509	501(C)(3)	18,800.	0.			TRANSPORTATION
PORTLAND WHEELERS PO BOX 11314 PORTLAND, ME 04104	47-2690824	501(C)(3)	5,000.	0.			FITNESS AND WELLNESS
PROGRESSIVE WORKSHOP OF ARMSTRONG COUNTY - 301 OAK AVENUE - KITTANNING, PA 16201	25-1193788	501(C)(3)	30,000.	0.			TRANSPORTATION
QUAD INC. 5100 SW MACADAM AVE., STE 130 PORTLAND, OR 97239	93-0639118	501(C)(3)	15,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCHO RESEARCH INSTITUTE/RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER - 7601 E. IMPERIAL HIGHWAY - DOWNEY, CA 90242	95-1911180	501(C)(3)	48,742.	0.			EMPLOYMENT
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 N. KUAKINI STREET - HONOLULU, HI 96817	99-0241634	501(C)(3)	30,000.	0.			TRANSPORTATION
RISB FOUNDATION 2415 DE LA VINA STE SANTA BARBARA, CA 93105	26-0433816	501(C)(3)	10,500.	0.			CAMP
RISE ADVENTURES DBA RISE ADAPTIVE SPORTS - P.O. BOX 141122 - IRVING, TX 75014-1122	20-8646346	501(C)(3)	19,550.	0.			ADAPTIVE SPORTS
ROTARY CLUB OF COLLEGE STATION DBA FUN FOR ALL PLAYGROUND - P.O. BOX 9745 - COLLEGE STATION, TX 77842	74-2732168	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
SANDE SCHOOL OF HORSEMANSHIP 33836 BENNETT ROAD WARREN, OR 97053	27-5028426	501(C)(3)	5,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SANFORD MEDICAL CENTER 1305 WEST 18TH STREET SIOUX FALLS, SD 57117	46-0227855	501(C)(3)	7,308.	0.			FITNESS AND WELLNESS
SENIORS INDEPENDENT LIVING COLLABORATIVE - 5733 N SHERIDAN RD. - CHICAGO, IL 60660	82-3618463	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
SERVICES FOR INDEPEDENT LIVING 26250 EUCLID # 801 CLEVELAND, OH 44132	34-1315202	501(C)(3)	28,524.	0.			DISASTER PREPAREDNESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHANE'S INSPIRATION 15213 BURBANK BLVD. SHERMAN OAKS, CA 91411	95-4760497	501(C)(3)	100,000.	0.			EDUCATION
SLED STARS 621 WILLOW GROVE ROAD PITTSBORO, NJ 08318	20-3321979	501(C)(3)	14,270.	0.			ADAPTIVE SPORTS
SOUTH FLORIDA INSTITUTE ON AGING 2038 NORTH DIXIE HWY WILTON MANORS, FL 33305	59-1297932	501(C)(3)	97,585.	0.			RESPIRE/CAREGIVING
SOUTHAMPTON FRESH AIR HOME 36 BARKERS ISLAND ROAD SOUTHAMPTON, NY 11968	13-6400777	501(C)(3)	15,000.	0.			CAMP
SPINA BIFIDA RESOURCE NETWORK 84 PARK AVENUE FLEMINGTON, NJ 08822	22-2562457	501(C)(3)	6,900.	0.			CONSUMER EDUCATION
SPREADING SMILES 1880 W. COUNTY LINE ROAD LAKEWOOD, NJ 08701	26-2356784	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
STARKVILLE PARKS AND RECREATION 405 LYNN LANE STARKVILLE, MS 39759	64-6001082	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
STIRRUPS 'N STRIDES THERAPEUTIC RIDING CENTER, INC. - 4246 W. HWY 318 - CITRA, FL 32113	20-5935626	501(C)(3)	15,418.	0.			THERAPEUTIC HORSEBACK RIDING
STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196	14-1732830	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT ASSISTANCE DOGS P.O. BOX 699 ANACORTES, WA 98221	91-2048706	501(C)(3)	12,500.	0.			SERVICE ANIMAL PROGRAM
SWANNANOVA VALLEY MUSEUM & HISTORY CENTER - 223 WEST STATE STREET - BLACK MOUNTAIN, NC 28805	56-1624503	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
TEAMABILITY, INC. 1711 NORTH TRINITY SAN ANTONIO, TX 78201-6234	30-0208271	501(C)(3)	11,225.	0.			EDUCATION
TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 TELLURIDE, CO 81435	84-1337870	501(C)(3)	9,000.	0.			CAMP
THE ABLEGAMERS CHARITY 179 E BURR BLVD KEARNEYSVILLE, WV 25430	30-0533750	501(C)(3)	25,000.	0.			PEER MENTORING AND SUPPORT
THE AUDUBON SOCIETY OF NEW HAMPSHIRE - 84 SILK FARM ROAD - CONCORD, NH 03301	02-6005322	501(C)(3)	22,479.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE BOSTON HOME 2049 DORCHESTER AVE. DORCHESTER, MA 02124	04-2103905	501(C)(3)	24,931.	0.			CAREGIVING
THE CITY OF SOUTH PADRE ISLAND 4601 PADRE BLVD SOUTH PADRE ISLAND, TX 78597	74-1756442	501(C)(3)	7,400.	0.			ACCESSIBLE BEACH/DOCK/PIER
THE FAMILY PLACE P.O. BOX 6055 LOGAN, UT 84341	87-0398053	501(C)(3)	15,075.	0.			FACILITY ACCESSIBILITY MODIFICATIONS

Schedule I (Form 990)



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

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THE LAZARUS HOUSE: A CENTER FOR WELLNESS - 4106 AUSTIN ST. - HOUSTON, TX 77004	76-0693417	501(C)(3)	15,000.	0.			TRANSPORTATION
THE SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA - 100 W LUCERNE CIR - ORLANDO, FL 32801	59-1804997	501(C)(3)	25,000.	0.			TRANSPORTATION
THE TRANSVERSE MYELITIS ASSOCIATION - 1787 SUTTER PARKWAY - POWELL, OH 43065	91-1780467	501(C)(3)	25,000.	0.			CAMP
THE VILLAGE OF RICHWOOD 153 NORTH FRANKLIN STREET RICHWOOD, OH 43344	31-6400915	501(C)(3)	23,478.	0.			ACCESSIBLE BEACH/DOCK/PIER
THE WHOLE PERSON (CIL) 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
THECIL 2490 MARINER SQUARE LOOP ALAMEDA, CA 94501	23-7175191	501(C)(3)	75,000.	0.			HIAT
TORIGIAN FAMILY YMCA 259 LYNNFIELD STREET PEABODY, MA 01960	04-2105883	501(C)(3)	24,500.	0.			FITNESS AND WELLNESS
TR 4 HEART AND SOUL 8023 93RD ST SE BISMARCK, ND 58504	81-1305058	501(C)(3)	12,100.	0.			THERAPEUTIC HORSEBACK RIDING
TRINITY HEALTH - DBA ST. JOSEPH MERCY ANN ARBOR - PO BOX 995 - ANN ARBOR, MI 48106-0995	38-2113393	501(C)(3)	24,660.	0.			FACILITY ACCESSIBILITY MODIFICATIONS

Schedule I (Form 990)

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UNITED STATES ADAPTIVE RECREATION CENTER - 43101 GOLDMINE DRIVE - BIG BEAR LAKE, CA 92315-2897	95-3872771	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
UNIVERSITY OF ALABAMA 410 PETER BRYCE BOULEVARD TUSCALOOSA, AL 35401	63-6001138	501(C)(3)	24,894.	0.			ADAPTIVE SPORTS
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET DENVER, CO 80203	84-6049811	501(C)(3)	20,630.	0.			FITNESS AND WELLNESS
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL LINCOLN, NE 68508	47-0379839	501(C)(3)	30,000.	0.			TRANSPORTATION
VETERANS EDUCATION AND RESEARCH ASSOCIATION OF NORTHERN NEW ENGLAND, INC. - P.O. BOX 4655 - WHITE RIVER JUNCTION, VT 05001	22-3091219	501(C)(3)	12,505.	0.			ADAPTIVE SPORTS
VIRGINIA BEACH ADAPTIVE WATERSPORTS, INC. - 3137 SACRAMENTO DR - VIRGINIA BEACH, VA 23456	47-4842495	501(C)(3)	23,231.	0.			ADAPTIVE SPORTS
WAHLBANGERS DRUM CIRCLE ORGANIZATION - 11533 OTSEGO STREET - NORTH HOLLYWOOD, CA 91601	45-2920962	501(C)(3)	11,602.	0.			FITNESS AND WELLNESS
WEST VIRGINIA UNIVERSITY FOUNDATION - ONE WATERFRONT PLACE, 7TH FLOOR - MORGANTOWN, WV 26507-1650	55-6017181	501(C)(3)	75,000.	0.			PAY IT FORWARD WV: ASSISTIVE TECHNOLOGY DEVICE REUSE PROJECT
WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION FOUNDATION - 116 N. SCHMALE ROAD - CAROL STREAM, IL 60188	36-3932924	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

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WHEELCHAIR DANCERS ORGANIZATION 4584 CALLE DE VIDA SAN DIEGO, CA 92124	27-1829176	501(C)(3)	4,946.	0.			ARTS
WICHITA ADAPIVE SPORTS INC. 3033 W 2ND STREET WICHITA, KS 67203	48-0892678	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
WINDWALKERS EQUINE ASSISTED LEARNING AND THERAPY CENTER - 1030 COUNTY ROAD 102 - CARBONDALE, CO 81623	38-3716992	501(C)(3)	15,000.	0.			THERAPEUTIC HORSEBACK RIDING
YMCA OF CASS AND CLAY COUNTIES 400 1ST AVENUE S. FARGO, ND 58103	45-0232096	501(C)(3)	21,500.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
YMCA OF GREATER MONMOUTH COUNTY 170 PATTERSON AVENUE SHREWSBURY, NJ 07702	21-0635051	501(C)(3)	11,268.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	28,750.	0.			NACTN
THE METHODIST HOSPITAL RESEARCH INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	87-0721923	501(C)(3)	113,500.	0.			NACTN
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102-5404	59-0624458	501(C)(3)	49,038.	0.			NACTN
THE HENRY M.JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE,INC - 6720 A ROCKLEDGE DRIVE, SUITE 100 - BETHESDA, MD	52-1317896	501(C)(3)	53,215.	0.			NACTN

Schedule I (Form 990)

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

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THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH ST, SHERIDAN BLDG. 2N PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	43,750.	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 - CHARLOTTESVILLE, VA 22908-0793	54-6001796	501(C)(3)	28,750.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLES, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	77,500.	0.			NACTN
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001-0988	74-6001399	501(C)(3)	41,070.	0.			NACTN
BERRY CONSULTANTS, LLC 4301 WESTBANK DRIVE, BUILDING B, SU AUSTIN, TX 78746	76-0644163	501(C)(3)	2,500.	0.			BIG IDEA
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET, M-921, BOSTON MA 02118-2340 - BOSTON, MA 02118-2340	04-2103547	501(C)(3)	76,337.	0.			BIG IDEA
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLES, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	50,000.	0.			EPISTIM
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLES, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	938,712.	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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTIVE TECHNOLOGY FOR KANSANS

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESSIBLE RECREATION: PLAYING ELECTRONIC GAMES INDEPENDENTLY TO INCREASE HEALTH & SOCIAL CONNECTION

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

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 ..... **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"/> 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? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 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**
- b** Any related organization? ..... **5b**
- 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**
- b** Any related organization? ..... **6b**
- 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**

**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**

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

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

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

Schedule J (Form 990) 2019

**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 & CEO	(i)	313,901.	0.	0.	13,464.	16,284.	343,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN HOWLEY EXECUTIVE VP, RESEARCH	(i)	196,215.	0.	0.	5,822.	11,806.	213,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA LAMING VP, MARKETING & COMMUNICAT	(i)	193,045.	0.	0.	7,244.	18,297.	218,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELE LOIACONO VP, OPERATIONS	(i)	151,300.	0.	0.	7,020.	3,923.	162,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET GOLDBERG COO	(i)	206,958.	0.	0.	9,300.	23,694.	239,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	145,719.	15,000.	0.	7,200.	21,929.	189,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://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	15	402,161.	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 IV, 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) 2019

**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.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

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

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

Schedule O (Form 990 or 990-EZ) (2019)

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

**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 & APPROVAL PROCESS - CEO & 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, SECTION 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, 2019, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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 ST SAN FRANCISCO, CA 94123	INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A	CA		RELATED	-6,189.	1,437,871.		X	N/A		X	17.96%

**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



**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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 ST

SAN FRANCISCO, CA 94123

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

**DIRECT CONTROLLING ENTITY:**