

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization CHRISTOPHER REEVE FOUNDATION		D Employer identification number ** - *** 9536
	Doing business as CHRISTOPHER & DANA REEVE FOUNDAT		E Telephone number (973) 379-2690
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 636 MORRIS TURNPIKE, SUITE 3A	G Gross receipts \$ 14,498,186.	
	City or town, state or province, country, and ZIP or foreign postal code SHORT HILLS, NJ 07078		
F Name and address of principal officer: PETER WILDEROTTER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ WWW.CHRISTOPHERREEVE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1988 M State of legal domicile: NJ

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY FUNDING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,861,926.	13,985,304.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,758.	-8,158.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-377,081.	-427,345.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,480,087.	13,549,801.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,592,606.	7,575,873.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,110,282.	4,441,595.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	158,250.	20,500.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,562,940.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,199,219.	2,960,868.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,060,357.	14,998,836.	
19 Revenue less expenses. Subtract line 18 from line 12	-580,270.	-1,449,035.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,605,705.	End of Year 6,544,044.
	21 Total liabilities (Part X, line 26)	3,139,960.	3,528,801.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,465,745.	3,015,243.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ PETER WILDEROTTER, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	DIANA MILLER			<input type="checkbox"/>	P01597612
Firm's name ▶ WISS & COMPANY, LLP			Firm's EIN ▶ ** - *** 2349		
Firm's address ▶ 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039			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 FUNDING INNOVATIVE RESEARCH, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE LIVING WITH PARALYSIS THROUGH GRANTS, INFORMATION AND ADVOCACY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 6,209,140. including grants of \$ 2,139,969.) (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 JUNE 1, 2018 FOR \$6,512,000. 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 \$ 5,786,381. including grants of \$ 5,435,904.) (Revenue \$) THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG FOUR INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM.

1. THE INTERNATIONAL RESEARCH CONSORTIUM ON SPINAL CORD INJURY INCLUDES SEVEN OF THE WORLD'S PREMIER LABS, WHICH POOL THEIR TALENTS TO ADDRESS SOME OF THE MOST CHALLENGING ISSUES RELATING TO SPINAL CORD INJURY, INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

2. THE NEURORECOVERY NETWORK (NRN) IS A UNIQUE NETWORK OF INSTITUTIONS FORMED THROUGH A COOPERATIVE AGREEMENT WITH THE CENTERS

4c (Code:) (Expenses \$ 835,443. 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 in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,830,964.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in 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.

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

Check this box if neither the organization nor any related 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	1.00	X		X				0.	0.	0.
(2) JOHN E. MCCONNELL VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) MATTHEW REEVE VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(4) HENRY G. STIFEL III VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(5) JOEL M. FADEN TREASURER	1.00	X		X				0.	0.	0.
(6) JEFFREY P. CUNARD, ESQ SECRETARY	1.00	X		X				0.	0.	0.
(7) SIMONE GEORGE DIRECTOR	1.00	X						0.	0.	0.
(8) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(9) DANIEL HEUMANN DIRECTOR	1.00	X						0.	0.	0.
(10) LISA HENRY HOLMES DIRECTOR	1.00	X						0.	0.	0.
(11) MICHAEL HOOG DIRECTOR	1.00	X						0.	0.	0.
(12) IAN CURTIS DIRECTOR	1.00	X						0.	0.	0.
(13) TIMOTHY R. PERNETTI DIRECTOR	1.00	X						0.	0.	0.
(14) MARK POLLOCK DIRECTOR	1.00	X						0.	0.	0.
(15) MARCI SURFAS DIRECTOR	1.00	X						0.	0.	0.
(16) CHRISTOPHER TAGATAC DIRECTOR	1.00	X						0.	0.	0.
(17) PATRICIA J. VOLLAND DIRECTOR	1.00	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) JAMES O. WELCH, JR. DIRECTOR	1.00	X						0.	0.	0.
(19) ANITA MCGORTY DIRECTOR	1.00	X						0.	0.	0.
(20) TIMOTHY CONNORS DIRECTOR	1.00	X						0.	0.	0.
(21) WILLIAM REEVE DIRECTOR	1.00	X						0.	0.	0.
(22) TANIA LYNN TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(23) DAVID SABLE DIRECTOR	1.00	X						0.	0.	0.
(24) TRACY FORST DIRECTOR	1.00	X						0.	0.	0.
(25) ALEXANDRA REEVE GIVENS, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(26) JACK HAGERTY, ESQ. DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,554,222.	0.	190,457.
d Total (add lines 1b and 1c)								1,554,222.	0.	190,457.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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
HCM STRATEGISTS LLC, 1156 15TH ST., NW, SUITE 850, WASHINGTON, DC 20005	ADVOCACY CONSULTANTS	193,068.
DIRECT ANSWER, INC., 414 SMOKEY HOLLOW RD, CAPON BRIDGE, VA 26711	DONATION RESPONSE MGMNT CONSULTANT	168,683.
AO SPINE NORTH AMERICA 1700 RUSSELL ROAD, PAOLI, PA 19301	OVERSIGHT OF THE CLINICAL TRIAL	150,000.
COYNE PUBLIC RELATIONS 5 WOOD HOLLOW ROAD, PARSIPPANY, NJ 07054	PUBLIC RELATIONS CONSULTANT	137,102.
CAPSTONE NATIONAL PARTNERS, LLC, 759 N. MILWAUKEE STREET, SUITE 601, MILWAUKEE,	STRATEGIC PLANNING LIASON	120,000.

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)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAY SHEPHARD DIRECTOR	1.00	X					0.	0.	0.	
(28) PETER WILDEROTTER PRESIDENT & CEO	40.00			X			389,053.	0.	31,185.	
(29) RICHARD SHERMAN CFO	8.00			X			58,955.	0.	0.	
(30) SUSAN HOWLEY EXECUTIVE VP, RESEARCH	40.00			X			169,205.	0.	21,441.	
(31) REBECCA LAMING VP, MARKETING & COMMUNICAT	40.00			X			152,705.	0.	23,032.	
(32) FRANK MASCIA VP, DEVELOPMENT	40.00			X			186,062.	0.	24,096.	
(33) MICHELE LOIACONO VP, OPERATIONS	40.00			X			148,251.	0.	24,555.	
(34) MARGARET GOLDBERG VP, POLICY & PROGRAMS	40.00			X			193,238.	0.	32,710.	
(35) ALAN BROWN DIRECTOR OF PUBLIC IMPACT	40.00					X	146,375.	0.	24,733.	
(36) JEANNINE MAROTTA DIRECTOR OF SPECIAL GIFTS	40.00					X	110,378.	0.	8,705.	
Total to Part VII, Section A, line 1c							1,554,222.		190,457.	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 30,093.				
	b Membership dues	1b				
	c Fundraising events	1c 1,952,777.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 8,149,586.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,852,848.				
	g Noncash contributions included in lines 1a-1f: \$	78,297.				
	h Total. Add lines 1a-1f	▶ 13,985,304.				
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 10,563.			10,563.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	57,420.			
		(ii) Personal				
		b Less: rental expenses	77,293.			
		c Rental income or (loss)	-19,873.			
	d Net rental income or (loss)	▶ -19,873.			-19,873.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	324,599.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	343,320.			
		c Gain or (loss)	-18,721.			
	d Net gain or (loss)	▶ -18,721.			-18,721.	
	8 a Gross income from fundraising events (not including \$ 1,952,777. of contributions reported on line 1c). See Part IV, line 18	a	120,300.			
		b Less: direct expenses	527,772.			
c Net income or (loss) from fundraising events		▶ -407,472.			-407,472.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	13,549,801.	0.	0.	-435,503.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,097,873.	7,097,873.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,000.	18,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	460,000.	460,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,454,488.	1,011,638.	104,152.	338,698.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,229,230.	1,521,073.	166,489.	541,668.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	87,115.	71,173.	4,499.	11,443.
9 Other employee benefits	417,104.	333,199.	18,206.	65,699.
10 Payroll taxes	253,658.	194,547.	13,671.	45,440.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	78,040.	53,067.	19,510.	5,463.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	20,500.			20,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	911,593.	734,629.	80,371.	96,593.
12 Advertising and promotion	94,475.	90,627.		3,848.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	260,157.	175,361.	20,067.	64,729.
17 Travel	266,132.	201,565.	43,548.	21,019.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,811.	68,941.	6,870.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,685.	20,924.	5,150.	16,611.
23 Insurance	72,989.	27,000.	45,989.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL EXPENSES	285,455.	91,786.		193,669.
b INTERNET COMMUNICATIONS	176,496.	172,025.	745.	3,726.
c MISCELLANEOUS	153,525.	118,993.	17,263.	17,269.
d PRINTING	147,319.	137,985.	4,667.	4,667.
e All other expenses	396,191.	230,558.	53,735.	111,898.
25 Total functional expenses. Add lines 1 through 24e	14,998,836.	12,830,964.	604,932.	1,562,940.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	833,727.	152,634.	223,531.	457,562.

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
Assets	1 Cash - non-interest-bearing	286,584.	1	910,774.
	2 Savings and temporary cash investments	1,298,498.	2	623,899.
	3 Pledges and grants receivable, net	4,608,202.	3	3,645,283.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,346.	9	100,019.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,207,899.		
	b Less: accumulated depreciation	10b 1,166,978.	55,345.	10c 40,921.
	11 Investments - publicly traded securities	144,061.	11	145,460.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	984,051.	13	965,330.
	14 Intangible assets	120,123.	14	91,863.
	15 Other assets. See Part IV, line 11	20,495.	15	20,495.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,605,705.	16	6,544,044.	
Liabilities	17 Accounts payable and accrued expenses	541,015.	17	317,807.
	18 Grants payable	2,310,975.	18	2,777,376.
	19 Deferred revenue	287,970.	19	433,618.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,139,960.	26	3,528,801.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,571,111.	27	1,494,209.
	28 Temporarily restricted net assets	2,894,634.	28	1,521,034.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,465,745.	33	3,015,243.	
34 Total liabilities and net assets/fund balances	7,605,705.	34	6,544,044.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,549,801.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,998,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,449,035.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,465,745.
5	Net unrealized gains (losses) on investments	5	-1,467.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,015,243.

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 in 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 in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: CHRISTOPHER REEVE FOUNDATION
Employer identification number: **-***9536

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support, (vi) Amount of other support.

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12890994.	14551172.	14257323.	13861926.	13985304.	69546719.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12890994.	14551172.	14257323.	13861926.	13985304.	69546719.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						69546719.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	12890994.	14551172.	14257323.	13861926.	13985304.	69546719.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,456.	86,255.	182,344.	63,928.	67,983.	409,966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						69956685.
12 Gross receipts from related activities, etc. (see instructions)					12	627,762.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.41 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.51 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

Horizontal lines for supplemental information.

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number ** - ***9536
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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>7,085,934.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,063,652.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>289,344.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>522,084.</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.)

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number ** - ***9536
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CHRISTOPHER REEVE FOUNDATION	Employer identification number ** - *** 9536
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization CHRISTOPHER REEVE FOUNDATION **Employer identification number** **-***9536

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 (e.g., 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2017

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 are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,207,899.	1,166,978.	40,921.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,921.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PRESIDIO PARTNERS NRT GP ,		
(2) LLC	965,330.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	965,330.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	14,153,399.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,467.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	605,065.
e	Add lines 2a through 2d	2e	603,598.
3	Subtract line 2e from line 1	3	13,549,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,549,801.

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

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

1	Total expenses and losses per audited financial statements	1	15,603,901.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	605,065.
e	Add lines 2a through 2d	2e	605,065.
3	Subtract line 2e from line 1	3	14,998,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,998,836.

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. 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. 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

Part XIII Supplemental Information (continued)

SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2017, 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, 2017 AND 2016. 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 2014 AND 2013, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	527,772.
FUNDRAISING EXPENSES	77,293.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	605,065.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	527,772.
RENT EXPENSE ON SCHEDULE A	77,293.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	605,065.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

**** - *** 9536**

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
EUROPE	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATED TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON	400,000.
NORTH AMERICA	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON	60,000.
3 a Sub-total	0	0			460,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			460,000.

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

Schedule F (Form 990) 2017

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)
		EUROPE	SCIENCE RESEARCH	400,000.	CHECKS	0.		
		NORTH AMERICA	SCIENCE RESEARCH	60,000.	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 **3**

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

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) 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: EUROPE

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

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.

FORM 990, PART IV, FOREIGN FORMS

THE CHRISTOPHER AND DANA REEVE FOUNDATION DOES NOT MEET THE REQUIREMENTS FOR FILING IRS FORM 926.

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 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

****-***9536**

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			
CREATIVE DIRECT RESPONSE - 16900 SCIENCE DRIVE, SUITE	COORDINATE DIRECT MAIL FUNDRAISING		X	381,090.	20,500.	360,590.
Total				381,090.	20,500.	360,590.

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
DC

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NYC DINNER DANCE (event type)	TEAM REEVE (event type)	4 (total number)		
Revenue	1	Gross receipts	1,360,699.	586,114.	126,264.	2,073,077.
	2	Less: Contributions	1,259,899.	586,114.	106,764.	1,952,777.
	3	Gross income (line 1 minus line 2)	100,800.		19,500.	120,300.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	69,853.			69,853.
	7	Food and beverages	116,078.		25,750.	141,828.
	8	Entertainment	11,250.		600.	11,850.
	9	Other direct expenses	131,614.	165,888.	6,739.	304,241.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				527,772.
11	Net income summary. Subtract line 10 from line 3, column (d)				-407,472.	

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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE

(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DRIVE, SUITE 210, BOWIE, MD 20715

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **CHRISTOPHER REEVE FOUNDATION** Employer identification number **** - *** 9536**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY P.O. BOX 44253 STANFORD, CA 94144	** - *** 6365	501(C)(3)	200,000.	0.			CONSORTIUM
THE HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE, INC. - 6720 A ROCKLEDGE DRIVE SUITE 100 - BETHESDA, MD	** - *** 7896	501(C)(3)	83,515.	0.			NACTN
THE METHODIST HOSPITAL RESEARCH INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	** - *** 1923	501(C)(3)	150,000.	0.			NACTN
THE METHODIST HOSPITAL RESEARCH INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	** - *** 1923	501(C)(3)	13,578.	0.			RISCIS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1400 BIOLOGICAL SCIENCES III IRVINE - IRVINE, CA 92697	** - *** 6406	501(C)(3)	425,000.	0.			CONSORTIUM
THE RESEARCH FOUNDATION OF THE STATE UNIVERSITY OF NY - P.O. BOX 9 - ALBANY, NY 12201	** - *** 8361	501(C)(3)	75,000.	0.			CONSORTIUM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **128.**
- 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) (2017)

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
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	**-***0097	501(C)(3)	200,000.	0.			CONSORTIUM
THE UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	**-***2033	501(C)(3)	45,987.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET SHERIDAN BLDG PHILADELPHIA, PA 19107	**-***2651	501(C)(3)	51,027.	0.			NACTN
UNIV OF WASHINGTON BOX 356490 SEATTLE, WA 98195	**-***1537	501(C)(3)	300,000.	0.			CONSORTIUM
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001	**-***1399	501(C)(3)	48,246.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	125,695.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	5,000.	0.			RISCIS
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	1,126,449.	0.			NRN
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102-5405	**-***4458	501(C)(3)	55,019.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - HOUSTON, TX 75303-1418	**-***1309	501(C)(3)	80,000.	0.			NACTN
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE DAVIS 5 ROOM 5293 - CHARLOTTESVILLE, VA 22908-0793	**-***1796	501(C)(3)	60,000.	0.			NACTN
CHANGING GAITS INC. 27274 MONUMENT ROAD BROOK PARK, MN 55007	**-***9907	501(C)(3)	5,000.	0.			PHYSICAL/OCCUPATIONAL THERAPY
CHASE YOUR DREAMS FOUNDATION PO BOX 236 MANDEVILLE, LA 70470	**-***8954	501(C)(3)	5,000.	0.			ASSISTIVE TECHNOLOGY INITIATIVE
EASTER SEALS 2850 N 24TH STREET PHOENIX, AZ 12180	**-***7179	501(C)(3)	5,000.	0.			ASSISTIVE TECHNOLOGY INITIATIVE
ELKHART LAKE-GLENBEULAH SCHOOL DISTRICT - 201 N. LINCOLN STREET PO BOX 326 - ELKHART LAKE, WI 53020	**-***8599	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND/BALL FIELD
INDEPENDENT LIVING CENTER OF THE HUDSON VALLEY - 15-17 THIRD STREET - TROY, NY 12180	**-***5911	501(C)(3)	5,000.	0.			TRANSPORTATION
MASON'S MISSION FOUNDATION INC. 4927 CLOVERLEAF LANE LOCKPORT, NY 14094	**-***3878	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND/BALL FIELD
TUALATIN HILLS PARK FOUNDATION 15707 SW WALKER RD. BEAVERTON, OR 97006	**-***3838	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND/BALL FIELD

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
UNITED CEREBRAL PALSY OF HUNTSVILLE AND TENNESSEE VALLEY INC. - 1856 KEATS DRIVE NW - HUNTSVILLE, AL 35810	**-***5075	501(C)(3)	5,000.	0.			RESPITE CARE GRANT
PARALYZED VETERANS OF AMERICA - NV 704 S JONES BLVD LAS VEGAS, NV 89107	**-***7467	501(C)(3)	5,450.	0.			ADAPTIVE SPORTS
SOUTHAMPTON FRESH AIR HOME 36 BARKERS ISLAND ROAD SOUTHAMPTON, NY 11968	**-***0777	501(C)(3)	5,500.	0.			CAMP
CLASS (COMMUNITY LIVING & SUPPORT SERVICES) - 1400 SOUTH BRADDOCK AVENUE - PITTSBURGH, PA 15218	**-***7252	501(C)(3)	6,000.	0.			RESPITE CARE GRANT
CRATER REGIONAL WORKFORCE DEVELOPMENT BOARD/LEARN TO EARN INC. - 114 N. UNION STREET - PETERSBURG, VA 23803	**-***7875	501(C)(3)	6,000.	0.			EMPLOYMENT PROGRAM
EAGLE MOUNT BILLINGS 1140 16TH STREET WEST SUITE 12 BILLINGS, MT 59102	**-***0933	501(C)(3)	6,000.	0.			ADAPTIVE SPORTS
TEXAS LIONS CAMP INC. P. O. BOX 290247 KERRVILLE, TX 78029-0247	**-***9679	501(C)(3)	6,000.	0.			CAMP
VARIETY THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY SUITE 512 WEXFORD, PA 15090	**-***8099	501(C)(3)	6,000.	0.			DURABLE MEDICAL EQUIPMENT
CAMP MILLHOUSE 25600 KELLY ROAD SOUTH BEND, IN 46614	**-***4031	501(C)(3)	6,140.	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
ON EAGLES' WINGS THERAPEUTIC HORSEMANSHIP - 661 OPEKISKA RIDGE ROAD - FAIRMONT, WV 26554	**-***6059	501(C)(3)	6,250.	0.			THERAPEUTIC HORSEBACK RIDING
NEXTSTEP KANSAS CITY 6600 COLLEGE BLVD. SUITE 315 OVERLAND PARK, KS 66211	**-***4070	501(C)(3)	6,277.	0.			FITNESS AND WELLNESS
PARALYZED VETERANS OF AMERICA - KY/IN - 4781 PAOLI PIKE SUITE 2 - FLOYDS KNOBS, IN 47119	**-***3123	501(C)(3)	6,349.	0.			FITNESS AND WELLNESS
HILLSDALE COUNTY SENIOR SERVICES CENTER - 320 W. BACON STREET - HILLSDALE, MI 49242	**-***6724	501(C)(3)	6,400.	0.			RESPITE CARE GRANT
DESTINATION REHAB 3155 NE ELIZABETH COURT BEND, OR 97701	**-***9238	501(C)(3)	6,520.	0.			CAMP
WASATCH ADAPTIVE SPORTS 9385 S. SNOWBIRD CENTER DRIVE SNOWBIRD, UT 84092	**-***4171	501(C)(3)	6,742.	0.			ADAPTIVE SPORTS
LEAPS OF FAITH DISABLED WATERSKIERS CLUB - 90 HOUSATONIC DRIVE - SANDY HOOK, CT 06482	**-***3214	501(C)(3)	6,810.	0.			ADAPTIVE SPORTS
COMMUNITY SAILING OF COLORADO PO BOX 102613 DENVER, CO 80250	**-***4837	501(C)(3)	6,900.	0.			ADAPTIVE SPORTS
LOWDEN AQUATIC PARK PROJECT PO BOX 2881 WEAVERVILLE, CA 96093	**-***0672	501(C)(3)	7,000.	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
ROCKY MOUNTAIN MS CENTER 8845 WAGNER STREET WESTMINSTER, CO 80031	**-***5455	501(C)(3)	7,000.	0.			PHYSICAL/OCCUPATIONAL THERAPY
THEATER OF NEW CITY 155 FIRST AVENUE NEW YORK, NY 10003-2906	**-***4851	501(C)(3)	7,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CENTRAL CALIFORNIA ADAPTIVE SPORTS CENTER - PO BOX 147 - SHAVER LAKE, CA 93664	**-***5676	501(C)(3)	7,030.	0.			ADAPTIVE SPORTS
GIRLS ON THE RUN OF LANCASTER 1116 MANHEIM PIKE LANCASTER, PA 17601	**-***0927	501(C)(3)	7,146.	0.			FITNESS AND WELLNESS
MCKENNA FARMS THERAPY SERVICES 3044 DUE WEST ROAD DALLAS, GA 30157	**-***1506	501(C)(3)	7,146.	0.			THERAPEUTIC HORSEBACK RIDING
TOWN OF WABENO 4473 N BRANCH STREET PO BOX 447 WABENO, WI 54566	**-***6154	501(C)(3)	7,332.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
OAK ISLAND PARKS AND RECREATION DEPARTMENT - 4601 E. OAK ISLAND DRIVE - OAK ISLAND, NC 28465	**-***1949	501(C)(3)	7,340.	0.			TRANSPORTATION
SUNSET HILL EDUCATIONAL INSTITUTE P.O. BOX 435 SOUTH SUTTON, NJ 03273	**-***8981	501(C)(3)	7,370.	0.			FITNESS AND WELLNESS
LADY WHEELCHAIR MAVERICKS DALLAS VA BASKETBALL ASSOCIATION - 2701 CEDAR VIEW CT. - ARLINGTON, TX 76006	**-***5590	501(C)(3)	7,404.	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
STONINGTON FREE LIBRARY PO BOX 232 20 HIGH STREET STONINGTON, CT 06378	**-***5194	501(C)(3)	7,500.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
WEBSTER CENTRAL SCHOOL DISTRICT 1548 SCHLEGEL ROAD WEBSTER, NY 14580	**-***2122	501(C)(3)	8,017.	0.			ADAPTIVE SPORTS
NORTH BROWARD HOSPITAL DISTRICT 1800 NW 49TH STREET FORT LAUDERDALE, FL 33309	**-***2065	501(C)(3)	8,440.	0.			TRANSITION FROM INSTITUTION TO HOME
ANGELICA PATIENT ASSISTANCE PROGRAM - 555 MADISON AVENUE 6TH FLOOR - NEW YORK, NY 10022	**-***1292	501(C)(3)	8,495.	0.			ARTS PROGRAM
SOUTHWEST WHEELCHAIR ATHLETIC ASSOCIATION - PO BOX 1389 - HURST, TX 76053	**-***7028	501(C)(3)	8,805.	0.			ADAPTIVE SPORTS
STAY FOCUSED 245 EAST 44TH ST. SUITE 22B NEW YORK, NY 10017	**-***8686	501(C)(3)	8,875.	0.			FITNESS AND WELLNESS
EQUIPMENT DURABLE MEDICAL EQUIPMENT & ASSISTIVE TECHNOLOGY REUSE PROGRAM INC. - P.O. BOX 311 - METHUEN, MA 01844	**-***4439	501(C)(3)	9,043.	0.			DURABLE MEDICAL EQUIPMENT
TENNESSEE RESPITE COALITION 2200 21ST AVE S SUITE 310 NASHVILLE, TN 37212	**-***2876	501(C)(3)	9,725.	0.			RESPITE CARE GRANT
ALS ASSOCIATION - CALIFORNIA (ORANGE COUNTY CHAPTER) - 3002 DOW AVENUE SUITE 524 - TUSTIN, CA 92780	**-***2720	501(C)(3)	9,750.	0.			RESPITE CARE GRANT

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
AGING, DISABILITY & TRANSIT SERVICES OF ROCKINGHAM COUNTY - 105 LAWSONVILLE AVE. - REIDSVILLE, NC 27323	**-***0312	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
ADAPTIVE SPORTS CENTER OF CRESTED BUTTE - 10 CRESTED BUTTE WAY - CRESTED BUTTE, CO 81224	**-***3447	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	**-***4357	501(C)(3)	10,000.	0.			ARTS PROGRAM
ALS ASSOCIATION - FL (FLORIDA CHAPTER) - 3642 PARKSIDE CENTER CIRCLE - TAMPA, FL 33619	**-***4732	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
BRATTLEBORO AREA ADULT DAY SERVICES-DBA THE GATHERING PLACE - 30 TERRACE STREET - BRATTLEBORO, VT 05301	**-***1536	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
COUNCIL ON AGING FOR SOUTHEASTERN VERMONT DBA SENIOR SOLUTIONS - 38 PLEASSANT STREET - SPRINGFIELD, VT 05156	**-***8766	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
DEL ORO CAREGIVER RESOURCE CENTER 8421 AUBURN BLVD. SUITE 265 CITRUS HEIGHTS, CA 95610	**-***3611	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	**-***5845	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 N. LONG LAKE RD SUITE D - TRAVERSE CITY, MI 49684	**-***4229	501(C)(3)	10,000.	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
HELP OUR WOUNDED 402 W. PALM VALLEY BLVD. SUITE A326 ROUND ROCK, TX 78664	**-***7659	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
ILLINOIS RESPITE COALITION 4015 N OAK PARK AVE CHICAGO, IL 60634	**-***0873	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
MOLLY'S HOUSE INC. 430 SE OSCEOLA STREET STUART, FL 34994	**-***7242	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
NEW BEGINNINGS COMMUNITY CENTER 12 PLATINUM COURT MEDFORD, NY 11763	**-***4725	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
RAMP ACCESS MADE POSSIBLE BY STUDENTS - 1114 WESTBRIAR DRIVE SUITE D - RICHMOND, VA 23114	**-***0123	501(C)(3)	10,000.	0.			HOME ACCESSIBILITY MODIFICATIONS
RED ROCK CENTER FOR INDEPENDENCE 168 N. 100 E. SUITE 101 ST. GEORGE, UT 84770	**-***9008	501(C)(3)	10,000.	0.			RESPITE CARE GRANT
THE GATEWAY FAMILY YMCA 144 MADISON AVENUE ELIZABETH, NJ 07201	**-***7381	501(C)(3)	10,000.	0.			ARTS PROGRAM
THE MICHIGAN STATE UNIVERSITY COMMUNITY MUSIC SCHOOL - 4930 S. HAGADORN RD. - EAST LANSING, MI 48823	**-***5984	501(C)(3)	10,000.	0.			ARTS PROGRAM
WHITE RIVER AREA AGENCY ON AGING INC. - 3998 HARRISON STREET - BATESVILLE, AR 72503	**-***1442	501(C)(3)	10,000.	0.			RESPITE CARE GRANT

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
UNITED BRACHIAL PLEXUS NETWORK 32 WILLIAM ROAD READING, MA 01867	**-***9222	501(C)(3)	10,750.	0.			CAMP
THE COLLEGE AT BROCKPORT STATE UNIVERSITY OF NEW YORK - 350 NEW CAMPUS DRIVE - BROCKPORT, NY 14420	**-***3200	501(C)(3)	11,000.	0.			EDUCATION PROGRAM
CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763	**-***4324	501(C)(3)	11,944.	0.			SERVICE ANIMAL PROGRAM
PEACE OF ADVENTURE PO BOX 1314 CRESTED BUTTE, CO 81224	**-***1031	501(C)(3)	12,000.	0.			ADAPTIVE SPORTS
HESPERIAN HEALTH GUIDES 1919 ADDISON ST. BERKELEY, CA 94704	**-***9093	501(C)(3)	12,202.	0.			MEDIA DEVELOPMENT
M.D. WRIGHT ACADEMIC CENTER PO BOX 325 THIBODAUX, LA 70302	**-***9404	501(C)(3)	12,495.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ALS ASSOCIATION CA (GOLDEN WEST CHAPTER) - 28632 ROADSIDE DR. SUITE 173 - AGOURA HILLS, CA 91301	**-***3338	501(C)(3)	12,500.	0.			ASSISTIVE TECHNOLOGY INITIATIVE
ROTARY CLUB OF HENDERSONVILLE/ MARY'S MAGICAL PLACE PLAYGROUND - P.O. BOX 2703 - HENDERSONVILLE, TN 37075	**-***1383	501(C)(3)	12,500.	0.			ACCESSIBLE PLAYGROUND/BALL FIELD
THE NEW SCHOOL 79 FIFTH AVENUE 17TH FLOOR NEW YORK, NY 10003	**-***7197	501(C)(3)	12,500.	0.			ASSISTIVE TECHNOLOGY INITIATIVE

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
INDEPENDENT LIVING CENTER OF KERN COUNTY - 5251 OFFICE PARK DRIVE SUITE 200 - BAKERSFIELD, CA 93309	** - ***4453	501(C)(3)	13,000.	0.			DURABLE MEDICAL EQUIPMENT
THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES - 815 S. UTICA AVE. - TULSA, OK 74104	** - ***0545	501(C)(3)	13,000.	0.			ADAPTIVE SPORTS
GLOBAL MOBILITY 7536 TYRONE AVE. VAN NUYS, CA 91405	** - ***0383	501(C)(3)	13,650.	0.			DURABLE MEDICAL EQUIPMENT
WHEELS OF PROGRESS 64 EAST 111TH STREET SUITE 907 NEW YORK, NY 10029	** - ***5910	501(C)(3)	14,000.	0.			EDUCATION PROGRAM
ROANOKE RIVER RAILS TO TRAILS / KIDS = PLAY - 400 N. MAIN STREET - LAWRENCEVILLE, VA 23868	** - ***2626	501(C)(3)	15,000.	0.			ACCESSIBLE PLAYGROUND/BALL FIELD
TUCKER'S HOUSE PO BOX 968 SPRING HILL, TN 37174	** - ***6877	501(C)(3)	15,150.	0.			HOME ACCESSIBILITY MODIFICATIONS
WINSTON SALEM STATE UNIVERSITY PHYSICAL THERAPY AND OCCUPATIONAL THERAPY CLINICS - 601 S. MARTIN LUTHER KING DR. FL ATKINS 340 -	** - ***9620	501(C)(3)	15,262.	0.			DURABLE MEDICAL EQUIPMENT
THE MIRACLE LEAGUE OF NORTH MANKATO - 127 S SECOND STREET SUITE 120 - MANKATO, MN 56001	** - ***0854	501(C)(3)	15,314.	0.			ACCESSIBLE PLAYGROUND/BALL FIELD
ASSOC. OF PROGRAMS FOR RURAL INDEPENDENT LIVING - 11324 ARCADE DRIVE - LITTLE ROCK, AR 72212	** - ***1224	501(C)(3)	15,500.	0.			PEER MENTORING AND SUPPORT

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
CHARLESTON COUNTY PARK & RECREATION COMMISSION - 861 RIVERLAND DRIVE - CHARLESTON, SC 29412	**-***3944	501(C)(3)	16,791.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
DISABILITY RESOURCES INC. 50 E. GREG STREET SUITE 102 SPARKS, NV 89431	**-***4922	501(C)(3)	16,830.	0.			EMPLOYMENT PROGRAM
ACTIVE DISABLED AMERICANS 225 UPPER MATECUMBE RD KEY LARGO, FL 33037	**-***1278	501(C)(3)	17,000.	0.			ADAPTIVE SPORTS
EASTERN ADAPTIVE SPORTS 283 RIVER STREET ASHLAND, NH 03217	**-***8948	501(C)(3)	17,004.	0.			ADAPTIVE SPORTS
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 N KUAKINI STREET - HONOLULU, HI 96817	**-***1634	501(C)(3)	18,000.	0.			DURABLE MEDICAL EQUIPMENT
EMPOWER SPINAL CORD INJURY PO BOX 8631 BOSTON, MA 02114	**-***5042	501(C)(3)	18,140.	0.			CAMP
WHEELING FORWARD INC 2652 CROSEY AVE SUITE 4C BROOKLYN, NY 11214	**-***5474	501(C)(3)	23,400.	0.			FITNESS AND WELLNESS
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY SUITE 300 IRVINE, CA 92618	**-***1635	501(C)(3)	24,000.	0.			DURABLE MEDICAL EQUIPMENT
UTAH STATE UNIVERSITY UTAH CONSERVATION CORPS - 7205 OLD MAIN HILL - LOGAN, UT 84322-7205	**-***0528	501(C)(3)	24,000.	0.			EMPLOYMENT PROGRAM

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
TRACH MOMMAS OF LOUISIANA 11850 WENTLING AVE A8 BATON ROUGE, LA 70816	**-***0374	501(C)(3)	24,990.	0.			PEER MENTORING AND SUPPORT
COMMUNITIES ACTIVELY LIVING INDEPENDENT & FREE (CALIF) - 634 SOUTH SPRING STREET 2ND FLOOR - LOS ANGELES, CA 90014	**-***0169	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
KANSAS ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING - P.O. BOX 67208 - TOPEKA, KS 66667	**-***1568	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
LIBERTY RESOURCES INC. 112 N 8TH STREET SUITE 600 PHILADELPHIA, PA 19107	**-***3916	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
MEMPHIS CENTER FOR INDEPENDENT LIVING - 1633 MADISON - MEMPHIS, TN 38104	**-***1659	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
PROGRESSIVE INDEPENDENCE 121 N. PORTER NORMAN, OK 73071	**-***1897	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
RESOURCE CENTER FOR INDEPENDENT LIVING - 409 COLUMBIA STREET - UTICA, NY 13503-0210	**-***8284	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
THE WHOLE PERSON 3710 MAIN STREET KANSAS CITY, MO 64111	**-***7083	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION GRANT
OFFICE OF VOCATIONAL REHABILITATION - 275 E. MAIN ST. - FRANKFORT, KY 40621	**-***0439	501(C)(3)	71,257.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIAT)

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
NC ASSISTIVE TECHNOLOGY 805 RUGGLES DRIVE MSC 2801 RALEIGH, NC 27603	**-***5465	501(C)(3)	71,618.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
USC SCHOOL OF MEDICINE-SC ASSISTIVE TECHNOLOGY PROGRAM - CENTER FOR DISABILITY RESOURCES - COLUMBIA, SC 29208	**-***6735	501(C)(3)	74,808.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
MASSACHUSETTS REHABILITATION COMMISSION - 600 WASHINGTON STREET - BOSTON, MA 02111	**-***2284	501(C)(3)	74,878.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
CROSSROADS REHABILITATION CENTER 4740 KINGSWAY DRIVE INDIANAPOLIS, IN 46205	**-***9058	501(C)(3)	74,881.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
NORTHERN ARIZONA UNIVERSITY-INSTITUTE FOR HUMAN DEVELOPMENT - BOX 4130 - FLAGSTAFF, AZ 86011-4130	**-***9628	501(C)(3)	74,926.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM - 1020 S SPRING - SPRINGFIELD, IL 62704	**-***0943	501(C)(3)	74,935.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
ASSISTIVE TECHNOLOGY IN NEW HAMPSHIRE - 10 W EDGE DRIVE #101 - DURHAM, NH 03824	**-***7506	501(C)(3)	75,000.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII (ATRC) - 200 NORTH VINEYARD BOULEVARD SUITE 430 - HONOLULU, HI 96817	**-***7103	501(C)(3)	75,000.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC. - 3333 W. PENSACOLA ST. BLDG 100 SUITE 140 - TALLAHASSEE, FL 32304	**-***2342	501(C)(3)	75,000.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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
TEMPLE UNIVERSITY-INSTITUTE ON DISABILITIES - 1755 N. 13TH STREET SUITE 411 SOUTH - PHILADELPHIA, PA 19122	**-***5971	501(C)(3)	75,000.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIAT)
VIRGINIA ASSISTIVE TECHNOLOGY SYSTEM - 2001 MAYWILL STREET SUITE 202 - HENRICO, VA 23230	**-***6941	501(C)(3)	75,000.	0.			HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIAT)
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - ACCOUNTING 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	1,400,259.	0.			BIG IDEA
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET, M-921 BOSTON, MA 02118-2340	**-***3547	501(C)(3)	45,104.	0.			BIG IDEA
BERRY CONSULTANTS, LLC 4301 WESTBANK DRIVE BUILDIG B, STE AISTOM, TX 78746	**-***4163		25,000.	0.			BIG IDEA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BIG IDEA	2	18,000.	0.		

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

PART I, LINE 2:

GRANT AWARDS ARE ADMINISTERED VIA A CONTRACT BETWEEN THE FOUNDATION AND THE GRANTEE. QUALITY OF LIFE GRANTS ARE AWARDED THROUGH THE FOUNDATION'S QUALITY OF LIFE DEPARTMENT. ALL RECIPIENTS ARE REQUIRED TO SUBMIT REPORTS AT LEAST ONCE A YEAR AND A FINAL REPORT WHEN THE PROJECT IS COMPLETED. THE FINAL REPORT MUST DETAIL THE OUTCOMES OF THE PROJECT AND WHETHER OR NOT THE ORIGINAL GOALS AND OBJECTIVES WERE ACCOMPLISHED. INDIRECT OVERHEAD COSTS ARE LIMITED TO 10% OF THE DIRECT COSTS OF ALL AGREEMENTS. UNEXPENDED OR UNCOMMITTED FUNDS AT THE TERMINATION OF THE AGREEMENT REVERT BACK TO THE

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

**** - ***9536**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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)	314,053.	75,000.	0.	15,656.	15,529.	420,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN HOWLEY EXECUTIVE VP, RESEARCH	(i)	169,205.	0.	0.	7,830.	13,611.	190,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA LAMING VP, MARKETING & COMMUNICAT	(i)	142,705.	10,000.	0.	6,982.	16,050.	175,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FRANK MASCIA VP, DEVELOPMENT	(i)	176,062.	10,000.	0.	3,477.	20,619.	210,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELE LOIACONO VP, OPERATIONS	(i)	148,251.	0.	0.	6,927.	17,628.	172,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARGARET GOLDBERG VP, POLICY & PROGRAMS	(i)	183,238.	10,000.	0.	8,775.	23,935.	225,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	146,375.	0.	0.	6,750.	17,983.	171,108.	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.

PART I, LINE 7:

BONUS TO PRESIDENT/CEO BASED ON MERIT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

**** - ***9536**

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	10	78,297.	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**

- 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.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2017

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

SCHEDULE M, LINE 32B:

USE BROKERAGE FIRM SERVICES FOR SALES OF MARKETABLE SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

** - ***9536

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 THE QUALITY OF LIFE FOR PEOPLE
LIVING WITH PARALYSIS THROUGH GRANTS, INFORMATION AND ADVOCACY.

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

FOR DISEASE CONTROL AND PREVENTION, NOW THE ADMINISTRATION FOR
COMMUNITY LIVING. EACH CENTER IS A CUTTING-EDGE REHAB FACILITY USING
INTENSIVE LOCOMOTOR TRAINING, AN ACTIVITY BASED THERAPY IN WHICH A
PATIENT WALKS ON A TREADMILL WHILE SUSPENDED IN A HARNESS.

3. 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.

4. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS
RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD
STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING
VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER
CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE. THE BIG IDEA
IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

-*9536

PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS
THE AFORE-MENTIONED SECONDARY FUNCTIONS.

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
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

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

-*9536

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.

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

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

** - ***9536

DECEMBER 31, 2017, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.

Multiple horizontal lines for text entry.

**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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

****-***9536**

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

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

Schedule R (Form 990) 2017

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

** - *** 9536

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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	
REEVE FOUNDATION - PRESIDIO PARTNERS NRT, LP - **-*****, 1 LETTERMAN DR, BLDG C, STE CM500, SAN	INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A	CA	PRESIDIO PARTNERS NRT GP, LLC	RELATED	-18,721.	965,330.		X	N/A	X		39.84%

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part 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) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		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:

REEVE FOUNDATION - PRESIDIO PARTNERS NRT, LP

EIN: ** - *****

1 LETTERMAN DR, BLDG C, STE CM500

SAN FRANCISCO, CA 94129

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

DIRECT CONTROLLING ENTITY: PRESIDIO PARTNERS NRT GP, LLC

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. CHRISTOPHER REEVE FOUNDATION	Employer identification number (EIN) or ** - ***9536
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 636 MORRIS TURNPIKE, SUITE 3A	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHORT HILLS, NJ 07078	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RICHARD SHERMAN, CFO

• The books are in the care of ▶ **636 MORRIS TURNPIKE, SUITE 3A - SHORT HILLS, NJ 07078**
Telephone No. ▶ **973-379-2690** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box _____ ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.