

Form **990**

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

OMB No. 1545-0047

**2021**

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

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHRISTOPHER REEVE FOUNDATION</b>		<b>D</b> Employer identification number <b>22-2939536</b>
	Doing business as <b>CHRISTOPHER &amp; DANA REEVE FOUNDATION</b>		<b>E</b> Telephone number <b>973-379-2690</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>636 MORRIS TURNPIKE, SUITE 3A</b>		<b>G</b> Gross receipts \$ <b>17,298,630.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SHORT HILLS, NJ 07078</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>MARGARET GOLDBERG</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

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

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

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

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>45</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>14,568,064.</b>	<b>16,925,011.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,041.</b>	<b>1,117.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-127,752.</b>	<b>-86,463.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,446,353.</b>	<b>16,839,665.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,641,493.</b>	<b>5,722,070.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,993,715.</b>	<b>5,182,617.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,448,845.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,469,172.</b>	<b>3,469,816.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,104,380.</b>	<b>14,374,503.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>341,973.</b>	<b>2,465,162.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>8,358,001.</b>	<b>End of Year</b> <b>8,265,891.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,135,740.</b>	<b>1,578,468.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,222,261.</b>	<b>6,687,423.</b>

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 9,041,706. including grants of \$ 3,789,284. ) (Revenue \$ ) THE FOUNDATION'S QUALITY OF LIFE GRANTS PROGRAM BEGAN IN 1999 AND EXPANDED IN 2001 WITH THE ESTABLISHMENT OF THE PARALYSIS RESOURCE CENTER FUNDED BY A FEDERAL GRANT FROM THE CENTERS FOR DISEASE CONTROL AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JULY 1, 2021 FOR \$8,700,000. THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SERVICES TO THE PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWARD QUALITY OF LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS WHOSE PROJECTS AND INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT, WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSIS.

4b (Code: ) (Expenses \$ 2,370,861. including grants of \$ 1,932,786. ) (Revenue \$ ) THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG TWO INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM.

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

4c (Code: ) (Expenses \$ 727,220. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION. IT MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. SPEAKING OUT AND EDUCATING THE PUBLIC AND LEGISLATORS ON BEHALF OF THE PARALYSIS COMMUNITY. COMMUNITY OUTREACH THROUGH ITS WEBSITE ENABLES THE FOUNDATION TO EDUCATE THE PUBLIC ON RESEARCH INITIATIVES CURRENTLY UNDERWAY.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 12,139,787.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b> X	
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b> X	
<b>15</b> 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> .....	<b>15</b> X	
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PETER WILDEROTTER OUTGOING PRESIDENT AND CEO	40.00			X				426,580.	0.	7,027.
(2) MARGARET GOLDBERG PRESIDENT AND CEO	40.00			X				264,303.	0.	42,374.
(3) AIMEE HUNNEWELL CHIEF DEVELOPMENT OFFICER	40.00			X				180,134.	0.	38,673.
(4) ALAN BROWN DIRECTOR	40.00	X						159,328.	0.	30,689.
(5) MICHELE LOIACONO VP OPERATIONS	40.00			X				148,621.	0.	40,650.
(6) OLIVIA MULLANE SENIOR DIRECTOR	40.00			X				153,077.	0.	9,088.
(7) ANGELA CANTILLON DIRECTOR	40.00	X						124,212.	0.	36,734.
(8) MARK BOGOSIAN DIRECTOR	40.00	X						115,529.	0.	35,185.
(9) SHEILA FITZGIBBON SENIOR DIRECTOR	40.00	X						132,621.	0.	17,444.
(10) KIMBERLY BEER DIRECTOR	40.00	X						132,092.	0.	17,247.
(11) BILL CAWLEY DIRECTOR	40.00	X						107,374.	0.	39,764.
(12) JEANNINE MAROTTA DIRECTOR	40.00	X						115,634.	0.	14,918.
(13) RICHARD SHERMAN CFO	40.00			X				89,565.	0.	0.
(14) JAY SHEPARD CHAIR	5.00	X		X				0.	0.	0.
(15) JOHN M. HUGHES CHAIR EMERITUS	5.00	X		X				0.	0.	0.
(16) JOHN E. MCCONNELL VICE CHAIR	5.00	X		X				0.	0.	0.
(17) ALEXANDRA REEVE GIVENS, ESQ. VICE CHAIR	5.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MATTHEW REEVE VICE CHAIR	5.00	X		X				0.	0.	0.
(19) HENRY G. STIFELL, III VICE CHAIR	5.00	X		X				0.	0.	0.
(20) TANIA LYNN TAYLOR TREASURER	5.00	X		X				0.	0.	0.
(21) HELEN CANTWELL SECRETARY	5.00	X		X				0.	0.	0.
(22) JAMES CALBI DIRECTOR	2.50	X						0.	0.	0.
(23) IAN CURTIS DIRECTOR	2.50	X						0.	0.	0.
(24) MICHAEL FORDYCE DIRECTOR	2.50	X						0.	0.	0.
(25) TRACY J. FORST DIRECTOR	2.50	X						0.	0.	0.
(26) SIMONE GEORGE DIRECTOR	2.50	X						0.	0.	0.
<b>1b Subtotal</b>								2,149,070.	0.	329,793.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,149,070.	0.	329,793.

**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 **12**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HORIZON BCBS OF NJ PO BOX 10130, NEWARK, NJ 07101	HEALTH INSURANCE	597,730.
SHORT HILLS PLAZA, LLC, 636 MORRIS TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	290,099.
AMERICAN EXPRESS PO BOX 1270, NEWARK, NJ 07101	MISCELLANEOUS TRAVEL, BUSINESS MEALS, SU	264,682.
WINGED FOOT GOLF CLUB FENIMORE ROAD, MAMARONECK, NY 10543	GOLF EVENT	218,512.
WAXMAN STRATEGIES, 1150 CONNECTICUT AVENUE NW SUITE 800, WASHINGTON, DC 20036	ADVOCACY CONSULTANTS	180,000.

**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 **11**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,399,263.				
	<b>d</b> Related organizations .....	<b>1d</b>	5,598.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,390,592.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,129,558.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 155,645.				
	<b>h Total.</b> Add lines 1a-1f .....		16,925,011.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,366.			4,366.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	143,338.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	146,587.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-3,249.				
<b>d</b> Net gain or (loss) .....		-3,249.			-3,249.		
<b>8 a</b> Gross income from fundraising events (not including \$ 1,399,263. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		225,915.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	312,378.					
<b>c</b> Net income or (loss) from fundraising events .....		-86,463.			-86,463.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			16,839,665.	0.	0.	-85,346.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,707,070.	5,707,070.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	15,000.	15,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,400,093.	1,005,354.	117,146.	277,593.
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	2,860,324.	2,021,009.	249,633.	589,682.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,312.	43,556.	2,753.	7,003.
9 Other employee benefits	575,338.	483,932.	27,555.	63,851.
10 Payroll taxes	293,550.	235,973.	17,107.	40,470.
11 Fees for services (nonemployees):				
a Management				
b Legal	27,293.	2,535.	24,758.	
c Accounting	117,304.		117,304.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	1,374,034.	1,062,280.	140,311.	171,443.
12 Advertising and promotion	92,841.	87,465.		5,376.
13 Office expenses	126,757.	107,251.	5,795.	13,711.
14 Information technology				
15 Royalties				
16 Occupancy	327,216.	262,936.	19,098.	45,182.
17 Travel	40,464.	34,248.	788.	5,428.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	120,012.	109,393.	10,619.	
20 Interest	641.	133.	303.	205.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,176.	6,626.	1,649.	3,901.
23 Insurance	64,433.	48,325.	16,108.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	346,869.	321,250.	12,810.	12,809.
b INTERNET COMMUNICATIONS	233,356.	221,092.	2,044.	10,220.
c PRINTING	151,767.	148,701.	1,533.	1,533.
d DIRECT MAIL	148,921.	44,676.		104,245.
e All other expenses	285,732.	170,982.	18,557.	96,193.
25 Total functional expenses. Add lines 1 through 24e	14,374,503.	12,139,787.	785,871.	1,448,845.
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)	595,175.	178,552.	0.	416,623.

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,917,105.	<b>1</b>	2,009,037.
	<b>2</b> Savings and temporary cash investments .....	1,517,083.	<b>2</b>	1,613,374.
	<b>3</b> Pledges and grants receivable, net .....	2,995,491.	<b>3</b>	2,549,646.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	149,765.	<b>9</b>	68,396.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,225,141.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,215,488.	14,746.	<b>10c</b> 9,653.
	<b>11</b> Investments - publicly traded securities .....	1,055.	<b>11</b>	10,112.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,742,010.	<b>13</b>	1,992,010.
	<b>14</b> Intangible assets .....	7,083.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	13,663.	<b>15</b>	13,663.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,358,001.	<b>16</b>	8,265,891.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	573,449.	<b>17</b>	260,951.
	<b>18</b> Grants payable .....	3,263,830.	<b>18</b>	1,030,324.
	<b>19</b> Deferred revenue .....	148,461.	<b>19</b>	137,193.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	150,000.	<b>23</b>	150,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,135,740.	<b>26</b>	1,578,468.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,222,261.	<b>27</b>	6,687,423.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,222,261.	<b>32</b>	6,687,423.
<b>33</b> Total liabilities and net assets/fund balances .....	8,358,001.	<b>33</b>	8,265,891.	

**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	16,839,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,374,503.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,465,162.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,222,261.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,687,423.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13985304.	12639619.	17719929.	14568064.	17151402.	76064318.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13985304.	12639619.	17719929.	14568064.	17151402.	76064318.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						76064318.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	13985304.	12639619.	17719929.	14568064.	17151402.	76064318.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	67,983.	25,623.	14,022.	6,334.	4,368.	118,330.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						76182648.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	375,550.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	99.84 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.76 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
<b>1</b>		

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

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**CHRISTOPHER REEVE FOUNDATION**

Employer identification number

**22-2939536**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>8,539,267.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>458,706.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,274,847.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black;"> </div>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number <b>22-2939536</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		0.
<b>d</b> Mailings to members, legislators, or the public?	X		0.
<b>e</b> Publications, or published or broadcast statements?	X		0.
<b>f</b> Grants to other organizations for lobbying purposes?	X		0.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		0.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		0.
<b>i</b> Other activities?	X		54,659.
<b>j</b> Total. Add lines 1c through 1i			54,659.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			0.
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			0.
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	2a
<b>b</b> Carryover from last year	2b
<b>c</b> Total	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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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

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,225,141.	1,215,488.	9,653.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,653.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) NRT HOLDINGS, LLC	1,742,010.	COST
(2) AXONIS	250,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	1,992,010.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	17,152,043.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	312,378.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	312,378.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	16,839,665.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	16,839,665.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	14,686,881.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	312,378.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	312,378.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	14,374,503.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	14,374,503.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

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



**Part XIII** Supplemental Information (continued)

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2021, 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, 2021 AND 2020. 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 2018 AND 2017, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	312,378.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	312,378.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON	15,000.
<b>3 a</b> Subtotal .....	0	0			15,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			15,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021  
SEE PART V FOR COLUMN (E) DESCRIPTIONS





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

**PART I, LINE 3, COLUMN (E):**

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES  
(E) SPECIFIC TYPES OF SERVICES IN REGION: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF CLASSIC	TEAM REEVE	5	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	507,196.	876,715.	241,267.	1,625,178.
	2	Less: Contributions	307,321.	876,715.	215,227.	1,399,263.
	3	Gross income (line 1 minus line 2)	199,875.		26,040.	225,915.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	159,910.	121,938.	30,530.	312,378.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				312,378.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-86,463.

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

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

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







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTING WITHOUT BOUNDARIES 750 E. HAVERFORD ROAD BRYN MAWR, PA 19010	23-2827465	501(C)(3)	11,548.	0.			ARTS
ADAPTIVE FITNESS LEGION 3545 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	85-0862763	501(C)(3)	21,750.	0.			FITNESS AND WELLNESS
ADAPTIVE SPORTS PARTNERS OF THE NORTH COUNTRY - P.O. BOX 304 - 461 MAIN STREET - FRANCONIA, NH 03580	27-1338965	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ADLER APHASIA CENTER 60 WEST HUNTER AVENUE MAYWOOD, NJ 07607	02-0687863	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
ANGEL CITY SPORTS 2355 WESTWOOD BOULEVARD #1139 LOS ANGELES, CA 90064	82-2603747	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E. CHICAGO AVE., BOX 4 - CHICAGO, IL 60611	36-3357006	501(C)(3)	24,953.	0.			DURABLE MEDICAL EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **187.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA COOPERATIVE EDUCATIONAL SERVICES - 350 STATE STREET - NORTH HAVEN, CT 06473	06-0881700	501(C)(3)	25,000.	0.			DURABLE MEDICAL EQUIPMENT
ARTS OF LIFE INC. 2010 W. CARROLL AVE. CHICAGO, IL 60612	36-4284473	501(C)(3)	25,000.	0.			TRANSPORTATION
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(C)(3)	22,100.	0.			ADAPTIVE SPORTS
BACKBONES P.O. BOX 7334 PROSPECT HEIGHTS, IL 60070	27-0485598	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
BEACON CHARTER SCHOOL CORP. 320 MAIN STREET WOONSOCKET, RI 02895	58-2672578	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BRIDGES FOR BRAIN INJURY 5760 DUKE OF GLOUCESTER WAY FARMINGTON, NY 14425	13-4367970	501(C)(3)	11,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BRUCKNER CHASE OCEAN POSITIVE, INC. - 1418 ATKINSON AVENUE - SOMERS POINT, NJ 08244	45-3236631	501(C)(3)	24,175.	0.			ADAPTIVE SPORTS
CALIFORNIA STATE UNIVERSITY, EAST BAY FOUNDATION, INC. - CASHIER'S OFFICE, SA 1200 - 25800 CARLOS BEE BLVD. - HAYWARD, CA 94542	94-1524922	501(C)(3)	22,259.	0.			FITNESS AND WELLNESS
CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	71-0265209	501(C)(3)	16,599.	0.			CAMP

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CATAMOUNT FILM & ARTS CO. P.O. BOX 324 ST. JOHNSBURY, VT 05819	03-0276780	501(C)(3)	15,000.	0.			ARTS
CENTRAL CALIFORNIA ADAPTIVE SPORTS CENTER - PO BOX 147 - SHAVER LAKE, CA 93664	47-1155676	501(C)(3)	23,540.	0.			ADAPTIVE SPORTS
CHALLENGE ALASKA 3350 COMMERCIAL DRIVE, SUITE 208 ANCHORAGE, AK 99501	92-0080897	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CHALLENGE CENTER 5540 LAKE PARK WAY LA MESA, CA 91942	33-0248878	501(C)(3)	15,000.	0.			FITNESS AND WELLNESS
CHALLENGED ATHLETES FOUNDATION 9591 WAPLES STREET SAN DIEGO, CA 92121	33-0739596	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CHICAGO ADAPTIVE SPORTS 47 S HIGHLAND AVE LOMBARD, IL 60148	83-1199728	501(C)(3)	24,372.	0.			ADAPTIVE SPORTS
CITY OF LEWISBURG 131 EAST CHURCH ST. LEWISBURG, TN 37091	62-6000338	501(C)(3)	14,526.	0.			FITNESS AND WELLNESS
COMMUNITY ROWING, INC. 20 NONANTUM ROAD BRIGHTON, MA 02135	04-2863756	501(C)(3)	22,362.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CONSTRUCTIVE PARTNERSHIPS UNLIMITED - 40 RECTOR STREET, 15TH FLOOR - NEW YORK, NY 10006	13-1623856	501(C)(3)	24,750.	0.			ADAPTIVE SPORTS

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CPATH CEREBRAL PALSY AWARENESS TRANSITION HOPE - 5501A BALCONES DRIVE #160 - AUSTIN, TX 78731	46-4017671	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CRITTER BARN 9275 ADAMS STREET ZEELAND, MI 49464	32-0028470	501(C)(3)	23,508.	0.			FITNESS AND WELLNESS
DANCE FOR ALL BODIES 119 HOPFIELD DRIVE FOLSOM, CA 95630	84-2481665	501(C)(3)	9,320.	0.			ARTS
EAGLE MOUNT BOZEMAN 6901 GOLDENSTEIN LANE BOZEMAN, MT 59715	84-1383214	501(C)(3)	14,759.	0.			ASSISTIVE TECHNOLOGY
EXERCISABILITIES, INC 2530 BROADWAY AVENUE NORTH ROCHESTER, MN 55906	45-5214117	501(C)(3)	13,500.	0.			ADAPTIVE SPORTS
FAMILIES AND COMMUNITIES TOGETHER (FACT) RELIEF - 2246 ROSWELL ROAD - MARIETTA, GA 30062	47-2746306	501(C)(3)	20,000.	0.			CAREGIVING
FOLLOW THE FOOTSTEPS EPIC ADVENTURES - 126 W. 7TH ST. - LEADVILLE, CO 80461	84-3327144	501(C)(3)	23,500.	0.			ADAPTIVE SPORTS
FOUNDATION FOR SUSTAINABLE COMMUNITY DBA FARMER FROG - 10 108TH STREET SE - EVERETT, WA 98077	20-2112828	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FRANCISCAN CHILDREN'S 30 WARREN STREET BOSTON, MA 02135	04-2156082	501(C)(3)	24,560.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

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FREEDOM TO LIVE FOUNDATION 2523 NAVARRA DRIVE, UNIT 201 CARLSBAD, CA 92009	95-4483664	501(C)(3)	24,500.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FULL CIRCLE FARM THERAPEUTIC HORSEMANSHIP - 80 EDGELL ROAD - NEWPORT, NH 03773	82-1194621	501(C)(3)	8,050.	0.			THERAPEUTIC HORSEBACK RIDING
GUARDIAN ANGELS FOR SPECIAL POPULATIONS - P.O. BOX 151321 - CAPE CORAL, FL 33915	65-0769068	501(C)(3)	7,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
HOPE RANCH THERAPEUTIC RIDING CENTER - 3841 W 69TH AVE. - MANHATTAN, KS 66503	20-4837483	501(C)(3)	7,500.	0.			THERAPEUTIC HORSEBACK RIDING
JEFFERSON COUNTY PARKS AND RECREATION - 623 SHERIDAN STREET - PORT TOWNSEND, WA 98368	91-6001322	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
LEWISBORO TOWN PARK PLAYGROUND IMPROVEMENT CORP - 17 MAIN STREET #73 - SOUTH SALEM, NY 10590	84-2452016	501(C)(3)	15,000.	0.			ACCESSIBLE PLAYGROUND
LIFEPATH FOUNDATION 3500 HIGH POINT BLVD. BETHLEHEM, PA 18017	26-2896424	501(C)(3)	21,580.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
LIFESCAPE 2011 W. 26TH STREET #201 SIOUX FALLS, SD 57105	46-5151247	501(C)(3)	22,000.	0.			TRANSPORTATION
MADE4ME, INC. 5540 ATLANTIC SPRINGS ROAD, SUITE 1 RALEIGH, NC 27616	81-5420009	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY

Schedule I (Form 990)

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MARTY TURCIOS THERAPEUTIC GOLF 1216 HEMLOCK DRIVE AUGUSTA, GA 30909	27-1356026	501(C)(3)	21,000.	0.			ADAPTIVE SPORTS
MARY FREE BED REHABILITATION HOSPITAL - 235 WEALTHY STREET SE - GRAND RAPIDS, MI 49503	38-1359265	501(C)(3)	25,000.	0.			CONSUMER EDUCATION
METROPARKS TOLEDO FOUNDATION 5100 CENTRAL AVENUE TOLEDO, OH 43615	23-7425773	501(C)(3)	24,700.	0.			FITNESS AND WELLNESS
MOUNT CLEMENS COMMUNITY SCHOOLS 155 CASS AVENUE MOUNT CLEMENS, MI 48043	38-6002511	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
NATIONAL ASSOCIATION OF HEAD INJURY ADMINISTRATORS (NASHIA) - PO BOX 1878 - ALABASTER, AL 35007	43-1757303	501(C)(3)	24,500.	0.			PEER MENTORING AND SUPPORT
NEW ENGLAND DISABLED SPORTS P.O. BOX 26 LINCOLN, NH 03251	02-0460732	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
NEW HORIZONS DISABILITY EMPOWERMENT CENTER - 9400 EAST VALLEY ROAD - PRESCOTT VALLEY, AZ 86314	86-0701189	501(C)(3)	16,510.	0.			ADAPTIVE SPORTS
NORTH BROWARD HOSPITAL DISTRICT D/B/A BROWARD HEALTH - 1608 SE 3RD AVENUE, SUITE 507 - FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)	24,783.	0.			TRANSPORTATION
OPTIONS FOR INDEPENDENT LIVING P.O. BOX 11967 GREEN BAY, WI 54307-1967	39-1843312	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)



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

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REIMAGINE 1601 E. ST. ANDREW PLACE SANTA ANA, CA 92705	95-1792279	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SENIOR CITIZEN SERVICES INC DBA 125 LIVE - 125 ELTON HILLS DRIVE NW - ROCHESTER, MN 55901	41-0848660	501(C)(3)	22,266.	0.			FITNESS AND WELLNESS
SIDNEY PARK PROJECT P.O. BOX 296 SIDNEY, NE 69162	47-0715249	501(C)(3)	23,760.	0.			ACCESSIBLE PLAYGROUND
SITTING BULLS SLED HOCKEY, INC. 126 WESTERN AVE JOHNSTOWN, PA 15904	45-4849729	501(C)(3)	24,710.	0.			ADAPTIVE SPORTS
SOUTHERN ARIZONA ADAPTIVE SPORTS 2610 E. CROYDEN STREET TUCSON, AZ 85716	82-1289116	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
SPECIAL KIDS THERAPY AND NURSING CENTER - 2132 E. MAIN STREET - MURFREESBORO, TN 37130	62-1718638	501(C)(3)	25,000.	0.			CAMP
ST. JOSEPH HOME 10722 WYSCARVER ROAD CINCINNATI, OH 45241	31-0536703	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
TACKFULLY TEAMED RIDING ACADEMY, INC. - 7975 HENRY ROAD - HENRY, VA 24102	65-1201947	501(C)(3)	25,000.	0.			THERAPEUTIC HORSEBACK RIDING
THE ARC 1825 K STREET NW, SUITE 1200 WASHINGTON, DC 20006	13-5642032	501(C)(3)	25,000.	0.			PEER MENTORING AND SUPPORT

Schedule I (Form 990)

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

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THE AUDUBON SOCIETY OF NEW HAMPSHIRE - 84 SILK FARM ROAD - CONCORD, NH 03301	02-6005322	501(C)(3)	25,000.	0.			ACCESSIBLE TRAIL
THE SHELTERING ARMS FOUNDATION P.O. BOX 91758 RICHMOND, VA 91758	54-1615599	501(C)(3)	21,828.	0.			ADAPTIVE SPORTS
TOWN OF BRISTOL 1180 BRISTOL ROAD BRISTOL, ME 04539	01-6000083	501(C)(3)	8,000.	0.			ACCESSIBLE TRAIL
UNITED STATES ADAPTIVE RECREATION CENTER - P.O. BOX 2897 - BIG BEAR LAKE, CA 92315-2897	95-3872771	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
VETERANS MOBILITY PROJECTS PO BOX 849 SANTA YNEZ, CA 93460	82-4931512	501(C)(3)	22,548.	0.			ADAPTIVE SPORTS
YOUTH LEAD NC P.O. BOX 90762 RALEIGH, NC 27675	83-4498451	501(C)(3)	11,560.	0.			ADVOCACY
ALS ASSOCIATION GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN ROAD, SUITE 260 - AMBLER, PA 19002	23-2387205	501(C)(3)	30,000.	0.			TIER 2 - RESPITE / CAREGIVING
ASSISTIVE TECHNOLOGY OF ALASKA 1500 W. 33RD AVENUE, SUITE 120 ANCHORAGE, AK 99507	92-0150945	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
COMMUNITY VISION, INC. 2475 SE LADD AVE., SUITE 240 PORTLAND, OR 97214	20-1288169	501(C)(3)	25,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY

Schedule I (Form 990)

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DISABILITYSA PO BOX 28243 SAN ANTONIO, TX 78228-0243	81-4443195	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
EASTER SEALS SOUTHERN CALIFORNIA, INC. - 1063 MCGAW AVENUE, SUITE 100 - IRVINE, CA 92614	94-3068149	501(C)(3)	25,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
EASTERSEALS DELAWARE & MARYLAND'S EASTERN SHORE, INC. - 61 CORPORATE CIRCLE, ATTENTION: DEVELOPMENT - NEW CASTLE, DE 19720	51-0066728	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
INTEGRATIVE TOUCH FOR KIDS 5675 N. ORACLE ROAD, SUITE 3201 TUCSON, AZ 85704	74-3145036	501(C)(3)	30,000.	0.			TIER 2 - COVID-19: ADDRESSING SOCIAL ISOLATION
JEFFERSON HEALTH FOUNDATION - NEW JERSEY - JEFFERSON CENTER - VOORHEES, 1099 WHITE HORSE ROAD - VOORHEES, NJ 08043	80-0550282	501(C)(3)	30,000.	0.			TIER 2 - COVID-19: ADDRESSING SOCIAL ISOLATION
LIVELIKELOU FOUNDATION 2 SOUTH CAMPUS AVENUE OXFORD, OH 45056	82-3524872	501(C)(3)	30,000.	0.			TIER 2 - RESPITE / CAREGIVING
MOUNTING HORIZONS INC. 18062 FM 529 ROAD, SUITE 151 CYPRESS, TX 77433	75-3099769	501(C)(3)	50,000.	0.			TIER 4 - EMPLOYMENT
PENNCARES 788 CHERRY TREE COURT HANOVER, PA 17331	23-1878861	501(C)(3)	21,370.	0.			TIER 2 - COVID-19: ADDRESSING SOCIAL ISOLATION
RYAN HOUSE 110 W. MUHAMMAD ALI WAY, FIRST FLOOR PHOENIX, AZ 85013	20-1852393	501(C)(3)	30,000.	0.			TIER 2 - RESPITE / CAREGIVING

Schedule I (Form 990)

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SPINA BIFIDA RESOURCE NETWORK 84 PARK AVENUE, SUITE G-106 FLEMINGTON, NJ 08822	22-2562457	501(C)(3)	21,200.	0.			TIER 2 - COVID-19: ADDRESSING SOCIAL ISOLATION
SUMMIT INDEPENDENT LIVING 700 SW HIGGINS AVE., SUITE 101 MISSOULA, MT 59803	81-0453619	501(C)(3)	29,232.	0.			TIER 2 - COVID-19: ADDRESSING SOCIAL ISOLATION
TEXAS TECHNOLOGY ACCESS PROGRAM 3925 WEST BRAKER LANE, BUILDING 156, SUITE 3.340, MC:A9000 - AUSTIN, TX 7875	74-6000203	501(C)(3)	27,899.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
THE SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA - 1001 N. ORANGE AVE. - ORLANDO, FL 32801	59-1804997	501(C)(3)	30,000.	0.			TIER 2 - COVID-19: ADDRESSING SOCIAL ISOLATION
UTAH ASSISTIVE TECHNOLOGY PROGRAM LB 410027, UTAH STATE UNIVERSITY, P.O. BOX 35146 - SEATTLE, WA 98124-5416	87-6000528	501(C)(3)	29,999.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
ABILITIES OF NORTHWEST JERSEY, INC. - 264 RT. 31 NORTH, PO BOX 251 - WASHINGTON, NJ 07882	22-2053518	501(C)(3)	10,860.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ABILITY FIRST SPORTS P.O. 4235 CHICO, CA 95927	47-3852138	501(C)(3)	30,294.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - SPONSORED PROJECTS & CONTRACTING SERVICES, P.O. BOX 210158, ROOM 510 -	74-2652689	501(C)(3)	49,999.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
AXIS DANCE COMPANY 1428 ALICE STREET SUITE 200 OAKLAND, CA 94612	94-3124377	501(C)(3)	33,700.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION

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BAY AREA OUTREACH & RECREATION PROGRAM (BORP) - 3075 ADELINE STREET, SUITE 200 - BERKELEY, CA 94705	94-2324340	501(C)(3)	33,880.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
CASA COLINA HOSPITAL AND CENTERS FOR HEALTHCARE - 255 EAST BONITA AVENUE - POMONA, CA 91767	95-1643989	501(C)(3)	45,100.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
CONNECTIONS FOR INDEPENDENT LIVING (CIL) - 1331 8TH AVENUE - GREELEY, CO 80631-4601	74-2418249	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
EMPOWER SPINAL CORD INJURY PO BOX 8631 BOSTON, MA 02114	27-5575042	501(C)(3)	36,737.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ENDLESS HIGHWAY, INC. 1 SOUTH CLINTON AVE, SUITE C200 ROCHESTER, NY 14604	45-2839500	501(C)(3)	19,700.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
FAST FEET NYC 184 DRIGGS AVENUE, APT 4L BROOKLYN, NY 11222	83-3696610	501(C)(3)	16,100.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
GREAT LAKES ADAPTIVE SPORTS ASSOCIATION - 27864 IRMA LEE CIRCLE, SUITE 101 - LAKE FOREST, IL 60045	36-4285965	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
INDEPENDENCE CARE SYSTEM 25 ELM PLACE, 5TH FLOOR BROOKLYN, NY 11201	13-3964284	501(C)(3)	22,440.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
MISSOURI ASSISTIVE TECHNOLOGY 1501 NW JEFFERSON ST BLUE SPRINGS, MO 64015	30-0366475	501(C)(3)	20,916.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVE UNITED 451 HUNGERFORD DRIVE, SUITE 608 ROCKVILLE, MD 20850	94-6174016	501(C)(3)	34,225.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
SABRINA COHEN FOUNDATION 1800 SUNSET HARBOUR DRIVE, SUITE 24 MIAMI BEACH, FL 33139	03-0579618	501(C)(3)	41,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
SPINA BIFIDA ASSOCIATION 1600 WILSON BLVD, STE. 800 ARLINGTON, VA 22209	58-1342181	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
TBI WARRIOR FOUNDATION PO BOX 2365 BOERNE, TX 78006-2365	82-1561192	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
THE ALS ASSOCIATION OF TEXAS 14555 DALLAS PARKWAY DALLAS, TX 75254	74-2678974	501(C)(3)	23,525.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
THE MICHIGAN STATE UNIVERSITY COMMUNITY MUSIC SCHOOL - 4930 S. HAGADORN RD. - EAST LANSING, MI 48823	38-6005984	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
THE PAINTED TURTLE 1300 4TH ST., STE. 300 SANTA MONICA, CA 90401	95-4612481	501(C)(3)	12,458.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
THEGARRISONREDDPROJECT 414 AMBER STREET BROOKLYN, NY 11208	82-3337619	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
AMERICAN THERAPEUTIC RIDING CENTER P.O. BOX 880 SAND SPRINGS, OK 74063	20-8538991	501(C)(3)	24,530.	0.			THERAPEUTIC HORSEBACK RIDING

Schedule I (Form 990)

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

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AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - DC/MD/VA CHAPTER - 30 W. GUDE DRIVE, SUITE 150 - ROCKVILLE, MD 20850	52-1749047	501(C)(3)	9,869.	0.			ASSISTIVE TECHNOLOGY
ASSISTANCE DOGS OF THE WEST PO BOX 31027 SANTA FE, NM 87594-1027	85-0431646	501(C)(3)	7,397.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BEAVER BROOK ASSOCIATION 117 RIDGE ROAD HOLLIS, NH 03049	02-0267159	501(C)(3)	20,000.	0.			ACCESSIBLE TRAIL
BISMARCK PARKS AND RECREATION DISTRICT - 400 EAST FRONT AVENUE - BISMARCK, ND 58504	45-0409352	501(C)(3)	24,465.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BRAVEHEARTS THERAPEUTIC RIDING CENTER - 7319 MAXON ROAD - HARVARD, IL 60033	32-0034746	501(C)(3)	24,750.	0.			THERAPEUTIC HORSEBACK RIDING
BREAK THE BARRIERS, INC. 8555 N. CEDAR AVE. FRESNO, CA 93720	77-0106437	501(C)(3)	24,943.	0.			ASSISTIVE TECHNOLOGY
BRIDGE II SPORTS 3729 MURPHEY SCHOOL ROAD DURHAM, NC 27705	20-8577055	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
BURLEIGH COUNTY WATER RESOURCE DISTRICT - PO BOX 1255 - BISMARCK, ND 58502-1255	46-2129753	501(C)(3)	25,000.	0.			ACCESSIBLE BEACH/DOCK/PIER
CALIFORNIA AQUATIC THERAPY & WELLNESS CENTER, INC. - 6801 LONG BEACH BLVD. - LONG BEACH, CA 90805	95-2382016	501(C)(3)	25,000.	0.			TRANSPORTATION

Schedule I (Form 990)

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

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CAMP MILLHOUSE 25600 KELLY RD. SOUTH BEND, IN 46614	35-0984031	501(C)(3)	13,932.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CATALYST SPORTS 2020 HOWELL MILL ROAD NW, SUITE D56 ATLANTA, GA 30318	80-0760565	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CENTRAL FLORIDA PEDIATRIC THERAPY FOUNDATION - 2400 S. HWY 27, SUITE B201 - CLERMONT, FL 34711	27-1429422	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CITY OF GREENVILLE RECREATION AND PARKS - PO BOX 7207, 4950 OLD PACTOLUS RD. - GREENVILLE, NC 27835-7207	56-6000229	501(C)(3)	14,525.	0.			ADAPTIVE SPORTS
CITY OF WARREN 318 WEST THIRD AVENUE WARREN, PA 16365	25-6000497	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
CLINIC FOR SPECIAL CHILDREN 535 BUNKER HILL ROAD STRASBURG, PA 17579	23-2555373	501(C)(3)	25,000.	0.			HEALTHCARE
COHESION DANCE PROJECT, INC 1020 ARGYLE STREET HELENA, MT 59601	45-5088857	501(C)(3)	9,314.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
COMMON ROOTS FARM 301 GOLF CLUB DRIVE SANTA CRUZ, CA 95060	47-1590387	501(C)(3)	15,175.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST. ENGLEWOOD, CO 80113	23-7352287	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS



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

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CRESTON ARTS 116 W. ADAMS ST. CRESTON, IA 50801	42-6256849	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
DISABILITY OPTIONS NETWORK 1929 EAST WASHINGTON STREET NEW CASTLE, PA 16101	20-0384120	501(C)(3)	25,000.	0.			TRANSITION FROM INSTITUTION TO HOME
DON'T STOP DREAMIN' 612 N MAIN ST BUTLER, PA 16001	45-2980585	501(C)(3)	24,000.	0.			TRANSPORTATION
EASTER SEALS REHABILITATION CENTER 3701 BELLEMEADE AVENUE EVANSVILLE, IN 47714	35-1087526	501(C)(3)	6,607.	0.			FITNESS AND WELLNESS
EQUINE THERAPY, INC. DBA. HEALING HORSES KAUAI - 3146 AKAHI ST - LIHUE, HI 96766	26-0519456	501(C)(3)	25,000.	0.			THERAPEUTIC HORSEBACK RIDING
FOREST COUNTY POTAWATOMI COMMUNITY PO BOX 340, 5416 EVERYBODY'S ROAD CRANDON, WI 54520	39-1225059	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
FOREVER PARKS FOUNDATION OF PEARLAND - 4141 BAILEY RD. - PEARLAND, TX 77584	47-3392404	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
FREE REIN THERAPEUTIC RIDING P.O. BOX 3089 SPOKANE, WA 99223	20-8377385	501(C)(3)	10,000.	0.			THERAPEUTIC HORSEBACK RIDING
GLACIER NATIONAL PARK CONSERVANCY 402 9TH ST. W. COLUMBIA FALLS, MT 59912	56-2579734	501(C)(3)	25,000.	0.			ACCESSIBLE TRAIL

Schedule I (Form 990)

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

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IDAHO ZOOLOGICAL SOCIETY, DBA FRIENDS OF ZOO BOISE - 355 JULIA DAVIS DR. - BOISE, ID 83702	82-6005995	501(C)(3)	18,657.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
JOSEPHINE COUNTY PARKS DEPARTMENT 125 RINGUETTE STREET GRANTS PASS, OR 97527	93-6002300	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
JUBILEE ASSOCIATION OF MARYLAND 10408 MONTGOMERY AVE. KENSINGTON, MD 20895	52-1102174	501(C)(3)	8,028.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MACUNGIE MEMORIAL PARK 50 NORTH POPLAR STREET, PO BOX 193 MACUNGIE, PA 18062	23-1648829	501(C)(3)	15,423.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MESA VERDE FOUNDATION 8600 RALSTON ROAD, SUITE #100 ARVADA, CO 80002	84-1404606	501(C)(3)	13,139.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MIAMI-DADE COUNTY PARK AND RECREATION DEPARTMENT - 275 NW 2ND STREET, 5TH FLOOR - MIAMI, FL 33128-1748	59-6000573	501(C)(3)	24,207.	0.			ACCESSIBLE BEACH/DOCK/PIER
NEUROHOPE OF INDIANA 6002 SUNNYSIDE RD. INDIANAPOLIS, IN 46236	46-1842276	501(C)(3)	17,681.	0.			FITNESS AND WELLNESS
NEW MEXICO CAREGIVERS COALITION P.O. BOX 297 BERNALILLO, NM 87004	47-1126935	501(C)(3)	25,000.	0.			CAREGIVING
NEW YORK LAWYERS FOR THE PUBLIC INTEREST - 151 WEST 30TH ST., 11TH FL. - NEW YORK, NY 10001	13-2860703	501(C)(3)	25,000.	0.			ADVOCACY

Schedule I (Form 990)

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

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NEXTSTEP KANSAS CITY 6600 COLLEGE BLVD., STE 315 OVERLAND PARK, KS 66211	45-2474070	501(C)(3)	22,698.	0.			FITNESS AND WELLNESS
PALMS TO PINES PARASPORTS 43450 ILLINOIS AVE. PALM DESERT, CA 92211	85-0873540	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
PARAQUAD, INC. (CIL) 5240 OAKLAND AVE ST. LOUIS, MO 63110	23-7112449	501(C)(3)	24,920.	0.			FITNESS AND WELLNESS
PORTLIGHT STRATEGIES, INC. P. O. BOX 14109 CHARLESTON, SC 29422	58-2299951	501(C)(3)	21,448.	0.			CAMP
PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON - 101 WEST EIGHTH AVE. - SPOKANE, WA 99204	32-0014330	501(C)(3)	8,519.	0.			ASSISTIVE TECHNOLOGY
PULLMAN COMMUNITY GARDENS AT KOPPEL FARM - PO BOX 611 - PULLMAN, WA 99163	91-1520688	501(C)(3)	13,989.	0.			ACCESSIBLE TRAIL
QUALITY LIVING INC. 6404 N. 70TH PLAZA OMAHA, NE 68104	47-0665946	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
RIDIN' HIGH INC. 5722 LONG CREEK ROAD MORRISTOWN, TN 37813	62-1752021	501(C)(3)	24,000.	0.			THERAPEUTIC HORSEBACK RIDING
RIM FOUNDATION 261 MACK AVE., SUITE 509 DETROIT, MI 48201	38-1417366	501(C)(3)	23,034.	0.			ADAPTIVE SPORTS

Schedule I (Form 990)

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

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ROCKY MOUNTAIN ADAPTIVE AQUATICS DBA DENVER ADAPTIVE DIVERS - 557 MILWAUKEE STREET - DENVER, CO 80206	81-4191070	501(C)(3)	23,800.	0.			ADAPTIVE SPORTS
RONALD MCDONALD HOUSE CHARITIES NO CA - 2555 49TH STREET - SACRAMENTO, CA 95817	68-0147193	501(C)(3)	7,388.	0.			CAMP
SD GUNNER FUND 24 CHENEY COURT RICHMOND HILL, GA 31324	47-1346302	501(C)(3)	22,600.	0.			SERVICE ANIMAL PROGRAM
SETTLEMENT MUSIC SCHOOL P.O. BOX 63966 PHILADELPHIA, PA 19147	23-1352676	501(C)(3)	23,800.	0.			ARTS
SHIFTING GEARS UNITED INC 177 N US HWY 1 SUITE 260 TEQUESTA, FL 33469	84-3056108	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
SIU TOUCH OF NATURE ENVIRONMENTAL CENTER - 1206 TOUCH OF NATURE RD. - MAKANDA, IL 62958	37-6005961	501(C)(3)	25,000.	0.			ACCESSIBLE BEACH/DOCK/PIER
SPINA BIFIDA COALITION OF CINCINNATI - P.O. BOX 9852 - CINCINNATI, OH 45209-0852	31-1031092	501(C)(3)	14,771.	0.			CAMP
SPINAL NETWORK 40667 SYMPHONY PARK LN MURRIETA, CA 92562	47-2450275	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
STEAMBOAT ADAPTIVE RECREATIONAL SPORTS - STARS - PO BOX 770208 - STEAMBOAT SPRINGS, CO 80477	20-5823688	501(C)(3)	18,013.	0.			CAMP

Schedule I (Form 990)

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THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES - 815 S. UTICA AVE. - TULSA, OK 74104	73-6070545	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
THE CHILDREN'S CENTER REHABILITATION HOSPITAL - 6800 N.W. 39TH EXPRESSWAY - BETHANY, OK 73008	73-0580264	501(C)(3)	19,163.	0.			ADAPTIVE SPORTS
TRANSITIONAL PATHS TO INDEPENDENT LIVING (TRPIL) - 42 WEST MAIDEN STREET - WASHINGTON, PA 15301	25-1622789	501(C)(3)	25,000.	0.			TRANSITION FROM INSTITUTION TO HOME
TRIANGLE, INC. 420 PEARL ST. MALDEN, MA 01428	04-2486905	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
UPSTATE-CAROLINA ADAPTIVE GOLF 25 LOUISE AVE GREENVILLE, SC 29617	83-2703634	501(C)(3)	12,000.	0.			ADAPTIVE SPORTS
WOUNDED WARRIORS ABILITIES RANCH 8880 60TH WAY PINELLAS PARK, FL 33782	46-3660965	501(C)(3)	24,488.	0.			ADAPTIVE SPORTS
WOUNDED WARRIORS IN ACTION FOUNDATION INC. (WWIA) - 330 PAULS DRIVE, STE 222 - BRANDON, FL 33511	26-0718304	501(C)(3)	11,690.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
YMCA OF PAWTUCKET 8 SUMMER ST PAWTUCKET, RI 02860	05-0259114	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
THE METHODIST HOSPITAL RESEARCH INSTITUTE - PO BOX 4805 - HOUSTON, TX 77210	87-0721923	501(C)(3)	137,500.	0.			NACTN

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UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	59-0624458	501(C)(3)	20,000.	0.			NACTN
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	15,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	45,000.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET, SHERIDAN BLDG, 2ND FL - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	20,000.	0.			NACTN
THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE, INC - 6720-A ROCKLEDGE DRIVE, SUITE 100 - BETHESDA, MD	52-1317896	501(C)(3)	9,375.	0.			NACTN
THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE, INC - 6720-A ROCKLEDGE DRIVE, SUITE 100 - BETHESDA, MD	52-1317896	501(C)(3)	20,000.	0.			NACTN
DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, SUITE 900 DURHAM, NC 27705	56-0532129	501(C)(3)	15,000.	0.			NACTN
THE MEDICAL COLLEGE OF WISCONSIN, INC - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	15,000.	0.			NACTN
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER OF HOUSTON - PO BOX 301418 - HOUSTON, TX 75303	74-1761309	501(C)(3)	10,000.	0.			NACTN

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

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UNIVERSITY OF VIRGINIA 101 HOSPITAL DR., DAVIS 5 ROOM 5293, PO BOX 800793 - CHARLOTTESVILLE, VA 22908	54-6001796	501(C)(3)	15,000.	0.			NACTN
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001	74-6001399	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	147,160.	0.			BIG IDEA
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	39,050.	0.			BIG IDEA
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	61-1029626	501(C)(3)	938,457.	0.			BIG IDEA

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

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

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

PART I, LINE 2:

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



**Part IV** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**CHRISTOPHER REEVE FOUNDATION**

Employer identification number

**22-2939536**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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 OUTGOING PRESIDENT AND CEO	(i)	426,580.	0.	0.	3,021.	4,006.	433,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARGARET GOLDBERG PRESIDENT AND CEO	(i)	264,303.	0.	0.	12,209.	30,165.	306,677.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AIMEE HUNNEWELL CHIEF DEVELOPMENT OFFICER	(i)	180,134.	0.	0.	8,405.	30,268.	218,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALAN BROWN DIRECTOR	(i)	159,328.	0.	0.	7,403.	23,286.	190,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELE LOIACONO VP OPERATIONS	(i)	148,621.	0.	0.	7,225.	33,425.	189,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) OLIVIA MULLANE SENIOR DIRECTOR	(i)	153,077.	0.	0.	5,464.	3,624.	162,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANGELA CANTILLON DIRECTOR	(i)	124,212.	0.	0.	5,897.	30,837.	160,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARK BOGOSIAN DIRECTOR	(i)	115,529.	0.	0.	5,491.	29,694.	150,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHEILA FITZGIBBON SENIOR DIRECTOR	(i)	132,621.	0.	0.	6,077.	11,367.	150,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	8	155,645.	FAIR MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

FORM 990, ITEM C, DOING BUSINESS AS:

CHRISTOPHER & DANA REEVE FOUNDATION

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

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

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

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2021

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

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

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

BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. KEY EMPLOYEES ARE ALSO REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST STATEMENTS.

POSSIBLE CONFLICTS SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS AND PRESIDENT AND SUCH PERSONS, IF A DIRECTOR, SHALL ABSTAIN FROM VOTING ON ALL MATTERS RELATED TO SUCH POSSIBLE CONFLICT OF INTEREST AND SHALL RECUSE HIMSELF/HERSELF FROM ANY PORTION OF ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS DISCUSSED AND/OR VOTED UPON.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT:

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

COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES:

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



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

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

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

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

FORM 990, PART XII, LINE 2C:  
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2021, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**

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

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

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

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

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

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

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



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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



**Part VII** Supplemental Information

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

NRT HOLDINGS LLC

EIN: 84-2875859

2181 GREENWICH STREET

SAN FRANCISCO, CA 94123

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

**DIRECT CONTROLLING ENTITY:**