SMOLIN, LUPIN & CO., LLC 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701

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

III...l...III...l...II...l.l.l.l.l.l.l

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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

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

PREPARED BY:

SMOLIN, LUPIN & CO., LLC 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE.

Form 8879-TF

THIS IS NOT A FILEABLE COPY *****

E-file Signature Authorization	ОМВ
for a Tax Exempt Entity	

For calendar year 2023, or fiscal year beginning

No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN **-***9536 CHRISTOPHER REEVE FOUNDATION MARGARET GOLDBERG Name and title of officer or person subject to tax PRESIDENT AND CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b1 7 , 8 2 4 , 4 8 1 . Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here 9a **b Tax due** (Form 5330, Part II, line 19) Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 22573396669 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. SMOLIN, LUPIN & CO., LLC ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of	the forms								
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts.	An extension								
request	for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filin	g of Form								
8868, vi	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.											
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE an	d Form 8879-	TE for payment							
instruct	ons.												
All corp	orations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts								
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.										
Part I -	Identification												
Type or													
Print				. ,		, ,							
	CHRISTOPHER REEVE FOUNDATIO	N			**_**	*9536							
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.										
filing your	636 MORRIS TURNPIKE SUITE 3												
return. See instruction			ress, see instructions.										
	SHORT HILLS, NJ 07078												
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			01							
	tion Is For	Return	Application Is For			Return							
Дриоц		Code	Application to For			Code							
Form 90	0 or Form 990-EZ	01	Form 4720 (other than individual)			09							
	20 (individual)	03	Form 5227			10							
Form 99	, , ,	03	Form 6069			11							
		05	Form 8870			12							
	0-T (sec. 401(a) or 408(a) trust)	06			13								
	0-T (trust other than above)	06	Form 5330 (individual)										
	0-T (corporation)		Form 5330 (other than individual)			14							
Form 10		08											
	ou enter your Return Code, complete either Part II or Part	III. Part III	i, including signature, is applicable of	nly for ar	n extension of								
	ile Form 5330.												
	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.										
	an Name												
	an Number												
	an Year Ending (MM/DD/YYYY)												
Part II -	Automatic Extension of Time To File for Exempt Organi	zations (s	ee instructions)	\rightarrow	70								
The	books are in the care of RICHARD SHERMAN,		TITEL 31 GUODE III		27.7 070	7.0							
		KE, S	UITE 3A - SHORT HI	.LLS,	NJ 0/0	78							
	shone No. 973-379-2690		Fax No.										
	organization does not have an office or place of business												
• If this	s is for a Group Return, enter the organization's four-digit (group, check this							
box			ch a list with the names and TINs of										
			$\overline{ ext{ER} \; 15}$, 20 $\overline{ ext{24}}$, to file	the exe	mpt organizat	ion return for							
th	e organization named above. The extension is for the orga	anization's	return for:										
X	=, <u>—</u>												
	tax year beginning	, 20 _	, and ending			, 20							
2 <u>lf</u>	the tax year entered in line 1 is for less than 12 months, cl	neck reaso	n: Initial return	Final retu	ırn								
	Change in accounting period												
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less										
any nonrefundable credits. See instructions. 3a \$ 0.													
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and										
es	timated tax payments made. Include any prior year overp	ayment all	owed as a credit	3b	\$	0.							
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by										
119	sing EETPS (Electronic Federal Tax Payment System) See	instructio	ns	30	s	0.							

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0343800

Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change CHRISTOPHER REEVE FOUNDATION Name change **-***9536 CHRISTOPHER & DANA REEVE FOUNDAT Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 973-379-2690 636 MORRIS TURNPIKE SUITE 3A 22,177,703. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SHORT HILLS, NJ 07078 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARGARET GOLDBERG for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CHRISTOPHERREEVE.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 1988 M State of legal domicile: NJ Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE CHRISTOPHER AND DANA REEVE Activities & Governance FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 15,074,497. 18,339,761. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 1,514,449. 63,898. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -425,936.-579,178. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 16,163,010. 17,824,481. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,006,071 3,429,318. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,400,501. 6,352,651. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,696,295. 5,110,405. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,892,374. 15,102,867. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,060,143. 2,932,107. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 10,126,654. 11,086,135. Total assets (Part X, line 16) 2,197,573. 1,703,699 21 Total liabilities (Part X, line 26) 三年 929,081. 9,382,436 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARGARET GOLDBERG, PRESIDENT AND CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00055087 Paid LAURA DITOMMASO self-employed Firm's EIN **-**8733 SMOLIN, LUPIN & CO., LLC Preparer Firm's name Firm's address 331 NEWMAN SPRINGS RD - SUITE 145 Use Only Phone no. (732) 933-9300

RED BANK, NJ 07701

X Yes

Гаі	otatement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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 \$ 9,837,321. including grants of \$ 3,244,904.) (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, 2023 FOR \$10,000,000.
	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.
	WHILE INOMOTING HEADIN AND WELLHOOD TON THOOL ATTECTED BY TANALIDIO.
4h	(Code:) (Expenses \$1, 890, 029. including grants of \$184, 414.) (Revenue \$
4b	(Code:) (Expenses \$1,890,029. including grants of \$184,414.) (Revenue \$ OVER THE PAST FOUR DECADES, WE HAVE INVESTED MORE THAN \$140 MILLION IN
	GROUNDBREAKING RESEARCH THAT HAS HELPED PAVE THE WAY FOR PROGRESS.
	NOW, AS 21ST CENTURY TECHNOLOGY AND CUMULATIVE SCIENTIFIC GAINS
	CONVERGE, WE ARE ON THE CUSP OF A NEW ERA IN SPINAL CORD INJURY
	RESEARCH.
	TODAY, THE REEVE FOUNDATION IS HELPING TO FACILITATE RAPID SCIENTIFIC
	ADVANCEMENT WITH PARTNERSHIPS AND INITIATIVES THAT SEEK TO:
	CATALYZE: CHANNEL RESOURCES INTO A ROBUST CLINICAL PIPELINE TO RAPIDLY INCREASE THE NUMBER OF POTENTIAL TREATMENTS.
	ENERGIZE: DRIVE PROGRESS AND INVESTMENT IN SPINAL CORD INJURY RESEARCH
	BY ADDRESSING THE BARRIERS THAT LIMIT AMBITIOUS ENGAGEMENT.
	EDUCATE: INCREASE TRANSPARENCY THROUGHOUT THE FIELD, BECAUSE SUCCESS
4c	(Code:) (Expenses \$ 918,741. 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 12,646,091.

Form 990 (2023) CHRISTOPHER REEVE FOUNDATION Part IV Checklist of Required Schedules

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

332003 12-21-23

Form **990** (2023)

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
32	•	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	21	
J-7		34	Х	
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.,,
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
	(g			(2022)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
b			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	_		
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b			9b		
10	Section 501(c)(7) organizations. Enter:		30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				177
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action 4051, 4050 as 40502.		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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			X
Sec	tion A. Governing Body and Management			21
	tion / it do to mining body and management		Voc	No
10	Enter the number of voting members of the governing body at the end of the tax year		163	NO
ıu	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	efficient diseases transfer on less complexes 0	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the approximation have reached an application of	6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ا		
, .	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	and the state of t	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	''		
а		8a	х	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and because the second Hericagnetic and a second that will be a second to be a second to the second	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 21	
·		12c	Х	
12	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
14 15	•	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150	Х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
b		130	21	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		- 25
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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			
	for public inspection. Indicate how you made these available. Check all that apply.	Grily)	avandi	510
	X Own website Another's website X 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	l financ	rial	
19	statements available to the public during the tax year.	miani	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RICHARD SHERMAN, CFO - 973-379-2690			
	636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078			
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average	(do		Pos) than o	200	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss per	rson i	s both or/trus	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARGARET GOLDBERG	35.00									
PRESIDENT AND CEO				Х				353,751.	0.	47,819.
(2) COLLEEN COPPLA	35.00									
CHIEF DEVELOPMENT OFFICER				Х				242,239.	0.	44,599.
(3) MARCO BAPTISTA	35.00									
CHIEF SCIENTIFIC OFFICER				Х				235,447.	0.	44,480.
(4) MICHELE LOIACONO	35.00									
VP OPERATIONS				Х				164,634.	0.	47,366.
(5) REGINA BLYE	35.00									
CHIEF PROGRAM AND POLICY OFFICER				Х				180,748.	0.	19,832.
(6) ALAN BROWN	35.00									
DIRECTOR						X		159,800.	0.	30,757.
(7) OLIVIA MULLANE	35.00									
SENIOR DIRECTOR				Х				171,789.	0.	11,919.
(8) KIMBERLY BEER	35.00									
SENIOR DIRECTOR				Х				152,235.	0.	20,445.
(9) MARK BOGOSIAN	35.00									
DIRECTOR						X		127,676.	0.	41,318.
(10) WILLIAM CAWLEY	35.00									
DIRECTOR						Х		114,372.	0.	47,659.
(11) SHEILA FITZGIBBON	35.00									
SENIOR DIRECTOR						X		140,701.	0.	20,022.
(12) BERNADETTE MAURO	35.00									
DIRECTOR, INFORMATION & RESOURCE SER						X		107,369.	0.	49,844.
(13) RICHARD SHERMAN	7.00									
CFO				Х				93,213.	0.	0.
(14) JAY SHEPARD	2.50									
DIRECTOR		Х						0.	0.	0.
(15) JOHN M. HUGHES	2.50									
DIRECTOR		Х						0.	0.	0.
(16) JOHN E. MCCONNELL	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(17) ALEXANDRA REEVE GIVENS, ESQ.	2.50									
DIRECTOR		X						0.	0.	0.
										Farm 990 (2022)

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Part VII Section A. Officers, Directors, Tr		oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	T
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MATTHEW REEVE	2.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(19) HENRY G. STIFEL, III	2.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(20) TANIA LYNN TAYLOR	5.00							_		
TREASURER		Х		X				0.	0.	0.
(21) HELEN V. CANTWELL, ESQ.	5.00									
SECRETARY		Х		X				0.	0.	0.
(22) JAMES CALBI	5.00									
CHAIRMAN OF BOARD		Х	Ш	X				0.	0.	0.
(23) IAN CURTIS	2.50									
DIRECTOR		Х						0.	0.	0.
(24) MICHAEL FORDYCE	2.50								_	
DIRECTOR	0.50	Х						0.	0.	0.
(25) TRACY FORST	2.50								_	
DIRECTOR		Х						0.	0.	0.
(26) ALEXANDRA BLASZCZUK	2.50									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								2,243,974.	0.	426,060.
c Total from continuation sheets to Part	,							0.	0.	0.
d Total (add lines 1b and 1c)								2,243,974.	0.	426,060.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LORI J. MINKIN/LJM EVENTS 40 FOX HOLLOW ROAD, WOODBURY, NY 11797	EVENT PLANNING	413,124.
	SHORT HILLS RENT	368,207.
FINN PARTNERS 301 EAST 57TH STREET, NEW YORK, NY 10022	PR AND WEB SERVICES	260,167.

\$100,000 of compensation from the organization 3
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023)

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Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position		Reportable	Reportable	Estimated			
	hours	(cl	heck all that apply)					compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	.er	Key employee	Highest compensated employee	ner	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(27) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	2.50	Х						0.	0.	0 .
(28) CHRIS BRIDGMAN	2.50									
DIRECTOR		Х						0.	0.	0
(29) ANITA MCGORTY	2.50							_	_	_
DIRECTOR		Х						0.	0.	0
(30) JULIE NEUSTADT	2.50									
DIRECTOR	1 2 50	Х						0.	0.	0
(31) WILLIAM REEVE DIRECTOR	2.50	Х						0.	0.	0
(32) VANDY VAN WAGENER	2.50	Λ						0.	0.	U
DIRECTOR	2.30	Х						0.	0.	0
(33) PATRICIA J. VOLLAND	2.50	22						•	•	
DIRECTOR	2.50	х						0.	0.	0
(34) THOMAS LONDRES	2.50									
DIRECTOR		Х						0.	0.	0 .
		-								
		-								
			_							
			\vdash							
		•								
				<u> </u>						

Form 990 (2023) CHRISTO
Part VIII Statement of Revenue

			Check if Schedule O contains a resp	onse i	or note to any lin	e in this Part VIII			
			Officer if Schedule O Contains a res	001136	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b						
e, E		С	Fundraising events1c		2,312,065.				
ifts			Related organizations 1d		1,276.				
nis,			Government grants (contributions)		9,499,956.				
Sir			All other contributions, gifts, grants, and		, , ,				
ĒĒ		'	1 - 1 - 1		6 526 464				
들됨			similar amounts not included above 1f	1	6,526,464.				
ğ		_	Noncash contributions included in lines 1a-1f	\$	41,510.				
<u>5</u> <u>5</u>		h	Total. Add lines 1a-1f			18,339,761.			
					Business Code				
ø	2	а							
Ş.		b							
še		c							
E S		_							
Jra Re		d							
Program Service Revenue		е							
₾			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends	intere	st, and				
			other similar amounts)			25,189.			25,189.
	4		Income from investment of tax-exempt to						
	5		Royalties	-					
	·		(i) Re		(ii) Personal				
	6	_			()				
			Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Secu	rities	(ii) Other				
			assets other than inventory 7a 3,387	,203.					
		b	Less: cost or other basis						
<u>o</u>			and sales expenses 7b 3,348	494.					
ığ		_		,709.					
Revenue						38,709.			38,709.
π.			Net gain or (loss)		<u> </u>	30,703.			30,703.
ther	8	а	Gross income from fundraising events (not						
ŏ			including \$ 2,312,065. of						
			contributions reported on line 1c). See						
			Part IV, line 18	. 8a	425,550.				
		b	Less: direct expenses		1,004,728.				
			Net income or (loss) from fundraising ev			-579,178.			-579,178.
			Gross income from gaming activities. Se						
	_	_	Part IV, line 19						
		L							
			Less: direct expenses						
			Net income or (loss) from gaming activit	es					
	10	а	Gross sales of inventory, less returns						
			and allowances	. 10a					
		b	Less: cost of goods sold	. 10b					
		С	Net income or (loss) from sales of invent	ory					
					Business Code				
Miscellaneous Revenue	11	а							
Je Jue	••	_							
la Ven		b							
Sce		C	All alle annual and						<u> </u>
Ĕ			All other revenue						
		е	Total. Add lines 11a-11d			1			- : -
	12		Total revenue. See instructions			17,824,481.	0.	0.	-515,280.

Form 990 (2023) CHRISTOPHER REEVE FOUNDATION Part IX Statement of Functional Expenses

Secti	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						
_	Check if Schedule O contains a respor	(A)	this Part IX(B)	(C)	(D)		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	3,337,665.	3,337,665.				
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	91,653.	91,653.				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	1,830,515.	1,453,055.	93,823.	<u>283,637.</u>		
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	3,186,539.	2,498,045.	168,294.	520,200.		
8	Pension plan accruals and contributions (include	10 000	2 2 2		4 400		
	section 401(k) and 403(b) employer contributions)	10,868.	8,879.	561.	1,428.		
9	Other employee benefits	956,616.	835,831.	29,236.	91,549.		
10	Payroll taxes	368,113.	319,557.	11,596.	36,960.		
11	Fees for services (nonemployees):						
	Management	115 605	F0 2F6	F0 040			
	Legal	117,605.	59,356.	58,249.			
	Accounting	166,982.	69,862.	97,120.			
	Lobbying						
	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 0.)	1,555,557.	1,345,839.	47,860.	161,858.		
12	Advertising and promotion	102,747.	99,811.	47,000.	2,936.		
13	Office expenses	143,675.	132,485.	2,671.	8,519.		
14	Information technology						
15	Royalties				_		
16	Occupancy	382,662.	339,537.	10,299.	32,826.		
17	Travel	275,371.	248,571.	4,954.	21,846.		
18	Payments of travel or entertainment expenses	-	-				
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	290,360.	289,952.		408.		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	2,382.	1,535.	202.	645.		
23	Insurance	83,724.	71,165.	12,559.			
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 0.)						
а	MISCELLANEOUS	617,593.	589,665.	13,964.	13,964.		
b	TEAMS	299,792.	0.	0.	299,792.		
С	OTHER RESEARCH COSTS	285,367.	285,367.	2 22	46 40=		
d	INTERNET COMMUNICATIONS	201,843.	182,481.	3,227.	16,135.		
	All other expenses	584,745.	385,780.	36,507.	162,458.		
25	Total functional expenses. Add lines 1 through 24e	14,892,374.	12,646,091.	591,122.	1,655,161.		
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	722,436.	216,731.	0.	505,705.		
	3110010 1010 21 II IOIIOWING SUP 98-2 (ASC 958-720)	144,430.	410,/31•	0.	303,703.		

332010 12-21-23

Form 990 (2023)

Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,202,932.	1	2,730,623.
	2	Savings and temporary cash investments	1,800,965.	2	1,442,669.
	3	Pledges and grants receivable, net	1,473,594.	3	4,189,556.
	4	Accounts receivable, net		4	9,287.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	105,250.	9	36,183.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,225,142.			
	b	Less: accumulated depreciation 10b 1,221,765.		10c	3,377.
	11	Investments - publicly traded securities	3,392,554.	11	3,377. 1,772,939.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	281,728.	13	250,000.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	863,872.	15	651,501.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,126,654.	16	11,086,135.
	17	Accounts payable and accrued expenses	302,854.	17	277,798.
	18	Grants payable	502,632.	18	289,505.
	19	Deferred revenue	41,955.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
III		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	500.000	22	400 511
_	23	Secured mortgages and notes payable to unrelated third parties	500,000.	23	498,711.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	050 130		(27 (05
		of Schedule D	850,132.		637,685.
	26	Total liabilities. Add lines 17 through 25	2,197,573.	26	1,703,699.
Ś		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	7,929,081.	07	5,792,482.
alaı	27	Net assets without donor restrictions	1,929,001.	27	3,589,954.
d B	28	Net assets with donor restrictions		28	3,309,934.
-un		Organizations that do not follow FASB ASC 958, check here			
οF	20	and complete lines 29 through 33.		20	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
1556	30	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
et A	31	Retained earnings, endowment, accumulated income, or other funds	7,929,081.	32	9,382,436.
ž	32	Total liebilities and not seed fund balances	10,126,654.	33	11,086,135.
	33	Total liabilities and net assets/fund balances	10,120,034.	ა ა	TT, 000, T33.

Form **990** (2023)

Pai	t 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	17,82		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,89	2,3	<u>74.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2,93	2,1	<u>07.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,929,081		
5	Net unrealized gains (losses) on investments	5	-1,65	4,2	00.
6	Donated services and use of facilities	6	17	5,4	48.
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	9,38	2,4	<u>36.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
			2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Х	
b	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		3b	X	
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

CHRISTOPHER REEVE FOUNDATION

Employer identification number

				FAE LOONDWII				9556
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that normal	-					oublic described in
		section 170(b)(1)(A)(vi). (C	•		3		g _g	
8		A community trust describe	• •	1)(A)(vi). (Complete Par	† II.)			
9	Ħ	An agricultural research org				ed in coniu	inction with a land-grant	college
_		or university or a non-land-g				-	-	-
		university:	ram comego er agne.				, and state of the semega	
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees. and	d aross receipts from
		activities related to its exem						
		income and unrelated busin		•	. ,		• •	· ·
		See section 509(a)(2). (Cor		(1000 000 1101 1 0 1 1 1 1 1 1 1 1 1 1 1		ooo aoqa.	. oa zy me organizanom c	
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).	
12	Ħ	An organization organized a	•	•	•			purposes of one or
-		more publicly supported org	· ·	•	-		•	
		lines 12a through 12d that of						SHOOK THE BOX OH
а		Type I. A supporting orga	* *					aivina
u		the supported organization	•			-		
		organization. You must c			i majority c	in the direc	tors or traditions or the ot	apporting
h		Type II. A supporting orga	-		tion with it	s sunnorte	ed organization(s) by hav	vina
-		control or management of	•					•
		organization(s). You mus			ино регоо	110 11101 00	ntion of manage the supp	Sortou
С		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with
Ŭ		its supported organization					• •	with,
d		Type III non-functionally						zation(s)
_		that is not functionally into	•					. ,
		requirement (see instructi	-		•		•	7011000
е		Check this box if the orga	•	•	•			
·		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
f	Ente	er the number of supported o		iany integrated eappoint		ation.		
a a		ride the following information		d organization(s).				
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (occ mondenemen)				

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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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from services of sacilities from line 4. 8 Agross income from similar sources 9 Net income from services (Do not included on line 1 that exceeds 2% of the amounts from line 4. 17719929. 14568064. 17151402. 13079491. 16027696. 78 17719929. 14568064. 17151402. 13079491. 16027696. 78	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	8546582.
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 17719929. 14568064. 17151402. 13079491. 16027696. 78	8546582.
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or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14 17719929 14568064 177151402 13079491 16027696 78	8546582.
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022.6,334.4,368.8,228.25,339.	8546582.
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the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	8546582.
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	8546582.
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supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	
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Column (f) Col	
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 7 Amounts from line 4 17719929.14568064.17151402.13079491.16027696.78 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022.6,334.4,368.8,228.25,339.	
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 7 Amounts from line 4 17719929.14568064.17151402.13079491.16027696.78 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022.6,334.4,368.8,228.25,339.	(f) Total
7 Amounts from line 4 17719929.14568064.17151402.13079491.16027696.78 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022.6,334.4,368.8,228.25,339.	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	
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securities loans, rents, royalties, and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	
and income from similar sources 14,022. 6,334. 4,368. 8,228. 25,339.	
9 Net income from unrelated business	58,291.
- Not moon of unfolded publicoup	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
	8604873.
12 Gross receipts from related activities, etc. (see instructions) 12 1	137,750.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
	99.93 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	99.92 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box an	
stop here. The organization qualifies as a publicly supported organization	X
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this be	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 15b, and line 14 is 10% or not check a box on line 15b, and line 14b, and li	more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	on
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	Ш
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (F0111 990) 2023

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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.	1		
	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,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

		. , , , , , , , , , , , , , , , , , , ,	nizations (continu		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
_	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

CHRISTOPHER REEVE FOUNDATION **-***9536

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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						
sections 509(a)(1) a contributor, during	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.						
year, contributions is checked, enter h purpose. Don't cor	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 \$					
answer "No" on Part IV, line	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).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

CHRISTOPHER REEVE FOUNDATION

-*9536

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$ 9,499,956.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,053,751.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

-*9536

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26	00		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** **-***9536 CHRISTOPHER REEVE FOUNDATION 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

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 for instructions and the latest information.

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)	organizat	ions: Complete Part III.		1 -		
Nam	ne of organization				1	Emplo	yer identification number
_			PHER REEVE FOUNDA				**-***9536
Pa	rt I-A Complete if	the org	anization is exempt unde	er section 501(c) o	or is a section 527	org	anization.
2	Political campaign activity	expendit	ation's direct and indirect politica ures gn activities				
Pa	rt I-B Complete if	the org	anization is exempt unde	er section 501(c)(3	3).		
1	Enter the amount of any ex	xcise tax	incurred by the organization unde	er section 4955		\$	
			incurred by organization manage				
			n 4955 tax, did it file Form 4720 f				
	If "Yes," describe in Part IV	V.					
Pa	rt I-C Complete if	the org	anization is exempt unde	er section 501(c),	except section 50	01(c)	(3).
1	Enter the amount directly	expended	I by the filing organization for sec	tion 527 exempt funct	ion activities	\$.	
2		0 0	ization's funds contributed to oth	J			
						. \$	
3	·		. Add lines 1 and 2. Enter here ar	•			
			1120-POL for this year?				
5			mployer identification number (EII)				
	• •	-	tion listed, enter the amount paid omptly and directly delivered to a				
		•	additional space is needed, provi			Jaiato	cogregated faile of a
	(a) Name	. ,	(b) Address	(c) EIN	(d) Amount paid fr	om	(e) Amount of political
	(a) Name		(b) Address	(6) 2.11	filing organization		contributions received and
					funds. If none, enter	r -0	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) 2023

Sche	dule C (Form 99				REEVE I				**9536 Page 2
Par	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under								
	sect	ion 501(h)).							
A C	Check	if the filing organiza	tion belon	gs to an affil	iated group (ar	nd list in	Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and shar	e of exces	s lobbying e	expenditures).				
3 C	Check	if the filing organiza	tion check	ed box A ar	nd "limited cont	trol" prov	visions apply.	T	
		Limi (The term "expend		ying Exper eans amou		curred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying	expenditures to influ	ience publ	ic opinion (g	grassroots lobb	ying)		74,526.	
b	Total lobbying	expenditures to influ	ience a leg	islative bod	y (direct lobbyi	ing)		53,734.	
c Total lobbying expenditures (add lines 1a and 1b)					128,260.				
d Other exempt purpose expenditures						15,144,403.			
е	Total exempt p	ourpose expenditure	s (add line	s 1c and 1d))			15,272,663.	
f	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			913,633.					
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:				ount is:				
	not over \$500,	000,		20% of t	the amount on	line 1e.			
	over \$500,000	but not over \$1,000	,000,	\$100,00	0 plus 15% of	the exce	ss over \$500,000.		
	over \$1,000,00	00 but not over \$1,50	00,000,	\$175,00	0 plus 10% of	the exce	ss over \$1,000,000.		
	over \$1,500,00	00 but not over \$17,0	000,000,	\$225,00	0 plus 5% of th	ne exces	s over \$1,500,000.		
	over \$17,000,0	000,		\$1,000,0	000.				
g	Grassroots nor	ntaxable amount (en	ter 25% of	line 1f)				228,408.	
h	Subtract line 1	g from line 1a. If zer	o or less, e	nter -0				0.	
i	Subtract line 1	f from line 1c. If zero	or less, e	nter -0				0.	
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720								
								Yes 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.)								
			Lobi	ying Exper	nditures Durin	g 4-Yea	r Averaging Period		
	Calenda (or fiscal year	•	(a)	2020	(b) 202 ⁻	1	(c) 2022	(d) 2023	(e) Total
2a	Lobbying nonta	axable amount					915,528.	913,633.	1,829,161.
b	Lobbying ceilin	0							
	(150% of line 2	a, column(e))							2,743,742.
С	Total lobbying	expenditures					118,016.	128,260.	246,276.

Schedule C (Form 990) 2023

457,290.

685,935.

138,932.

228,408.

74,526.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

228,882.

64,406.

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)).

1 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: a Volunteers? b Pad starf or management (include compensation in expenses reported on lines 1c through 1i)? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 of if "Yes," enter the amount of any tax incurred by organization managers under section 4912 of if "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). The production of the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). The production agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 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." 1 Dues, assessments and similar amounts from members c Section 162(e) nonedeuctible lobbying and political expenditures (do not include amounts of political expenditures from the prior year? 2 Describe the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditures (do not include amounts of political expenditures of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lo	or ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b))
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1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 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." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 a b Carryover from last year 2 c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 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 expenditures next year? 4 S Taxable amount of lobbying and political expenditures. See instructions 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		501(c)(6).				
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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 Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number **-***9536

Pai			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at and of year	(a) Bonor advised fands	(b) i dilas ana otner accounts				
2	Total number at end of year						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
Ū	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
•	for charitable purposes and not for the benefit of the donor of						
Pai							
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (for example, recrea		f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year				
7	Amount of expanses incurred in manitaring inspecting base	dling of violations, and enforcing concerns	ation accoments during the year				
′	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emorcing conserva	dion easements during the year				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170/b	a)(4)(R)(i)				
Ū		sounds, the requirements of section in ele					
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements.	3					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works						
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X		\$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide				
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$				
	Assets included in Form 990, Part X		\$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023				

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

	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(contir		agc –
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	t make sig	nificant us	e of its	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	collection items (check all that apply).	·	·	•		J					
а	Public exhibition	(ı 🔲 ı	_oan or exc	hange progra	am					
b	Scholarly research	•									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exem	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?			\square	Yes		No
Pai	t IV Escrow and Custodial Arran								ne 9, or		
	reported an amount on Form 990, Pai										
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for d	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	Ü						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par										•	
	·	(a) Current year		rior year	(c) Two yea		d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%	, 001011111 (0)	,, mora ao.						
b	Permanent endowment	%	—′°								
c											
·	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that	are held ar	nd administer	red for the					
ou	organization by:	solon or the organiza	ation that	are riold ai	ia aariiiiiotoi	00 101 1110			[Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sc	hedule R2					3b		
4	Describe in Part XIII the intended uses of the								_ OD		
	t VI Land, Buildings, and Equipm		WITICITE IC	ilius.							
	Complete if the organization answere		0. Part IV	line 11a. S	See Form 990	. Part X. li	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated		(d) Boo	k valu	
	pescription of property	basis (investi		. ,	(other)		reciation		(u) D00	value	G
10	Land	<u> </u>		24010	, , , , , ,	аср	30.40011				
	Land										
	Buildings										
		I		1 22	5,142.	1 2	21,76	5.		3,3'	77
d	Equipment Other			- , 22	J I I I I		,,	- -		-, -	. , •
	I. Add lines 1a through 1e. (Column (d) must e		V line 10	00 001:100:-	(D))				,	3,3'	77.
iota	ii / iaa iii loo Ta ti ii ougit Te. (Colultili (d) Must e	<u>quai FUIIII 990, Part</u>	<u> ∧, iii1e 10</u>	v., column	(<u>LD))</u>					-, -	.

Schedule D (Form 990) 2023

Part VII	Investment	s - Other	Securities

Part VIII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
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)		
(2)		
(3)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

(4) (5) (6) (7) (8) (9)

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) RIGHT-OF-USE ASSETS, NET	637,838.
(2) SECURITY DEPOSITS	13,663.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	651,501.

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) LEASE LIABILITY	637,685.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X, line 25, col. (B))	637,685.

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 ... X

Schedule D (Form 990) 2023

4c

Sche	dule D	(Form 990) 2023	CHRISTOPHER	REEVE	FOUNDATIO	N				**_	***9536	Page
Pai	t XI	Reconciliation	of Revenue per Aud	lited Finar	ncial Statement	ts Wi	th Rev	enue p	er Re	turn		
		Complete if the orga	anization answered "Yes"	on Form 990	, Part IV, line 12a.							
1	Total	revenue, gains, and o	ther support per audited	financial state	ements					1	16,726	,018
2	Amou	ints included on line 1	but not on Form 990, Pa	rt VIII, line 12	:							
а	Net ur	nrealized gains (losse	s) on investments			2a		654,2				
b	Donat	ted services and use	of facilities			2b		175,4	448.			
С	Recov	veries of prior year gra	ants			2c						
d	Other	(Describe in Part XIII.	.)			2d		380,2	289.			
е	Add li	nes 2a through 2d								2e	-1,098	
3	Subtra	act line 2e from line 1	l							3	17,824	,481
4	Amou	ints included on Form	990, Part VIII, line 12, bu	t not on line ⁻	1:							
а	Invest	tment expenses not ir	ncluded on Form 990, Par	t VIII, line 7b		4a						
b	Other	(Describe in Part XIII.	.)			4b						
С	Add li	nes 4a and 4b								4c		0
5	Total	revenue. Add lines 3	and 4c. (This must equal)	Form 990, Pa	rt I. line 12.)					5	17,824	,481
Pa	rt XII	Reconciliation	of Expenses per Au	dited Fina	ncial Statemer	nts W	ith Exp	penses	per R	letur	n	
		Complete if the orga	anization answered "Yes"	on Form 990	, Part IV, line 12a.							
1	Total	expenses and losses	per audited financial state	ements						1	15,272	,663

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2b Prior year adjustments 2c Other (Describe in Part XIII.) 380,289. Add lines 2a through 2d 14,892,374. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b

c Add lines 4a and 4b

Part XIII Supplemental Information

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Other (Describe in Part XIII.)

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, 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.

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, 2023, 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, 2023 AND 2022. 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 2020 AND 2019, FOR THE STATE OF NEW JERSEY, RESPECTIVELY. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 380,289. PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 380,289.

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** CHRISTOPHER REEVE FOUNDATION **-***9536 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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA -SCIENTIFIC RESEARCH CANADA AND MEXICO. RELATING TO SPINAL CORD BUT NOT THE UNITED RESEARCH GRANTS TO INJURY INCLUDING TISSUE STATES ORGANIZATIONS REPAIR, NEURON 91,653. 0 0 91,653. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 91,653. and 3b)

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

Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CANADA AND MEXICO, BUT NOT	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING					
		THE UNITED STATES NORTH AMERICA - CANADA AND	TISSUE REPAIR, NEURON	10,000.	CHECKS	0.		
		MEXICO, BUT NOT THE UNITED STATES	ODC-SCI DATA RECOVERY SPECIALIST	81,653.	CHECKS	0.		

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

_____2

3 Enter total number of other organizations or entities

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see the Instructions for Form 926) 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 Yes X No U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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 the Instructions for Form 5471) 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 Yes X No Fund (see the Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see the Instructions for Form 8865) 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

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Yes X 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, COLUMN (D):

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

Schedule F (Form 990) 2023 332075 11-29-23

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

lame of the organization							ntification number
	PHER REEVE FOUNDAT:					**_***9	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" on	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Total							
List all states in which the organizatio or licensing.			utions	or has been notified	it is e	exempt from re	gistration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

-*9536 Page 2 CHRISTOPHER REEVE FOUNDATION Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF CLASSICTEAM REEVE col. (c)) (event type) (event type) (total number) 1,013,727. 1,054,119. 669,769. 2,737,615. 1 Gross receipts 1,054,119. 2,312,065. 726,927. 531,019. 2 Less: Contributions 286,800. 138,750. 425,550. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 385,087. 150,350. 469,291. 1,004,728. 9 Other direct expenses 1,004,728. **10** Direct expense summary. Add lines 4 through 9 in column (d)

-579,178. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 CHRISTOPHER REEVE FOUNDATION	· ^ ^ 9 ɔ	000	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatow, distributions			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		'es	☐ No
h	e Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — •	CS	140
U	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III line	s 9 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iii, iiiio	o o, c	Б, ТОБ,
	100, 100, 10, and 110, as applicable. Also provide any additional information. Oce instructions.			
				_

Schedule G (Form 990) CHRISTOPHER REEVE FOUNDATION	**-***9536 Page 4
Schedule G (Form 990) CHRISTOPHER REEVE FOUNDATION Part IV Supplemental Information (continued)	
· · (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public Inspection

Name of the organization CHRISTOPH	ER REEVE	FOUNDATION					Employer identification number **-**9536
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance?				-		on X Yes No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domestic	c Governments. C	omplete if the org	anization answered "\	es" on Form 990, Part	t IV, line 21, for any
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
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	**-***8847	501(C)(3)	19,000.	0.			ADAPTIVE SPORTS
UNIVERSITY OF ALABAMA ADAPTED ATHLETICS - BOX 870375 - TUSCALOOSA, AL 35401	**-***1138	501(C)(3)	21,342.	0.			FITNESS AND WELLNESS
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1200 10TH AVE SOUTH - BIRMINGHAM, AL 35294	**-***5396	501(C)(3)	100,000.	0.			arts
ACCESSIBILITY ACROSS ARKANSAS 1065 CLAYTON ST CONWAY, AR 72032	**-***0636	501(C)(3)	23,039.	0.			ACCESSIBLE TRAIL
ARKANSAS COLLEGES OF HEALTH EDUCATION - 7000 CHAD COLLEY BLVD - FORT SMITH, AR 72916	**_**8928	501(C)(3)	24,417.	0.			FITNESS AND WELLNESS
BEYOND BOUNDARIES 2195 PEYTON STREET WARD, AR 72176	**_***3936		10,000.	0.			THERAPEUTIC HORSEBACK RIDING 137.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-	-					

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

Schedule I (Form 990) 2023

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
WHITE RIVER AREA AGENCY ON AGING							
INC 3998 HARRISON STREET -							TIER 2 - RESPITE /
BATESVILLE , AR 72503	**-**1442	501(C)(3)	30,000.	0.			CAREGIVING
ARIZONA ADAPTIVE WATERSPORTS							
1000 S. MEADOW RANCH LANE							
DEWEY, AZ 86327	**-**6717	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
PATSY REEVE FOUNDATION							
337 W EL CAMINITO DR.							
PHOENIX, AZ 85021	**-***9864	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
ACHIEVE TAHOE							
PO BOX 8339							
TRUCKEE, CA 96162	**-***4920	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
EASTER SEALS - CA (EASTER SEALS							
CENTRAL CALIFORNIA) - 2547 W. SHAW							ACCESSIBLE COMMUNITY
AVE FRESNO, CA 93711	**-***7580	501(C)(3)	24,900.	0.			SPACES
EASY DOES IT EMERGENCY SERVICES							
P.O. BOX 3365							
BERKELEY, CA 94703-2480	**-***7346	501(C)(3)	25,000.	0.			DURABLE MEDICAL EQUIPMEN
GROSSMONT HOSPITAL FOUNDATION							
5555 GROSSMONT CENTER DR							TIER 2 - ASSISTIVE
LA MESA, CA 91942	**-***4488	501(C)(3)	30,000.	0.			TECHNOLOGY
HUMBOLDT SENIOR RESOURCE CENTER							
1910 CALIFORNIA ST EUREKA, CA 95501	**-***1434	501(C)(3)	24,999.	0.			TRANSPORTATION
,				· ·			
MOMENTUM							A COECCIDI E COMMUNITAV
6450 INDEPENDENCE AVE WOODLAND HILLS, CA 91367	**-***8203	L	18,850.	0.			ACCESSIBLE COMMUNITY SPACES

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	ruge
(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
ORANGE COUNTY MAKAPO AQUATICS PROJECT - P.O. BOX 61090 - IRVINE, CA 92602	**-***3200	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD, SUITE 102 OCEANSIDE, CA 92057	**-***6305	501(C)(3)	25,000.	0.			CAREGIVING
SPINAL NETWORK 40667 SYMPHONY PARK LN MURRIETA, CA 92562	**-***0275	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
YMCA OF SUPERIOR CALIFORNIA 2021 W STREET SACRAMENTO, CA 95818	**-***6634	501(C)(3)	11,764.	0.			FITNESS AND WELLNESS
ADAPTIVE ADVENTURES 9053 HARLAN STREET WESTMINSTER, CO 80031	**-***2653	501(C)(3)	23,575.	0.			ADAPTIVE SPORTS
CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE, CO 81615	**-***5910	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
NO BARRIERS USA 605 S. COLLEGE AVENUE FORT COLLINS, CO 80524	**-***3441	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
QUALIFIED LISTENERS CORP. 6311 AUDUBON ST FREDRICK, CO 80530	**-***1427	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
ROCKY MOUNTAIN ADAPTIVE AQUATICS DBA DENVER ADAPTIVE DIVERS - 557 MILWAUKEE STREET - DENVER, CO 80206	**-***1070	501(C)(3)	24,779.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
ROCKY MOUNTAIN MS CENTER							
8845 WAGNER STREET							
WESTMINSTER, CO 80031	**-***5455	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
GAYLORD HOSPITAL							
50 GAYLORD FARM ROAD							
WALLINGFORD, CT 06492	**-***6649	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
NEW HORIZONS, INC							
37 BLISS MEMORIAL DRIVE							
UNIONVILLE, CT 06085	**-***0513	501(C)(3)	9,000.	0.			FITNESS AND WELLNESS
NATIONAL COUNCIL ON INDEPENDENT							
LIVING - 80 M ST SE - WASHINGTON,							
DC 20003	**-***1620	501(C)(3)	24,999.	0.			EMPLOYMENT
PARALYZED VETERANS OF AMERICA 1875 EYE ST NW							
WASHINGTON, DC 20006	**-***6868	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
			22,555	<u> </u>			111125 1115 112121
ALACHUA CONSERVATION TRUST							
7204 SE COUNTY ROAD 234							
GAINESVILLE, FL 32641	**-***9630	501(C)(3)	15,000.	0.			ACCESSIBLE TRAIL
FAITH PRESBYTERIAN CHURCH							
2200 NORTH MERIDIAN ROAD							ACCESSIBLE COMMUNITY
TALLAHASSEE, FL 32303	**-***2690	501(C)(3)	23,000.	0.			SPACES
HORSEPLAY THERAPY CENTER							EACTI THY ACCRECATE THE
1925 STATE ROAD 207 ST AUGUSTINE, FL 32086	**-***2529	501(C)(3)	18,484.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
<u> </u>	2323	552(6)(5)	10,404.	0.			10211 10111 10110
THE ALS ASSOCIATION - SOUTHEAST							
TERRITORY - 501 E. KENNEDY BLVD -	++ +++10==	501/61/21		_			TIER 2 - ASSISTIVE
TAMPA, FL 33602	**-***1855	P01(C)(3)	30,000.	0.			TECHNOLOGY

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	rage
(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
WOUNDED WARRIORS ABILITIES RANCH							
8880 60TH WAY							
PINELLAS PARK , FL 33782	**-***0965	501(C)(3)	24,598.	0.			ADAPTIVE SPORTS
CATALYST SPORTS INC.							
2020 HOWELL MILL ROAD NW							TIER 3 - RURAL UNSERVED
ATLANTA, GA 30318	**-***0565	501(C)(3)	40,000.	0.			AND UNDERSERVED
HANDS AND HEARTS FOR HORSES							
3828 LOWER CAIRO RD							ACCESSIBLE
THOMASVILLE, GA 31792	**-***0985	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
FLOW KAKOU INC.							
P.O. BOX 933							
KILAUEA, HI 96754	**-***9243	501(C)(3)	7,200.	0.			FITNESS AND WELLNESS
DDAVENEADER MUEDADEUMTG DIDING AND							
BRAVEHEARTS THERAPEUTIC RIDING AND EDUCATIONAL CENTER - 7319 MAXON							THERAPEUTIC HORSEBACK
ROAD - HARVARD, IL 60033	**-***4746	501(C)(3)	24,990.	0.			RIDING
MANUAL THE COURS	1710	301(0)(3)	24,330.	· ·			KIDING
DARE2TRI PARATRIATHLON CLUB							
516 N OGDEN AVENUE							
CHICAGO, IL 60642	**-***3200	501(C)(3)	11,800.	0.			FITNESS AND WELLNESS
GREAT LAKES ADAPTIVE SPORTS							
ASSOCIATION - 27864 IRMA LEE							
CIRCLE - LAKE FOREST, IL 60045	**-***5965	501(C)(3)	24,754.	0.			ADAPTIVE SPORTS
OGGLD WINE FOUNDATION							
OSCAR MIKE FOUNDATION							
103 BRADFORD PL SE	**-***9657	501/C)/3)	24 000	0.			ADAPTIVE SPORTS
POPLAR GROVE, IL 61065	- 3057	201(C)(3)	24,999.	0.			NDALITAE SLOKIS
UNITED STATES ADAPTIVE GOLF							
ALLIANCE - PO BOX 850 - WESTMONT,							
IL 60559	**-***3721	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ANTHONY WAYNE REHABILITATION							
CENTER FOR HANDICAPPED AND BLIND							
D.B.A. CAMP RED CE - 3900 HURSH				_			ACCESSIBLE
ROAD - FORT WAYNE, IN 46845	**-***9596	501(C)(3)	7,792.	0.			BEACH/DOCK/PIER
SOS INTERNATIONAL							
1500 ARLINGTON AVE							
LOUISVILLE, KY 40206	**-***4272	501(C)(3)	30,000.	0.			TIER 3 - RACIAL EQUITY
DOGMON GELE HELD GENMED ING							
BOSTON SELF HELP CENTER INC 1534 TREMONT STREET							
	_*9399	E01/G\/2\	20.000	0.			ADADMIKE GDODMG
ROXBURY, MA 02120	3399	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
DUXBURY BAY MARITIME SCHOOL							
457 WASHINGTON STREET							ACCESSIBLE
DUXBURY, MA 02332	**-***8183	501(C)(3)	17,112.	0.			BEACH/DOCK/PIER
JETT FOUNDATION INC							
36 CORDAGE PARK CIRCLE							
PLYMOUTH, MA 02360	**-***3445	501(C)(3)	24,000.	0.			CAMP
MASSACHUSETTS AUDUBON SOCIETY,							
INC 208 SOUTH GREAT RD -							ACCESSIBLE COMMUNITY
LINCOLN, MA 01773	**-***4702	501(C)(3)	25,000.	0.			SPACES
			, ,	-			
PROJECT HOPE, BOSTON, INC							
550 DUDLEY STREET							FACILITY ACCESSIBILITY
ROXBURY, MA 02129	**-***8880	501(C)(3)	25,000.	0.			MODIFICATIONS
SPACE2THRIVE INC.							
•							
5 HURTEAU RD	**-***3104	501/C)/3\	25 000	0.			ADADMINE CDODMC
MILLVILLE, MA 01529	3104	DOT(C)(3)	25,000.	0.			ADAPTIVE SPORTS
UNITED BRACHIAL PLEXUS NETWORK							
32 WILLIAM ROAD							
READING, MA 01867	**-***9222	501(C)(3)	24,999.	0.			CAMP

Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(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
EBSTER WATER SKI COLLECTIVE							
6 UNION POINT ROAD							
EBSTER, MA 01570	**-***4691	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
DISABILITY PARTNERSHIP PROJECT							
.4103 STANWOOD TERRACE							
ROCKVILLE, MD 20850	**-***7318	501(C)(3)	24,500.	0.			FITNESS AND WELLNESS
MONTGOMERY PARKS FOUNDATION							
2425 REEDIE DRIVE							ACCESSIBLE
WHEATON, MD 20902	**-***8782	501(C)(3)	24,999.	0.			BEACH/DOCK/PIER
UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION - 110 SOUTH PACA STREET - BALTIMORE, MD 21201	**-***8893	501(C)(3)	25,000.	0.			TRANSITIONING HOME
DIBLIMONE, ND 21201	0033	301(0)(3)	23,000.	<u> </u>			IMMBIIIONING HOME
FREMONT PUBLIC SCHOOLS/ PATHFINDER							
ELEMENTARY SCHOOL - 109 WEST 44TH							ACCESSIBLE
STREET - FREMONT, MI 49412	**-***3027	501(C)(3)	25,000.	0.			PLAYGROUND/BALLFIELD
KALAMAZOO NATURE CENTER INC. 7000 N. WESTNEDGE AVENUE							
KALAMAZOO, MI 49009	**-***4780	501(C)(3)	24,999.	0.			ACCESSIBLE TRAIL
MICHIGAN STATE UNIVERSITY 325 EAST GRAND RIVER ROAD							
EAST LANSING, MI 48823	**-***5984	501(C)(3)	24,992.	0.			ADAPTIVE SPORTS
WAYNE COUNTY MOTOR EAGLES, INC.							
PLYMOUTH, MI 48170	**-***9449	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
BLOC LIFE INC							
1019 NORTH MAIN STREET	**-***1395	E01/G\/3\	35 000	0.			FITNESS AND WELLNESS
KANSAS CITY, MO 64116	_ 1395	DOT (C)(3)	25,000.	<u> </u>			Еттиеро УИЛ МЕППИЕРО

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt 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
CITY OF NEVADA							
110 S. ASH ST.							ACCESSIBLE
NEVADA, MO 64772	**-***0232	501(C)(3)	20,335.	0.			PLAYGROUND/BALLFIELD
MYTEAM TRIUMPH OF MISSOURI 287 JULIES DRIVE							
JACKSON, MO 63755	**-***7581	501(C)(3)	20,700.	0.			FITNESS AND WELLNESS
PHELPS HEALTH 1000 WEST 10TH STREET ROLLA, MO 65401	**-***4435	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED
RAINBOW VILLAGE 1240 DAUTEL LANE ST. LOUIS, MO 63146	**-***4765	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
COHESION DANCE PROJECT, INC 1020 ARGYLE HELENA, MT 59601	**_**8857	501(c)(3)	15,546.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
3WHEEL THERAPY 1118 BONITO LANE #2 CAROLINA BEACH, NC 28428	**-***7074	501(C)(3)	18,080.	0.			FITNESS AND WELLNESS
GREENSBORO PARKS FOUNDATION 301 S. GREENE STREET, SUITE 300 GREENSBORO, NC 27401	**-***8297	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
NORTH CAROLINA DEPARTMENT OF NATURAL AND CULTURAL RESOURCES - 109 EAST JONES STREET - RALEIGH,							ACCESSIBLE
NC 276299-460	**-***2189	501(C)(3)	19,143.	0.			BEACH/DOCK/PIER
NORTH DAKOTA STATE FAIR FOUNDATION PO BOX 1796 MINOT, ND 58701	**-***5528	501(C)(3)	20,250.	0.			ACCESSIBLE COMMUNITY SPACES

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THEODORE ROOSEVELT MEDORA							
FOUNDATION - 1611 EAST CENTURY							
AVE., SUITE 100 - BISMARCK, ND							FACILITY ACCESSIBILITY
58503	**-***7662	501(C)(3)	10,625.	0.			MODIFICATIONS
CITY OF ALBION, NEBRASKA							
420 W MARKET STREET							 ACCESSIBLE
ALBION, NE 68620	**-***6068	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
FRIENDS OF THE TOWN OF CLINTON							
PARKS AND EVENTS INC 19 GEORGES							ACCESSIBLE
PLACE - CLINTON , NJ 08809	**-***4528	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
GROUNDS FOR SCULPTURE							
80 SCULPTORS WAY							FACILITY ACCESSIBILITY
HAMILTON, NJ 08619	**-***4371	501(C)(3)	24,999.	0.			MODIFICATIONS
,							
HOPE CHRISTIAN SERVICES							
700 MOUNTAIN AVENUE							
WYCKOFF, NJ 07481	**-***1333	501(C)(3)	18,654.	0.			DURABLE MEDICAL EQUIPMEN
LADACIN NETWORK							mind o Dialamp
1703 KNEELEY BOULEVALRD	**-*** 4 715	E01 (G) (2)	20.000	0			TIER 2 - DISASTER
WANAMASSA, NJ 07712	""-""4/15	501(C)(3)	30,000.	0.			PREPAREDNESS
PERSONALIZED INDEPENDENT LIVING							
OPPORTUNITIES AND TRAINING							
SERVICES, INC 289 JACKSON ROAD	**-***2410	E01 (G) (2)	22.047	0			TD 1 NGD OD THE TON
- BERLIN, NJ 08009	2410	501(C)(3)	23,947.	0.			TRANSPORTATION
TOMS RIVER FIELD OF DREAMS							
37 HARPERS FERRY RD							ACCESSIBLE
TOMS RIVER, NJ 08753	**-***6452	501(C)(3)	24,828.	0.			PLAYGROUND/BALLFIELD
INDIGENOUSWAYS							L
1020 VALERIE CIRCLE	** ****	504 (5) (2)		_			FACILITY ACCESSIBILITY
SANTA FE, NM 87507	**-***6689	501(C)(3)	24,999.	0.			MODIFICATIONS

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(6) EII1	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CENTER FOR ADAPTIVE RIDING							
550 W. PLUMB LANE							THERAPEUTIC HORSEBACK
RENO, NV 89509	**-***1245	501(C)(3)	10,000.	0.			RIDING
,			,				
TRAIL ACCESS PROJECT							
8844 CORTILE DRIVE							
LAS VEGAS, NV 89134	**-***8398	501(C)(3)	23,785.	0.			ADAPTIVE SPORTS
ACHILLES INTERNATIONAL							
315 W 39TH ST	** ****	E01/G\/3\	22 771	0			ADADMIN GDODWG
NEW YORK, NY 10018	**-***8293	501(C)(3)	23,771.	0.			ADAPTIVE SPORTS
AMERICA'S VETDOGS							
371 E. JERICHO TURNPIKE							
SMITHTOWN, NY 11787	**-***4368	501(C)(3)	11,435.	0.			SERVICE ANIMAL PROGRAM
,			'				
CANINE COMPANIONS FOR INDEPENDENCE							
286 MIDDLE ISLAND ROAD							
MEDFORD, NY 11763	**-***4324	501(C)(3)	10,215.	0.			DURABLE MEDICAL EQUIPMEN
DISABILITY EMPOWHER NETWORK, INC.							
110 WEMBLY ROAD	** ***	504 (5) (0)	05.000				L
ROCHESTER, NY 14616	**-***6885	501(C)(3)	25,000.	0.			EDUCATION
HENRY VISCARDI SCHOOL							
201 I.U. WILLETS ROAD							TIER 2 - ASSISTIVE
ALBERTSON, NY 11507	**-***4514	501(C)(3)	22,242.	0.			TECHNOLOGY
,		, , , ,	==,===:				
LIME HOLLOW NATURE CENTER							
338 MCLEAN ROAD							TIER 3 - RURAL UNSERVED
CORTLAND, NY 13045	**-***9667	501(C)(3)	40,000.	0.			AND UNDERSERVED
NEW YORK MEDICAL COLLEGE							
DEPARTMENT OF BIOCHEMISTRY &							
MOLECULAR BIOLOGY, BSB A-14 -							
VALHALLA, NY 1060	**-***9420	501(C)(3)	24,999.	0.			HEALTHCARE

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ROCHESTER SPINAL ASSOCIATION							
3380 MONROE AVENUE, SUITE 102							
ROCHESTER, NY 14618	**-***1847	501(C)(3)	39,900.	0.			TIER 3 - RACIAL EQUITY
THEATER FOR THE NEW CITY							
FOUNDATION, INC 155 FIRST							 FACILITY ACCESSIBILITY
AVENUE - NEW YORK, NY 10003-2906	**-***4851	501(C)(3)	24,999.	0.			MODIFICATIONS
WESTCHESTER INDEPENDENT LIVING							
CENTER (CIL) - 10 COUNTY CENTER							PEER MENTORING AND
RD WHITE PLAINS, NY 10607	**-***1162	501(C)(3)	25,000.	0.		1	SUPPORT
A KID AGAIN							
777-G DEARBORN PARK LANE							PEER MENTORING AND
COLUMBUS, OH 43085	**-***0073	501(C)(3)	24,999.	0.			SUPPORT
BOLTZSTRONG							
10718 SCHLOTTMAN RD							ACCESSIBLE COMMUNITY
LOVELAND, OH 45140	**-***6556	501(C)(3)	24,990.	0.			SPACES
CLEVELAND METROPARKS							
4101 FULTON PARKWAY							
CLEVELAND, OH 44144	**-***0704	501(C)(3)	24,999.	0.			ACCESSIBLE TRAIL
NEUROFIT GYM							
4155 TONYA TRAIL	11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	504 (5) (0)		_			
HAMILTON, OH 45011	**-***0258	DUI(C)(3)	25,000.	0.			FITNESS AND WELLNESS
SERVICES FOR INDEPENDENT LIVING							
26250 EUCLID # 801							TIER 4 - NURSING HOME
CLEVELAND, OH 44132	**-***5202	501(C)(3)	50,000.	0.			TRANSITION
SIEGEL RARE NEUROIMMUNE							
ASSOCIATION - 1787 SUTTER PARKWAY							
- POWELL, OH 43065	**-***0467	501(C)(3)	24,999.	0.			CAMP

(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
THE BRIDGE ADAPTIVE SPORTS AND							
RECREATION - 1614 WESTMORELAND AVE							
- CINCINNATI , OH 45223	**-***1464	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
UNITED CEREBRAL PALSY ASSOCIATION			, ,				
OF GREATER CLEVELAND, INC 10011							
EUCLID AVENUE - CLEVELAND, OH							TIER 2 - ASSISTIVE
44106	**-***3561	501(C)(3)	27,013.	0.			TECHNOLOGY
			, ,				
VILLAGE OF WEST JEFFERSON							
28 EAST MAIN STREET							FACILITY ACCESSIBILITY
WEST JEFFERSON, OH 43162	**-***1105	501(C)(3)	24,999.	0.			MODIFICATIONS
THE CHILDREN'S CENTER							
6800 N.W. 39TH EXPRESSWAY							TIER 2 - ASSISTIVE
BETHANY, OK 73008	**-***0264	501(C)(3)	29,141.	0.			TECHNOLOGY
OREGON ADAPTIVE SPORTS							
63025 O.B. RILEY RD							
BEND, OR 97703	**-***6749	501(C)(3)	20,375.	0.			ADAPTIVE SPORTS
GOOD SHEPHERD REHABILITATION							
850 SOUTH 5TH STREET							
ALLENTOWN, PA 18103	**-***6041	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
HELP HOPE LIVE							
TWO RADNOR CORPORATE CENTER	++ +++004-	501/71/21	20 -11	-			
RADNOR, PA 19087	**-***2317	DOT(C)(3)	99,711.	0.			RACIAL EQUITY
TM ADIE ECHNDAMION							
IM ABLE FOUNDATION							שדבה 2 היים בי נואימרים יי
1007 HILL AVE, BLDG 17	** ***2154	E01/Q\/3\	40.000	0			TIER 3 - RURAL UNSERVI
WYOMISSING, PA 19610	**-***3154	DOT(C)(3)	40,000.	0.			AND UNDERSERVED
MIGHTY PENGUINS SLED HOCKEY							
C/O UPMC LEMIEUX SPORTS COMPLEX							
CRANBERRY TWP., PA 16066	**-***5701	501/C\/3\	10,900.	0.			ADAPTIVE SPORTS
CITIADDIVIT IME., EN TOOOD	3701	P01(C)(3)	10,300.	0.			DECETIVE DECKTO

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T age
(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
THE AMERICAN COLLEGE OF FINANCIAL							
SERVICES - 630 ALLENDALE ROAD #400							
- KING OF PRUSSIA, PA 19406	**-***2008	501(C)(3)	25,000.	0.			EDUCATION
•							
AUDUBON SOCIETY OF RHODE ISLAND							
12 SANDERSON ROAD							FACILITY ACCESSIBILITY
SMITHFIELD, RI 02917	**-***5675	501(C)(3)	10,000.	0.			MODIFICATIONS
ABLE SOUTH CAROLINA							
720 GRACERN ROAD							
COLUMBIA, SC 29210	**-***6332	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
			127,222				
ADAPTIVE ATHLETICS SC							
613 LAFAYETTE PARK DR.							
LITTLE RIVER, SC 29566	**-***9432	501(C)(3)	24,722.	0.			ADAPTIVE SPORTS
ADAPTIVE SURF PROJECT							
PO BOX 3786							
NORTH MYRTLE BEACH, SC 29582	**-***3293	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CHARLESTON COUNTY PARK AND							
RECREATION COMMISSION - 861							
RIVERLAND DRIVE - CHARLESTON, SC	**-***3944	F01/G)/2)	24 500				ACCESSIBLE
29412	3944	501(C)(3)	24,590.	0.			BEACH/DOCK/PIER
LOWCOUNTRY FARM & RESCUE							
8020 CANE BRANCH ROAD							TIER 3 - RURAL UNSERVED
RUFFIN, SC 29475	**-***2119	501(C)(3)	24,900.	0.			AND UNDERSERVED
,			,				
SOUTH CAROLINA SPINAL CORD INJURY							
ASSOCIATION - 201 GREYSTONE BLVD -							
COLUMBIA, SC 29210	**-***1166	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
BAY AREA REHABILITATION CENTER							
5313 DECKER DRIVE	++ +++>=>1	F01 (@) (3)		_			ACCESSIBLE
BAYTOWN, TX 77520	**-***3721	DUT(C)(3)	20,000.	0.			PLAYGROUND/BALLFIELD

<u>.</u>		_					
(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
NEURO FITNESS FOUNDATION							
1361 WEST EULESS BLVD. #101							
EULESS, TX 76040	**-***9496	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
	7 22 3		22,555.	-			1111122 1112 1122122
NORTH TEXAS FULLY CHARGED POWER							
SOCCER TEAM - PO BOX 157 - CELINA,							
TX 75009	**-***0228	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
THE ALS ASSOCIATION - SOUTHWEST							
TERRITORY - 14555 DALLAS PARKWAY							TIER 2 - RESPITE /
SUITE 100-219 - DALLAS, TX 75254	**-***1855	501(C)(3)	30,000.	0.			CAREGIVING
ROADS TO INDEPENDENCE							
3355 WASHINGTON BLVD							TIER 4 - NURSING HOME
OGDEN, UT 84401	**-***0058	501(C)(3)	50,000.	0.			TRANSITION
ECHO							
71 LAWSON RD SE	** ***	504 (5) (0)					L
LEESBURG, VA 20175	**-***2486	501(C)(3)	25,000.	0.			TRANSPORTATION
LOUDOUN VOLUNTEER CAREGIVERS							
750 MILLER DRIVE, SUITE 116							
LEESBURG, VA 20175	**-***3304	501(C)(3)	24,500.	0.			TRANSPORTATION
EEEEBONG, VII 20173	3301	301(0)(3)	21,300.				
SPORTABLE							
1365 OVERBROOK ROAD, ROOM 2							
RICHMOND, VA 23220	**-***4701	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
•			, ,				
STROKE COMEBACK CENTER							
145 PARK STREET, S .E.							
VIENNA, VA 22180	**-***2975	501(C)(3)	13,500.	0.			FITNESS AND WELLNESS
			, , , , , , , , , , , , , , , , , , ,				
KELLY BRUSH FOUNDATION							
3 MAIN STREET, SUITE 105							
BURLINGTON, VT 05401	**-***0423	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other				(es		<u> </u>	
(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
VERMONT PARKS FOREVER INC							
PO BOX 815							ACCESSIBLE
MONTPELIER, VT 05601-0815	**-***5177	501(C)(3)	7,544.	0.			BEACH/DOCK/PIER
FREE REIN THERAPEUTIC RIDING							
P.O. BOX 3089							THERAPEUTIC HORSEBACK
SPOKANE, WA 99223	**-***7385	501(C)(3)	9,999.	0.			RIDING
LITTLE BIT THERAPEUTIC RIDING							
CENTER - 18675 NE 106TH ST -							THERAPEUTIC HORSEBACK
REDMOND, WA 98052	**-***2131	501(C)(3)	20,750.	0.			RIDING
,							
PROVIDENCE HEALTH CARE FOUNDATION							
EASTERN WASHINGTON - 101 WEST							TIER 2 - ASSISTIVE
EIGHTH AVE SPOKANE, WA 99204	**-***4330	501(C)(3)	23,100.	0.			TECHNOLOGY
·							
PUSHING BOUNDARIES							
4162 148TH AVENUE N.E.							
REDMOND, WA 98052-5164	**-***3330	501(C)(3)	24,000.	0.			FITNESS AND WELLNESS
DELING THE							
REINS, INC.							MILEDA DELIMITA MODAEDA AV
PO BOX 68	** ****	E01/a)/2)	T 420	_			THERAPEUTIC HORSEBACK
SHEBOYGAN FALLS, WI 53085	**-***0442	501(C)(3)	7,438.	0.			RIDING
SHEPHERDS MINISTRIES, INC. DBA							
SHEPHERDS COLLEGE - 1805 15TH AVE							FACILITY ACCESSIBILITY
- UNION GROVE, WI 53182-1527	**-***8997	501(C)(3)	24,999.	0.			MODIFICATIONS
•			, ,				
UNITED CEREBRAL PALSY OF WEST							
CENTRAL WISCONSIN - 2153 EASTRIDGE							
CENTER - EAU CLAIRE, WI 54701	**-***4145	501(C)(3)	15,414.	0.			FITNESS AND WELLNESS
DUKE UNIVERSITY SCHOOL OF MEDICINE							
2200 WEST MAIN STREET, SUITE 900							
DURHAM, NC 27705	**-***2129	501(C)(3)	10,000.	0.			NACTN

					edule I (Form 990), Pa		
(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
THE MEDICAL COLLEGE OF WISCONSIN,							
MILWAUKEE, WI 53226	**-***6261	501(C)(3)	10,000.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY							
PHILADELPHIA, PA 19107	**-***2651	501(C)(3)	22,761.	0.			NACTN
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428							
BALTIMORE, MD 21203	**-***2033	501(C)(3)	10,000.	0.			NACTN
UNIVERSITY OF MIAMI PO BOX 025405							
MIAMI, FL 33102	**-***4458	501(C)(3)	30,000.	0.			NACTN
THE HENRY M. JACKSON FOUNDATION FORM THE ADVANCEMENT OF MILITARY MEDICINE, - 6720A ROCKLEDGE							
DRIVE, SUITE 100 - BETHESDA, MD	**-***7896	501(C)(3)	10,000.	0.			NACTN

(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.						
PART I, LINE 2:										
GRANT AWARDS ARE ADMINISTERED VIA	A CONTRAC	T BETWEEN	THE FOUNDA	TION AND THE						
GRANTEE. QUALITY OF LIFE GRANTS AR	E AWARDED	THROUGH T	HE FOUNDAT	ION'S						
QUALITY OF LIFE DEPARTMENT. ALL RE	CIPIENTS	ARE REQUIF	RED TO SUBM	IT REPORTS						
AT LEAST ONCE A YEAR AND A FINAL R	EPORT WHE	N THE PROJ	JECT IS COM	PLETED. THE						
FINAL REPORT MUST DETAIL THE OUTCO	MES OF TH	E PROJECT	AND WHETHE	R OR NOT THE						
ORIGINAL GOALS AND OBJECTIVES WERE	ACCOMPLI	SHED. INDI	RECT OVERH	EAD COSTS						
ARE LIMITED TO 10% OF THE DIRECT CO	OSTS OF A	LL AGREEME	ENTS. UNEXP	ENDED OR						
UNCOMMITTED FUNDS AT THE TERMINATION										

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.

Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

ZUZ3

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

CHRISTOPHER REEVE FOUNDATION

Employer identification number **-**9536

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Decision the control of the control of the dear Form 2000 Best VIII On the control of the contro			
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:	4a		Х
a h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C		4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second and of the persons and provide the applicable amounts for each term in that in.			
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARGARET GOLDBERG	(i)	353,751.	0.	0.	15,840.	31,979.	401,570.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) COLLEEN COPPLA	(i)	242,239.	0.	0.	11,201.	33,398.	286,838.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARCO BAPTISTA	(i)	235,447.	0.	0.	7,787.	36,693.	279,927.	0.
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELE LOIACONO	(i)	164,634.	0.	0.	8,009.	39,357.	212,000.	0.
VP OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) REGINA BLYE	(i)	180,748.	0.	0.	7,235.	12,597.	200,580.	0.
CHIEF PROGRAM AND POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALAN BROWN	(i)	159,800.	0.	0.	7,413.	23,344.	190,557.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) OLIVIA MULLANE	(i)	171,789.	0.	0.	7,843.	4,076.	183,708.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KIMBERLY BEER	(i)	152,235.	0.	0.	7,114.	13,331.	172,680.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARK BOGOSIAN	(i)	127,676.	0.	0.	6,095.	35,223.	168,994.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) WILLIAM CAWLEY	(i)	114,372.	0.	0.	5,576.	42,083.	162,031.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHEILA FITZGIBBON	(i)	140,701.	0.	0.	6,461.	13,561.	160,723.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BERNADETTE MAURO	(i)	107,369.	0.	0.	5,334.	44,510.	157,213.	0.
DIRECTOR, INFORMATION & RESOURCE SER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	CHRISTOPHER I	REEVE	FOUNDATIO	1			**_*	**9	536	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	nor	(d) Method of de ncash contribi	etermin	-	s
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	Х	8	41	,510.	FAIR	MARKET	VA:	LUE	
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 organiz	zation durino	the tax vear for c	ontributions						
	for which the organization completed Form 828				29					
		, , -	9						Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I. line	s 1 throug	h 28. th	at it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period?							30a		Х
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard	d contribut	ions?		31		х
	Does the organization hire or use third parties of							ļ		
u	contributions?		_					32a	x	
b	If "Yes," describe in Part II.							- Jan		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is chec	ked.				
	describe in Part II.		,p==,p==()		(3) .5 51150	,				

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION	**-***9536
FORM 990, ITEM C, DOING BUSINESS AS:	
CHRISTOPHER & DANA REEVE FOUNDATION	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ION:
INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIV	JIDUALS AND
FAMILIES IMPACTED BY PARALYSIS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENT	rs:
DEPENDS ON SHARED KNOWLEDGE.	
FORM 990, PART VI, SECTION A, LINE 2:	
THERE IS A FAMILY RELATIONSHIP BETWEEN THREE BOARD OF DIREC	CTORS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 3:	
THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORME	ED BY AN OUTSIDE
CONSULTANT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINA	ANCE COMMITTEE
AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS	S PRIOR TO
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF I	INTEREST
STATEMENTS ANNUALLY. KEY EMPLOYEES ARE ALSO REQUIRED TO COM	MPLETE AND SIGN
THE CONFLICT OF INTEREST STATEMENTS. For Paparty ork Poduction Act Notice see the Instructions for Form 990 or 990-F7	Schodula O /Earm 000\ 0001
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Employer identification number Name of the organization **-***9536

CHRISTOPHER REEVE FOUNDATION

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. COMPENSATION IS ALSO DETERMINED WITH THE ADVICE OF AN HR CONSULTANT.

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** **-***9536 CHRISTOPHER REEVE FOUNDATION 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 IX, LINE 11G, OTHER FEES: OTHER: PROGRAM SERVICE EXPENSES 1,345,839. MANAGEMENT AND GENERAL EXPENSES 47,860. FUNDRAISING EXPENSES 161,858. TOTAL EXPENSES 1,555,557. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,555,557. 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, 2023, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CHRISTOPHER R	EEVE FOUNDATION				E	umber		
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	(e) me End-of-year	asset	s Direct c	(f) ontrolling itity	g
SCI VENTURES LLC - 92-3621629	INVESTING FUND ASSETS IN							
636 MORRIS TPKE STE 3A	COMPANIES THAT DEVELOPING					CHRISTOPHER	REEVE	
SHORT HILLS, NJ 07078	CURES FOR SPINAL CORD INJ	NEW JERSEY	2,093	166. 5,408	3,084	1. FOUNDATION		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	eations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	or moi	re related tax-exer	npt	
(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	Dii	(f) rect controlling entity	cont	g) 512(b)(13) rolled tity?
G		Toroigh oddinay)		501(c)(3))		•	Yes	No

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

Schedule R (Form 990) 2023

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

	1	1	1	_			Г		T	т —		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana parti	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes	No	
	INVEST IN THE											
NRT HOLDINGS LLC - 84-2875859	NEURORECOVERY											
2181 GREENWICH STREET	TECHNOLOGIES,											
SAN FRANCISCO, CA 94123	INC. TO FIND A	CA		RELATED	0.	0.		X	N/A		x	.89%
	1		1			I .			1	_		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	CIII	tion b)(13) rolled ity?

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

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
					1b	X			
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		_X_		
h	Purchase of assets from related organization(s)				1h		X		
i Exchange of assets with related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
-									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X		
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
	Sharing of paid employees with related organization(s)				10		X		
	3 (/								
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
a	Reimbursement paid by related organization(s) for expenses				1q		X		
-	· · · · · · · · · · · · · · · · · · ·								
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must com								
_		ipioto tili							
	(a) (b) Name of related organization Transact	tion	(c) Amount involved	(d) Method of determining amount invo	lved				
	type (a-								
1)									
-,									
2)									
3)									
-,									
4)									
-,									
5)									
-,									
6)									
	63 09-28-23	<u> </u>		Schedule R	(Forn	n 990)	2023		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000