

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

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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

DECEMBER 31, 2023

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**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

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**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.

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CHRISTOPHER REEVE FOUNDATION

EIN or SSN

\*\* - \*\*\* 9536

Name and title of officer or person subject to tax MARGARET GOLDBERG PRESIDENT AND CEO

Part I Type of Return and Return Information

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.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II 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 am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ 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 complete.

PIN: check one box only

[ ] I authorize \_\_\_\_\_ to enter my PIN [ ] Enter five numbers, but 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.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

22573396669

Do not enter all zeros

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.

ERO's signature SMOLIN, LUPIN & CO., LLC

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)

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

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>CHRISTOPHER REEVE FOUNDATION</b>	Taxpayer identification number (TIN) <b>** - ***9536</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>636 MORRIS TURNPIKE SUITE 3A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SHORT HILLS, NJ 07078</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **RICHARD SHERMAN, CFO**  
**636 MORRIS TURNPIKE, SUITE 3A - SHORT HILLS, NJ 07078**

Telephone No. **973-379-2690** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHRISTOPHER REEVE FOUNDATION</b>		<b>D</b> Employer identification number <b>** - ***9536</b>
	Doing business as <b>CHRISTOPHER &amp; DANA REEVE FOUNDAT</b>		<b>E</b> Telephone number <b>973-379-2690</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>636 MORRIS TURNPIKE SUITE 3A</b>	<b>G</b> Gross receipts \$ <b>22,177,703.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>SHORT HILLS, NJ 07078</b>		
	<b>F</b> Name and address of principal officer: <b>MARGARET GOLDBERG</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CHRISTOPHERREEVE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1988</b>
<b>M</b> State of legal domicile: <b>NJ</b>			

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>61</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>75</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>15,074,497.</b>	<b>18,339,761.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,514,449.</b>	<b>63,898.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-425,936.</b>	<b>-579,178.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,163,010.</b>	<b>17,824,481.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,006,071.</b>	<b>3,429,318.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,400,501.</b>	<b>6,352,651.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>1,655,161.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,696,295.</b>	<b>5,110,405.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,102,867.</b>	<b>14,892,374.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,060,143.</b>	<b>2,932,107.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>10,126,654.</b>	<b>End of Year</b> <b>11,086,135.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,197,573.</b>	<b>1,703,699.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,929,081.</b>	<b>9,382,436.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>MARGARET GOLDBERG, PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>LAURA DITOMMASO</b>				<b>P00055087</b>
<b>Preparer Use Only</b>	Firm's name <b>SMOLIN, LUPIN &amp; CO., LLC</b>			Firm's EIN <b>** - ***8733</b>	
	Firm's address <b>331 NEWMAN SPRINGS RD - SUITE 145</b> <b>RED BANK, NJ 07701</b>			Phone no. (732) <b>933-9300</b>	

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 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.

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.

Part IV Checklist of Required Schedules

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



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET GOLDBERG PRESIDENT AND CEO	35.00			X			353,751.	0.	47,819.	
(2) COLLEEN COPPLA CHIEF DEVELOPMENT OFFICER	35.00			X			242,239.	0.	44,599.	
(3) MARCO BAPTISTA CHIEF SCIENTIFIC OFFICER	35.00			X			235,447.	0.	44,480.	
(4) MICHELE LOIACONO VP OPERATIONS	35.00			X			164,634.	0.	47,366.	
(5) REGINA BLYE CHIEF PROGRAM AND POLICY OFFICER	35.00			X			180,748.	0.	19,832.	
(6) ALAN BROWN DIRECTOR	35.00					X	159,800.	0.	30,757.	
(7) OLIVIA MULLANE SENIOR DIRECTOR	35.00			X			171,789.	0.	11,919.	
(8) KIMBERLY BEER SENIOR DIRECTOR	35.00			X			152,235.	0.	20,445.	
(9) MARK BOGOSIAN DIRECTOR	35.00					X	127,676.	0.	41,318.	
(10) WILLIAM CAWLEY DIRECTOR	35.00					X	114,372.	0.	47,659.	
(11) SHEILA FITZGIBBON SENIOR DIRECTOR	35.00					X	140,701.	0.	20,022.	
(12) BERNADETTE MAURO DIRECTOR, INFORMATION & RESOURCE SER	35.00					X	107,369.	0.	49,844.	
(13) RICHARD SHERMAN CFO	7.00			X			93,213.	0.	0.	
(14) JAY SHEPARD DIRECTOR	2.50	X					0.	0.	0.	
(15) JOHN M. HUGHES DIRECTOR	2.50	X					0.	0.	0.	
(16) JOHN E. MCCONNELL VICE CHAIR	5.00	X	X				0.	0.	0.	
(17) ALEXANDRA REEVE GIVENS, ESQ. DIRECTOR	2.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW REEVE DIRECTOR	2.50	X						0.	0.	0.
(19) HENRY G. STIFEL, III DIRECTOR	2.50	X						0.	0.	0.
(20) TANIA LYNN TAYLOR TREASURER	5.00	X		X				0.	0.	0.
(21) HELEN V. CANTWELL, ESQ. SECRETARY	5.00	X		X				0.	0.	0.
(22) JAMES CALBI CHAIRMAN OF BOARD	5.00	X		X				0.	0.	0.
(23) IAN CURTIS DIRECTOR	2.50	X						0.	0.	0.
(24) MICHAEL FORDYCE DIRECTOR	2.50	X						0.	0.	0.
(25) TRACY FORST DIRECTOR	2.50	X						0.	0.	0.
(26) ALEXANDRA BLASZCZUK DIRECTOR	2.50	X						0.	0.	0.
<b>1b Subtotal</b>								2,243,974.	0.	426,060.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,243,974.	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 12

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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 PLAZA, LLC, 636 MORRIS TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	368,207.
FINN PARTNERS 301 EAST 57TH STREET, NEW YORK, NY 10022	PR AND WEB SERVICES	260,167.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	2,312,065.					
	<b>d</b> Related organizations .....	<b>1d</b>	1,276.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	9,499,956.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,526,464.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 41,510.					
	<b>h Total.</b> Add lines 1a-1f .....		18,339,761.					
	<b>Program Service Revenue</b>			<b>Business Code</b>				
<b>2 a</b> _____								
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		25,189.			25,189.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses ...	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	3,387,203.				
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	3,348,494.			
			<b>c</b> Gain or (loss) .....	<b>7c</b>	38,709.			
	<b>d</b> Net gain or (loss) .....			38,709.		38,709.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,312,065. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		425,550.				
			<b>b</b> Less: direct expenses .....	<b>8b</b>	1,004,728.			
<b>c</b> Net income or (loss) from fundraising events .....					-579,178.		-579,178.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
	<b>11 a</b> _____							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			17,824,481.	0.	0.	-515,280.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,337,665.	3,337,665.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	91,653.	91,653.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,830,515.	1,453,055.	93,823.	283,637.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,186,539.	2,498,045.	168,294.	520,200.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,868.	8,879.	561.	1,428.
<b>9</b> Other employee benefits .....	956,616.	835,831.	29,236.	91,549.
<b>10</b> Payroll taxes .....	368,113.	319,557.	11,596.	36,960.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	117,605.	59,356.	58,249.	
<b>c</b> Accounting .....	166,982.	69,862.	97,120.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,555,557.	1,345,839.	47,860.	161,858.
<b>12</b> Advertising and promotion .....	102,747.	99,811.		2,936.
<b>13</b> Office expenses .....	143,675.	132,485.	2,671.	8,519.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	382,662.	339,537.	10,299.	32,826.
<b>17</b> Travel .....	275,371.	248,571.	4,954.	21,846.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	290,360.	289,952.		408.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,382.	1,535.	202.	645.
<b>23</b> Insurance .....	83,724.	71,165.	12,559.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	617,593.	589,665.	13,964.	13,964.
<b>b</b> TEAMS	299,792.	0.	0.	299,792.
<b>c</b> OTHER RESEARCH COSTS	285,367.	285,367.		
<b>d</b> INTERNET COMMUNICATIONS	201,843.	182,481.	3,227.	16,135.
<b>e</b> All other expenses	584,745.	385,780.	36,507.	162,458.
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,892,374.	12,646,091.	591,122.	1,655,161.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	722,436.	216,731.	0.	505,705.



**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,824,481.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,892,374.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,932,107.
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	-1,654,200.
6	Donated services and use of facilities	6	175,448.
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	9,382,436.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17719929.	14568064.	17151402.	13079491.	16027696.	78546582.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17719929.	14568064.	17151402.	13079491.	16027696.	78546582.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						78546582.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	17719929.	14568064.	17151402.	13079491.	16027696.	78546582.
<b>8</b> 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.	58,291.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						78604873.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	137,750.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.93	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.92	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> 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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	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	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**CHRISTOPHER REEVE FOUNDATION**

Employer identification number

**\*\* - \*\*\*9536**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number  <b>** - ***9536</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>9,499,956.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,053,751.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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](http://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) organizations: Complete Part III.

Name of organization <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number <b>**-***9536</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	74,526.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	53,734.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	128,260.													
<b>d</b> Other exempt purpose expenditures .....	15,144,403.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	15,272,663.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	913,633.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	228,408.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount			915,528.	913,633.	1,829,161.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,743,742.
<b>c</b> Total lobbying expenditures			118,016.	128,260.	246,276.
<b>d</b> Grassroots nontaxable amount			228,882.	228,408.	457,290.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					685,935.
<b>f</b> Grassroots lobbying expenditures			64,406.	74,526.	138,932.

Schedule C (Form 990) 2023



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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 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?

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."

Table with 2 main columns: Question, Amount. Rows include: 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); 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?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

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

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,225,142.	1,221,765.	3,377.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,377.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS, NET	637,838.
(2) SECURITY DEPOSITS	13,663.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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)	
<b>Total.</b> (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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,726,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,654,200.	
b	Donated services and use of facilities	2b	175,448.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	380,289.	
e	Add lines 2a through 2d	2e	-1,098,463.	
3	Subtract line 2e from line 1	3	17,824,481.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,824,481.	

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

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

1	Total expenses and losses per audited financial statements		1	15,272,663.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	380,289.	
e	Add lines 2a through 2d	2e	380,289.	
3	Subtract line 2e from line 1	3	14,892,374.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,892,374.	

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

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

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

**Part XIII** Supplemental Information (continued)

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 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.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	380,289.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

\*\*-\*\*\*9536

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON	91,653.
<b>3 a</b> Subtotal .....	0	0			91,653.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			91,653.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2023  
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS





**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

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

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

**PART II, 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.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF CLASSIC	TEAM REEVE	5	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	1,013,727.	1,054,119.	669,769.	2,737,615.
	2	726,927.	1,054,119.	531,019.	2,312,065.
	3	286,800.		138,750.	425,550.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	385,087.	150,350.	469,291.	1,004,728.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-579,178.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
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	501(C)(3)	10,000.	0.			THERAPEUTIC HORSEBACK RIDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 137.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE RIVER AREA AGENCY ON AGING INC. - 3998 HARRISON STREET - BATESVILLE, AR 72503	**-***1442	501(C)(3)	30,000.	0.			TIER 2 - RESPITE / 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 AVE. - FRESNO, CA 93711	**-***7580	501(C)(3)	24,900.	0.			ACCESSIBLE COMMUNITY SPACES
EASY DOES IT EMERGENCY SERVICES P.O. BOX 3365 BERKELEY, CA 94703-2480	**-***7346	501(C)(3)	25,000.	0.			DURABLE MEDICAL EQUIPMENT
GROSSMONT HOSPITAL FOUNDATION 5555 GROSSMONT CENTER DR LA MESA, CA 91942	**-***4488	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST EUREKA, CA 95501	**-***1434	501(C)(3)	24,999.	0.			TRANSPORTATION
MOMENTUM 6450 INDEPENDENCE AVE WOODLAND HILLS, CA 91367	**-***8203	501(C)(3)	18,850.	0.			ACCESSIBLE COMMUNITY SPACES

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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

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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
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 TALLAHASSEE, FL 32303	**-***2690	501(C)(3)	23,000.	0.			ACCESSIBLE COMMUNITY SPACES
HORSEPLAY THERAPY CENTER 1925 STATE ROAD 207 ST AUGUSTINE, FL 32086	**-***2529	501(C)(3)	18,484.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE ALS ASSOCIATION - SOUTHEAST TERRITORY - 501 E. KENNEDY BLVD - TAMPA, FL 33602	**-***1855	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY

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

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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 ATLANTA, GA 30318	**-***0565	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
HANDS AND HEARTS FOR HORSES 3828 LOWER CAIRO RD THOMASVILLE, GA 31792	**-***0985	501(C)(3)	24,999.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
FLOW KAKOU INC. P.O. BOX 933 KILAUEA, HI 96754	**-***9243	501(C)(3)	7,200.	0.			FITNESS AND WELLNESS
BRAVEHEARTS THERAPEUTIC RIDING AND EDUCATIONAL CENTER - 7319 MAXON ROAD - HARVARD, IL 60033	**-***4746	501(C)(3)	24,990.	0.			THERAPEUTIC HORSEBACK RIDING
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
OSCAR MIKE FOUNDATION 103 BRADFORD PL SE POPLAR GROVE, IL 61065	**-***9657	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
UNITED STATES ADAPTIVE GOLF ALLIANCE - PO BOX 850 - WESTMONT, IL 60559	**-***3721	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS

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ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND D.B.A. CAMP RED CE - 3900 HURSH ROAD - FORT WAYNE, IN 46845	**_***9596	501(C)(3)	7,792.	0.			ACCESSIBLE BEACH/DOCK/PIER
SOS INTERNATIONAL 1500 ARLINGTON AVE LOUISVILLE, KY 40206	**_***4272	501(C)(3)	30,000.	0.			TIER 3 - RACIAL EQUITY
BOSTON SELF HELP CENTER INC 1534 TREMONT STREET ROXBURY, MA 02120	**_***9399	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
DUXBURY BAY MARITIME SCHOOL 457 WASHINGTON STREET DUXBURY, MA 02332	**_***8183	501(C)(3)	17,112.	0.			ACCESSIBLE 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 - LINCOLN, MA 01773	**_***4702	501(C)(3)	25,000.	0.			ACCESSIBLE COMMUNITY SPACES
PROJECT HOPE, BOSTON, INC 550 DUDLEY STREET ROXBURY, MA 02129	**_***8880	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SPACE2THRIVE INC. 5 HURTEAU RD MILLVILLE, MA 01529	**_***3104	501(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

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WEBSTER WATER SKI COLLECTIVE 76 UNION POINT ROAD WEBSTER, MA 01570	**-***4691	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
DISABILITY PARTNERSHIP PROJECT 14103 STANWOOD TERRACE ROCKVILLE, MD 20850	**-***7318	501(C)(3)	24,500.	0.			FITNESS AND WELLNESS
MONTGOMERY PARKS FOUNDATION 2425 REEDIE DRIVE WHEATON, MD 20902	**-***8782	501(C)(3)	24,999.	0.			ACCESSIBLE 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
FREMONT PUBLIC SCHOOLS/ PATHFINDER ELEMENTARY SCHOOL - 109 WEST 44TH STREET - FREMONT, MI 49412	**-***3027	501(C)(3)	25,000.	0.			ACCESSIBLE 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. 14515 SHADYWOOD DRIVE PLYMOUTH, MI 48170	**-***9449	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
BLOC LIFE INC 4019 NORTH MAIN STREET KANSAS CITY, MO 64116	**-***1395	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS

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CITY OF NEVADA 110 S. ASH ST. NEVADA, MO 64772	**-***0232	501(C)(3)	20,335.	0.			ACCESSIBLE 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 AND UNDERSERVED
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, NC 276299-460	**-***2189	501(C)(3)	19,143.	0.			ACCESSIBLE BEACH/DOCK/PIER
NORTH DAKOTA STATE FAIR FOUNDATION PO BOX 1796 MINOT, ND 58701	**-***5528	501(C)(3)	20,250.	0.			ACCESSIBLE COMMUNITY SPACES

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THEODORE ROOSEVELT MEDORA FOUNDATION - 1611 EAST CENTURY AVE., SUITE 100 - BISMARCK, ND 58503	**-***7662	501(C)(3)	10,625.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CITY OF ALBION, NEBRASKA 420 W MARKET STREET ALBION, NE 68620	**-***6068	501(C)(3)	24,999.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
FRIENDS OF THE TOWN OF CLINTON PARKS AND EVENTS INC. - 19 GEORGES PLACE - CLINTON, NJ 08809	**-***4528	501(C)(3)	24,999.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
GROUNDS FOR SCULPTURE 80 SCULPTORS WAY HAMILTON, NJ 08619	**-***4371	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
HOPE CHRISTIAN SERVICES 700 MOUNTAIN AVENUE WYCKOFF, NJ 07481	**-***1333	501(C)(3)	18,654.	0.			DURABLE MEDICAL EQUIPMENT
LADACIN NETWORK 1703 KNEELEY BOULEVALRD WANAMASSA, NJ 07712	**-***4715	501(C)(3)	30,000.	0.			TIER 2 - DISASTER PREPAREDNESS
PERSONALIZED INDEPENDENT LIVING OPPORTUNITIES AND TRAINING SERVICES, INC. - 289 JACKSON ROAD - BERLIN, NJ 08009	**-***2410	501(C)(3)	23,947.	0.			TRANSPORTATION
TOMS RIVER FIELD OF DREAMS 37 HARPERS FERRY RD TOMS RIVER, NJ 08753	**-***6452	501(C)(3)	24,828.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
INDIGENOUSWAYS 1020 VALERIE CIRCLE SANTA FE, NM 87507	**-***6689	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS

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CENTER FOR ADAPTIVE RIDING 550 W. PLUMB LANE RENO, NV 89509	**-***1245	501(C)(3)	10,000.	0.			THERAPEUTIC HORSEBACK 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 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 EQUIPMENT
DISABILITY EMPOWHER NETWORK, INC. 110 WEMBLY ROAD ROCHESTER, NY 14616	**-***6885	501(C)(3)	25,000.	0.			EDUCATION
HENRY VISCARDI SCHOOL 201 I.U. WILLETS ROAD ALBERTSON, NY 11507	**-***4514	501(C)(3)	22,242.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
LIME HOLLOW NATURE CENTER 338 MCLEAN ROAD CORTLAND, NY 13045	**-***9667	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED 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 AVENUE - NEW YORK, NY 10003-2906	**-***4851	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
WESTCHESTER INDEPENDENT LIVING CENTER (CIL) - 10 COUNTY CENTER RD. - WHITE PLAINS, NY 10607	**-***1162	501(C)(3)	25,000.	0.			PEER MENTORING AND SUPPORT
A KID AGAIN 777-G DEARBORN PARK LANE COLUMBUS, OH 43085	**-***0073	501(C)(3)	24,999.	0.			PEER MENTORING AND SUPPORT
BOLTZSTRONG 10718 SCHLOTTMAN RD LOVELAND, OH 45140	**-***6556	501(C)(3)	24,990.	0.			ACCESSIBLE COMMUNITY SPACES
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	**-***0704	501(C)(3)	24,999.	0.			ACCESSIBLE TRAIL
NEUROFIT GYM 4155 TONYA TRAIL HAMILTON, OH 45011	**-***0258	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
SERVICES FOR INDEPENDENT LIVING 26250 EUCLID # 801 CLEVELAND, OH 44132	**-***5202	501(C)(3)	50,000.	0.			TIER 4 - NURSING HOME TRANSITION
SIEGEL RARE NEUROIMMUNE ASSOCIATION - 1787 SUTTER PARKWAY - POWELL, OH 43065	**-***0467	501(C)(3)	24,999.	0.			CAMP

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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 44106	**-***3561	501(C)(3)	27,013.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
VILLAGE OF WEST JEFFERSON 28 EAST MAIN STREET WEST JEFFERSON, OH 43162	**-***1105	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE CHILDREN'S CENTER 6800 N.W. 39TH EXPRESSWAY BETHANY, OK 73008	**-***0264	501(C)(3)	29,141.	0.			TIER 2 - ASSISTIVE 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 RADNOR, PA 19087	**-***2317	501(C)(3)	99,711.	0.			RACIAL EQUITY
IM ABLE FOUNDATION 1007 HILL AVE, BLDG 17 WYOMISSING, PA 19610	**-***3154	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED 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

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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 SMITHFIELD, RI 02917	**-***5675	501(C)(3)	10,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ABLE SOUTH CAROLINA 720 GRACERN ROAD COLUMBIA, SC 29210	**-***6332	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
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 29412	**-***3944	501(C)(3)	24,590.	0.			ACCESSIBLE BEACH/DOCK/PIER
LOWCOUNTRY FARM & RESCUE 8020 CANE BRANCH ROAD RUFFIN, SC 29475	**-***2119	501(C)(3)	24,900.	0.			TIER 3 - RURAL UNSERVED 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 BAYTOWN, TX 77520	**-***3721	501(C)(3)	20,000.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEURO FITNESS FOUNDATION 1361 WEST EULESS BLVD. #101 EULESS, TX 76040	**_***9496	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
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 SUITE 100-219 - DALLAS, TX 75254	**_***1855	501(C)(3)	30,000.	0.			TIER 2 - RESPITE / CAREGIVING
ROADS TO INDEPENDENCE 3355 WASHINGTON BLVD OGDEN, UT 84401	**_***0058	501(C)(3)	50,000.	0.			TIER 4 - NURSING HOME TRANSITION
ECHO 71 LAWSON RD SE 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
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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT PARKS FOREVER INC PO BOX 815 MONTPELIER, VT 05601-0815	**-***5177	501(C)(3)	7,544.	0.			ACCESSIBLE BEACH/DOCK/PIER
FREE REIN THERAPEUTIC RIDING P.O. BOX 3089 SPOKANE, WA 99223	**-***7385	501(C)(3)	9,999.	0.			THERAPEUTIC HORSEBACK RIDING
LITTLE BIT THERAPEUTIC RIDING CENTER - 18675 NE 106TH ST - REDMOND, WA 98052	**-***2131	501(C)(3)	20,750.	0.			THERAPEUTIC HORSEBACK RIDING
PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON - 101 WEST EIGHTH AVE. - SPOKANE, WA 99204	**-***4330	501(C)(3)	23,100.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
PUSHING BOUNDARIES 4162 148TH AVENUE N.E. REDMOND, WA 98052-5164	**-***3330	501(C)(3)	24,000.	0.			FITNESS AND WELLNESS
REINS, INC. PO BOX 68 SHEBOYGAN FALLS, WI 53085	**-***0442	501(C)(3)	7,438.	0.			THERAPEUTIC HORSEBACK RIDING
SHEPHERDS MINISTRIES, INC. DBA SHEPHERDS COLLEGE - 1805 15TH AVE - UNION GROVE, WI 53182-1527	**-***8997	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY 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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	**-***6261	501(C)(3)	10,000.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET, 29TH FLOOR 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

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

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

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

**PART I, LINE 2:**

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





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**CHRISTOPHER REEVE FOUNDATION**

Employer identification number

**\*\* - \*\*\*9536**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CHRISTOPHER REEVE FOUNDATION**

Employer identification number

**\*\* - \*\*\* 9536**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	41,510.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

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

SCHEDULE M, LINE 32B:

USE BROKERAGE FIRM SERVICES FOR SALES OF MARKETABLE SECURITIES.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

\*\* - \*\*\*9536

FORM 990, ITEM C, DOING BUSINESS AS:

CHRISTOPHER & DANA REEVE FOUNDATION

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

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

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

DEPENDS ON SHARED KNOWLEDGE.

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

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

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

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

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

PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINANCE COMMITTEE  
AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO  
FILING.

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

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

\*\*-\*\*\*9536

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 EVALUATION PROCESS.



Name of the organization <b>CHRISTOPHER REEVE FOUNDATION</b>	Employer identification number <b>** - ***9536</b>
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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)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SCI VENTURES LLC - 92-3621629 636 MORRIS TPKE STE 3A SHORT HILLS, NJ 07078	INVESTING FUND ASSETS IN COMPANIES THAT DEVELOPING CURES FOR SPINAL CORD INJ	NEW JERSEY	2,093,166.	5,408,084.	CHRISTOPHER REEVE FOUNDATION

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

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

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

Schedule R (Form 990) 2023



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

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

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

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

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

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



**Part VII Supplemental Information**

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

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

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

NRT HOLDINGS LLC

EIN: 84-2875859

2181 GREENWICH STREET

SAN FRANCISCO, CA 94123

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

**DIRECT CONTROLLING ENTITY:**