

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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 BY MAY 15, 2025.

Form 8879-TF

THIS IS NOT A FILEABLE COPY ***** IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning JAN~1~, 2023, and ending JUN~30~, 20 24~

OMB No. 1545-0047

Department of the Treasury

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 22-2939536 CHRISTOPHER REEVE FOUNDATION MARGARET GOLDBERG Name and title of officer or person subject to tax PRESIDENT AND CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here 9a **b Tax due** (Form 5330, Part II, line 19) Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize SMOLIN, LUPIN & CO., LLC 39536 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 22573358733 number (EFIN) followed by your five-digit self-selected PIN. 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. SMOLIN, LUPIN & CO., LLC ERO's signature Date **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

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

Form **8879-TE** (2023)

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

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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. 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 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 Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** CHRISTOPHER REEVE FOUNDATION 22-2939536 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 636 MORRIS TURNPIKE SUITE 3A return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 07078 SHORT HILLS, NJ Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code 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) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 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 . 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. I request an automatic 6-month extension of time until MAY 15 , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or X tax year beginning _____ **JAN 1** ___ , 20 <u>24</u> __ , and ending _____ JUN 30 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return X Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0343800 | Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	e 2023 calendar year, or tax year beginning $OAN = 1$, 2024 and e	enaing U	UN 30, 2024				
3 C	heck if pplicabl	C Name of organization		D Employer identific	cation number			
	Addre	CHRISTOPHER REEVE FOUNDATION						
	Name chang	CUDICHODUED C DANA DEEVE EO	UNDAT	22-29395	36			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return	636 MORRIS TURNPIKE SUITE 3A		973-379-				
	termin ated			G Gross receipts \$	22,119,101.			
L	Ameno return	SHORT HILLS, NO 07078		H(a) Is this a group re				
	Application pendir	F Name and address of principal officer: MAKGAKET GOLDBERG		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1 ′	list. See instructions			
	Vebsi		1	H(c) Group exemptio				
K ⊦ Da	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1900 N	M State of legal domicile: NJ			
1 6		Briefly describe the organization's mission or most significant activities: THE C	ייים ד כייי	ODUED AND D	ANIA DEETIE			
e		FOUNDATION IS DEDICATED TO CURING SPINAL (
Activities & Governance		Check this box if the organization discontinued its operations or dispose						
veri				3	21			
Go		Number of independent voting members of the governing body (Part VI, line 1b)			21			
ૐ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0			
itie		Total number of volunteers (estimate if necessary)			75			
ξį				7a	0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
a	8	Contributions and grants (Part VIII, line 1h)		18,339,761.	20,367,965.			
) nu	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63,898.	127,838.			
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-579,178.	122,152.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		17,824,481.	20,617,955.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,429,318.	2,125,189.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,352,651.	3,488,525.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.			
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 716,01		5,110,405.	3,006,396.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,892,374.	8,620,110.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,932,107.	11,997,845.			
-Se		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		11,086,135.	25,060,261.			
Assı Bal	21	Total liabilities (Part X, line 26)		1,703,699.	2,009,841.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,382,436.	23,050,420.			
	rt II	Signature Block	•					
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
rue,	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
Sigr	1	Signature of officer		Date				
Here	е	MARGARET GOLDBERG, PRESIDENT AND CEO						
		Type or print name and title	1 г	Doto In	DTIN			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN			
Paid		NOORUS KHAN		self-employ	P01265070 2-2258733			

796	Ulliy	Firm's address 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701		Dhone no (7	32) 933-9300			
May	the I	RS discuss this return with the preparer shown above? See instructions		FIIUIR IIU. (7	X Yes No			
viay	u ie il	TO GIOGGO THIS TOTALL WITH THE PREPARE SHOWN ADOVE! OF HISTIACTIONS			100 110			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING
	SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING
	QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	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, 2024 FOR \$10,000,000.
	THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SERVICES TO THE
	PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWARD QUALITY OF
	LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS WHOSE PROJECTS AND INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT,
	WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSIS.
	WHILE FROMOTING REALIR AND WELLINESS FOR THOSE AFFECTED BY FARALISTS.
4b	(Code:) (Expenses \$1, 521, 343. including grants of \$652, 610.) (Revenue \$)
40	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 \$501,343. 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.
	UNDERWAY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,522,190.

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148	- 22	\vdash
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		445	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	22	\vdash
15			Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		\vdash
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	Ь—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form	1 990 (2023) CHRISTOPHER REEVE FOUNDATION 22-293	9536	Р	age 4				
Pa	rt IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l				
	Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
_	any tax-exempt bonds?	24c						
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05.		 ₩				
	Schedule L, Part I	25b		X				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26						
27								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x				
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27						
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,							
_	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x				
	"Yes," complete Schedule L, Part IV	28a		X				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b_						
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x				
00	"Yes," complete Schedule L, Part IV	28c	Х					
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x				
24	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		-				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x				
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>				
33		33	х					
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 25					
J -1	Part V, line 1	34		x				
35.2	D. H. J.	25		X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000						
00	If "Yes," complete Schedule R, Part V, line 2	36		x				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00						
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>				
33		38	х					
Pa		_ 1 30						
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0						
h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	ŏ						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
_								

332004 12-21-23

(gambling) winnings to prize winners?

Form **990** (2023)

Form 990 (2023) CHRISTOPHER REEVE FOUNDATION

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

	continued)				V	N.				
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	I		Yes	No				
Za	filed for the calendar year ending with or within the year covered by this return	2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b						
	Did the averagination become smalleted by since a great income of \$1,000 are made division the compa			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		<u>X</u>				
С	, , , , , , , , , , , , , , , , , , , ,									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie orga	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).		_							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices p	provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v				
	to file Form 8282?	1	 I	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	+0	7e						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
t	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		00 as required?	7f 7g						
g h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
Ū	sponsoring organization have excess business holdings at any time during the year?									
9										
а										
b										
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		1							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40						
а				13a						
h	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	I							
_	Enter the amount of reserves on hand	13c		-						
				14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1						
-	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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Form **990** (2023)

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.

800	<u> </u>					X					
Sec	tion A. Governing Body and Management										
		1.	l 91		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	_ <u>1b</u> _	21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			_	37						
	officer, director, trustee, or key employee?			2	<u> </u>						
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision	_	v						
				3	X						
4	Did the organization make any significant changes to its governing documents since the prior Form S			<u>4</u> 5		X					
5											
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximate the province had the power to elect or approximate the province had the power to elect or approximate			_		Х					
	more members of the governing body?			7a_							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					х					
•	persons other than the governing body?			7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	=	0-	Х						
a	The governing body?			8a_	X						
a	Each committee with authority to act on behalf of the governing body?			8b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			ا ا		х					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vaa	Na					
100	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?			IUa							
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
110	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?										
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12b	Х						
·	on Schedule O how this was done	,		12c	х						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	21 by 1110	aoponaom								
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	Other officers or key employees of the organization			15b	X						
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		· ·								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, CA, CO, C	T,D	C,FL,GA,IL	, KS ,	KY,	MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a										
	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 fir											
statements available to the public during the tax year.											
20											
	RICHARD SHERMAN, CFO - 973-379-2690										
	636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 070	078									
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2023)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) JAY SHEPARD	2.50							0	0	0	
DIRECTOR	2 50	Х						0.	0.	0.	
(2) JOHN M. HUGHES DIRECTOR	2.50	х						0.	0.	0.	
(3) JOHN E. MCCONNELL	5.00	^						0.	0.	<u></u>	
VICE CHAIR	3.00	Х		х				0.	0.	0.	
(4) ALEXANDRA REEVE GIVENS, ESQ.	2.50										
DIRECTOR		Х						0.	0.	0.	
(5) MATTHEW REEVE	2.50										
DIRECTOR		Х						0.	0.	0.	
(6) HENRY G. STIFEL, III	2.50										
DIRECTOR		Х						0.	0.	0.	
(7) TANIA LYNN TAYLOR	5.00									_	
TREASURER		Х		Х				0.	0.	0.	
(8) HELEN V. CANTWELL, ESQ.	5.00										
SECRETARY		Х		Х				0.	0.	0.	
(9) JAMES CALBI	5.00										
CHAIRMAN OF BOARD		Х		Х				0.	0.	0.	
(10) IAN CURTIS	2.50										
DIRECTOR		Х						0.	0.	0.	
(11) TRACY FORST	2.50										
DIRECTOR		Х						0.	0.	0.	
(12) KELLY ANNE HENEGHAN, ESQ.	2.50										
DIRECTOR		Х						0.	0.	0.	
(13) THOMAS LONDRES	2.50										
DIRECTOR		Х						0.	0.	0.	
(14) JULIE NEUSTADT	2.50										
DIRECTOR		Х						0.	0.	0.	
(15) WILLIAM REEVE	2.50]									
DIRECTOR		Х						0.	0.	0.	
(16) PATRICIA J. VOLLAND	2.50	1								_	
DIRECTOR		Х						0.	0.	0.	
(17) ALEXANDRA BLASZCZUK	2.50	1_						_		_	
DIRECTOR		Х						0.	0.	0.	

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Form **990** (2023)

Form 990 (2023) CHRISTOP	UEK KEEA	<u> </u>	ГU	ענטי	אע	<u> </u>	OIA		44-4333	330 Page 6
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) CHRIS BRIDGMAN	2.50									
DIRECTOR		Х						0.	0.	0.
(19) JULIAN STEINBERG DIRECTOR	2.50	х						0.	0.	0.
(20) RICHARD SHERMAN	7.00									
CFO	7.00			x				0.	0.	0.
(21) OLIVIA MULLANE	35.00									
SENIOR DIRECTOR				Х				0.	0.	0.
(22) COLLEEN COPPLA	35.00									
OUTGOING CHIEF DEVELOPMENT OFFICER				Х				0.	0.	0.
(23) MICHELE LOIACONO	35.00									
VP, OPERATIONS				Х				0.	0.	0.
(24) MARGARET GOLDBERG	35.00									
PRESIDENT AND CEO				Х				0.	0.	0.
(25) KIMBERLY BEER	35.00									
SENIOR DIRECTOR				Х				0.	0.	0.
(26) MARCO BAPTISTA	35.00									
CHIEF SCIENTIFIC OFFICER				Х				0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	•

compensation from the organization

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

Section B. Independent Contractors

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	NONE	(B) Description of services	(C) Compensation

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

Form 990 (2023)

Form 990 CHRISTOPE	HER REEV	Έ	FO	UN	DΑ	TI	ON		22-293	9536
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Position				Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)				ly)	compensation	compensation	amount of
	per	Ì				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				odm		organization	(W-2/1099-MISC)	from the
	hours for	ordir	a.			ted e		(W-2/1099-MISC)		organization
	related	stee (ruste		a.	ben sa				and related
	organizations	al tru	onal t		ploye	moo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	<u> </u>	Ë	J0	a S	Ŧ	6			
(27) REGINA BLYE	35.00	ŀ								_
CHIEF PROGRAM AND POLICY OFFICER				Х				0.	0.	0.
(28) DENISE ANDERSEN	35.00									
INCOMING CHIEF DEVELOPMENT OFFICER				Х				0.	0.	0.
		L		L	L		L			
-										
	-									
		ŀ								
		ļ								
		L		L	L	L	L			
		1								
	•	•		•	•		•			
Total to Part VII, Section A, line 1c										
Total to Fait VII, Occion A, IIIIc To								l	I	<u> </u>

Form 990 (2023) CHRISTO
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d	296.				
ية إق				1e	5,277,955.				
Sir			Government grants (contributions) All other contributions, gifts, grants, and		3,277,333.				
utic er		ī	similar amounts not included above	1f	15,089,714.				
ë₽		_	***		61,903.				
o l		_	Noncash contributions included in lines 1a-1f	1g \$		20,367,965.			
Oa		n	Total. Add lines 1a-1f		Business Code	20,307,303.			
					Business Code				
Program Service Revenue	2	a							
er Je		b							
n S		С							
irar 3ev		d							
rog T		е							
۵			All other program service revenue						
_		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			106,159.			106,159.
	4		Income from investment of tax-exem	pt bond pr	roceeds				
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	ecurities	(ii) Other				
			assets other than inventory 7a 1,5	522,684.					
		b	Less: cost or other basis						
e			and sales expenses 7b 1,5	501,005.					
len/		С	Gain or (loss) 7c	21,679.					
her Revenue			Net gain or (loss)			21,679.			21,679.
ē	8		Gross income from fundraising events (r						
₽			including \$						
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a	122,293.				
		b	Less: direct expenses		141.				
			Net income or (loss) from fundraising			122,152.			122,152.
	9		Gross income from gaming activities						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
	10		Gross sales of inventory, less returns						
		-	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
					Business Code				
ns	11	a							
Miscellaneous Revenue	• •	a b							
ella. Ver		C							
Sce			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			20,617,955.	0.	0.	249,990.
	12		I DIAI I GVEIIUG. OCC III SII UCIIOIIS			,,	١	ı .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

c INTERNET COMMUNICATION 159,922. 153,278. 1,107. 5,537. d OTHER RESEARCH COSTS 149,540. 149,540. 20,575. 119,597.	Cooti	on FO1(a)(2) and FO1(a)(4) agreenizations must some	lata all aglicinana All atha		anlata ankuman (A)				
Do not include amounts reported on lines 60, 70, 80, 50, and 10 of Part VIII.	Secti				пріете соіштіп (А).				
Total expenses Program service Program ser		(A) (B) (C) (D)							
1 Grants and other assistance to connectic organizations and comestic operations. See Part IV, line 21 1,913,029. 1,913,029. 1,913,029.		· · · · · · · · · · · · · · · · · · ·	Total expenses	Program service	Management and	Fundraising			
and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to domestic individuals. See Part IV, line 12 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 Benefits paid to or for membrars Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Groupersation mol included show in disqualfied persons (as defined under section 4985((r))) and persons described in section 4985((r))) and 499, 469, 469, 422, 181, 19, 576, 47, 712. Payorit taxes 212, 887, 177, 663, 9, 892, 25, 332. A feet of the section of t		· ·		expenses	general expenses	ехрепьеь			
2 Grants and other assistance to domestic incidudiasis. See Part IV, line 17 incident in the control of the con	'	-	1 913 029	1 913 029					
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid for for membres 5 Compensation of unrent officers, directors, trustees, and key employees 6 Compensation of unrent officers, directors, trustees, and key employees 7 33 , 879 . 541 , 493 . 95 , 167 . 97 , 219 . 6 Compensation not included above to disqualified persons (as officed under section 4858(f)(1) and persons described in section 4958(f)(1) and 495(f)(1) and 495(f)(1) employer combitodes section 401(f) and 495(f)(f) and 495(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(•	- · · · · · · · · · · · · · · · · · · ·	1,515,025.	1,515,025.					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2								
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 212,160 . 212,160 .	•								
Individuals See Part IV, lines 15 and 16 212,160 212,160	3	•							
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5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees promoted above to disqualified persons (as defined under section 4986(f)(f)) and persons described in section 4986(f)(f)) and persons described in section 4986(f)(f)) and persons described in section 4986(f)(g)(g) 7 Other salaries and wages 1,987,702. 1,581,514. 76,559. 329,629. Pension plan accruals and contributions (include section 40f(k) and 40f(b) employer contributions) 489,469. 422,181. 19,576. 47,712. 19,800 plan accruals and contributions (include section 40f(k) and 40f(b) employer contributions) 489,469. 422,181. 19,576. 47,712. 19,800 plan accruals and contributions (include section 4986(f)) and for the employee benefits 212,887. 177,663. 9,892. 255,332. 11 Fees for services (nonemployees): a Management			212,100.	212,100.					
Travel T									
6 Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons (aschied in section 4958()(1)) and persons described in section 4958()(3))88 Pension pian accruals and contributions (include section 401(x) and 403(t)) employer contributions (include section 401(x) and 402(t)) and 402(t) and 402	5		722 070	E / 1 / 1 / 1 / 2	05 167	07 210			
persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(b) and 400(b) employer contributions) 9 Other employee benefits 1	_		133,019.	341,493.	93,107.	31,413.			
persons described in section 4988(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions) 9 Other employee benefits 48.9, 46.9, 48.2, 18.1, 19, 57.6, 47, 71.2, 10 Payroll taxes 212, 88.7, 177, 66.3, 9, 89.2, 25, 332. 11 Fees for services (nonemployees): a Management b Legal c Accounting 1 Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other, (iffe 194 gamout exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 152, 80.6, 52, 40.7, 39.9, 45.8, 10.2, 40.4, 40.4, 40.	6								
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 4030 (in employer contributions) 9 Other employee benefits 1 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch ot) 12 Advertising and promotion 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal 21 8 Ay 188 . 34,860 . 48,328 . 21 24 4,815 . 33,866 . 46,088 . 34,860 . 48,328 . 3									
8 Pension plan accruals and contributions (include section 401kg) employer contributions) 9 Other employee benefits	_		1 007 700	1 501 514	76 550	220 620			
Section 401(k) and 403(b) employer contributions 48 9, 469, 422, 181, 19,576, 47,712,			1,90/,/02.	1,301,514.	/0,559.	329,629.			
9 Other employee benefits	8		64 500	EC 153	2 260	6 066			
11 Fees for services (nonemployees): a Management b Legal	_			20,153.	4,369.	0,000.			
11 Fees for services (nonemployees): a Management b Legal				422,181.		4/,/12.			
a Management b Legal			212,887.	177,663.	9,892.	25,332.			
b Legal	11	Fees for services (nonemployees):							
C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 52, 806. 52, 407. 33, 866. 46, 088. 10 or more strained in the column (B) amount exceeds 10% of line 25, 806. 52, 407. 33, 866. 46, 088. 10 or more strained in the column (B) amount exceeds 10% of line 26, 10 or more strained above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses in Communication 159, 278. 104 free page 24. 104 free page 25. 104 functional expenses and covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 3 TRANSLATION 159, 278. 158, 476. 5, 401. 5, 401. 159, 278. 104 functional expenses and covered above. (List miscellaneous expenses on Schedule 0.) 4 TRANSLATION 254, 992. 254, 992. 153, 278. 1, 107. 5, 537. 149, 540. 149, 540. 149, 540. 149, 540. 149, 540. 149, 540. 159, 278. 179, 597. 176, 015. 170 foot strained appears. Add lines 1 through 24e 150 foot floot from 160 lines 1 through 24e 150 foot floot foot from 160 lines 1 through 24e 150 foot floot foot from 2 arombined 150 foot floot foot from 2 arombined 150 foot floot foot from 2 arombined 150 foot floot floot foot from 2 arombined 150 floot	а	Management	00 100	24.060	40.000				
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e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 999, 458. 919, 504. 33,866. 46,088. 12 Advertising and promotion 52,806. 52,407. 3399. 13 Office expenses 67,692. 61,374. 1,775. 4,543. 1 Information technology			102,746.	54,213.	48,533.				
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Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2	е								
Column (A), amount, list line 11g expenses on Sch O. 999, 458. 919, 504. 33, 866. 46, 088. 399.	f	Investment management fees							
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13 Office expenses 67,692. 61,374. 1,775. 4,543. 14 Information technology 15 Royalties 206,477. 178,887. 7,748. 19,842. 17 Travel 141,282. 124,815. 8,146. 8,321. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 246,615. 246,615. 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,191. 734. 128. 329. 23 Insurance 18,233. 15,498. 2,735. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) a TRANSLATION 254,992. 254,992. b MISCELLANEOUS 169,278. 158,476. 5,401. 5,401. 5,401. TNTERNET COMMUNICATION 159,922. 153,278. 1,107. 5,537. d OTHER RESEARCH COSTS 149,540. 149,540. e All other expenses. Add lines 1 through 24e 8,620,110. 7,522,190. 381,905. 716,015.		· · ·			33,866.	46,088.			
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15 Royalties 206,477. 178,887. 7,748. 19,842. 17 17 17 17 17 17 17 1	13	Office expenses	67,692.	61,374.	1,775.	4,543.			
16 Occupancy 206,477. 178,887. 7,748. 19,842. 17 Travel 141,282. 124,815. 8,146. 8,321. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 246,615. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,191. 734. 128. 329. 21 Insurance 18,233. 15,498. 2,735. 22 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 254,992. 254,992. 254,992. 3 TRANSLATION 254,992. 254,992. 4 OTHER RESEARCH COSTS 149,540. 149,540. 6 All other expenses 352,976. 212,804. 20,575. 119,597. 5 Total functional expenses. Add lines 1 through 24e 8,620,110. 7,522,190. 381,905. 716,015.	14	Information technology							
17 Travel 141,282. 124,815. 8,146. 8,321. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 246,615. 19 Conferences, conventions, and meetings 246,615. 10 Interest 246,615. 11 Payments to affiliates 246,615. 12 Payments to affiliates 246,615. 13 Payments to affiliates 246,615. 14 1,282. 124,815. 8,146. 8,321. 15 Payments to affiliates 246,615. 16 Payments to affiliates 246,615. 17 Payments to affiliates 246,615. 18 Payments to ftravel or entertainment expenses 246,615. 18 Payments to ftravel or entertainment expenses 246,615. 18 Payments to ftravel or entertainment expenses 246,615. 18 Payments of travel or entertainment expenses 246,615. 18 Payments of travel or entertainment expenses 246,615. 18 Payments to ftravel or entertainment expenses 246,615. 18 Payments to ftravel or election, and amortization 246,615. 18 Payments to ftravel or election, and amortization 248,615. 19 Payments to affiliates 246,615. 19 Payments to affiliates 246,615. 18	15	Royalties							
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for any federal, state, or local public officials 19	17	Travel	141,282.	124,815.	8,146.	8,321.			
19 Conferences, conventions, and meetings 246,615. 246,615.	18	Payments of travel or entertainment expenses							
20 Interest		for any federal, state, or local public officials							
Payments to affiliates Depreciation, depletion, and amortization 1,191. 734. 128. 329.	19	Conferences, conventions, and meetings	246,615.	246,615.					
Depreciation, depletion, and amortization 1,191. 734. 128. 329.	20								
Depreciation, depletion, and amortization 1,191. 734. 128. 329.	21								
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a TRANSLATION b MISCELLANEOUS c INTERNET COMMUNICATION d OTHER RESEARCH COSTS e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	22		1,191.			329.			
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a TRANSLATION b MISCELLANEOUS c INTERNET COMMUNICATION d OTHER RESEARCH COSTS e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	23	Insurance	18,233.	15,498.	2,735.				
Inine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a TRANSLATION 254,992. 254,992. b MISCELLANEOUS 169,278. 158,476. 5,401. 5,401. c INTERNET COMMUNICATION 159,922. 153,278. 1,107. 5,537. d OTHER RESEARCH COSTS 149,540. 149,540. e All other expenses 352,976. 212,804. 20,575. 119,597. 25 Total functional expenses. Add lines 1 through 24e 8,620,110. 7,522,190. 381,905. 716,015. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	24	Other expenses. Itemize expenses not covered							
amount, list line 24e expenses on Schedule 0.) a TRANSLATION b MISCELLANEOUS c INTERNET COMMUNICATION d OTHER RESEARCH COSTS e All other expenses Total functional expenses. Add lines 1 through 24e 254,992. 254,992. 169,278. 158,476. 5,401. 5,401. 159,922. 153,278. 1,107. 5,537. 149,540. 149,540. 25 Total functional expenses. Add lines 1 through 24e 8,620,110. 7,522,190. 381,905. 716,015. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined									
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d OTHER RESEARCH COSTS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 149,540. 149,540. 212,804. 20,575. 119,597. 8,620,110. 7,522,190. 381,905. 716,015.	b	MISCELLANEOUS				5,401.			
e All other expenses 352,976 212,804 20,575 119,597 25 Total functional expenses. Add lines 1 through 24e 8,620,110 7,522,190 381,905 716,015 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	С				1,107.	5,537.			
Total functional expenses. Add lines 1 through 24e 8,620,110. 7,522,190. 381,905. 716,015. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d	OTHER RESEARCH COSTS							
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е	All other expenses				119,597.			
reported in column (B) joint costs from a combined	25	Total functional expenses. Add lines 1 through 24e	8,620,110.	7,522,190.	381,905.	716,015.			
	26	Joint costs. Complete this line only if the organization							
		reported in column (B) joint costs from a combined							
		educational campaign and fundraising solicitation.							
Check here X if following SOP 98-2 (ASC 958-720) 84,220. 25,266. 0. 58,954.		Check here X if following SOP 98-2 (ASC 958-720)	84,220.	25,266.	0.	58,954.			

332010 12-21-23

Form 990 (2023)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,730,623.	1	1,405,610.		
	2	Savings and temporary cash investments	1,442,669.	2	6,923,781.		
	3	Pledges and grants receivable, net			4,189,556.	3	8,324,049.
	4	Accounts receivable, net			9,287.	4	320.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			36,183.	9	414,419.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,225,142.			
	b	Less: accumulated depreciation	10b	1,222,956.	3,377. 1,772,939.	10c	2,186. 4,972,976.
	11	Investments - publicly traded securities			1,772,939.		4,972,976.
	12	Investments - other securities. See Part IV, line			050 000	12	0.400.005
	13	Investments - program-related. See Part IV, line			250,000.	13	2,499,997.
	14	Intangible assets			CE1 E01	14	F16 000
	15	Other assets. See Part IV, line 11	651,501.	15	516,923.		
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equ			11,086,135.	16	25,060,261.
	17	Accounts payable and accrued expenses			277,798. 289,505.	17	296,718.
	18	Grants payable			209,505.	18	125,000. 610,918.
	19	Deferred revenue			0.	19	010,910.
	20	Tax-exempt bond liabilities				20 21	
	21 22	Escrow or custodial account liability. Complete Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, subs					
Eig∣		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela			498,711.	23	492,288.
	24	Unsecured notes and loans payable to unrelate			23077221	24	132,2000
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on line					
		of Schedule D			637,685.	25	484,917.
	26	Total liabilities. Add lines 17 through 25			1,703,699.	26	2,009,841.
		Organizations that follow FASB ASC 958, che	eck here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			5,792,482.	27	9,437,450.
Bal	28	Net assets with donor restrictions			3,589,954.	28	13,612,970.
n d		Organizations that do not follow FASB ASC 9	58, che	ck here			
币		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, d	or other funds		31	
Se l	32	Total net assets or fund balances			9,382,436.	32	23,050,420.
1	33	Total liabilities and net assets/fund balances			11,086,135.	33	25,060,261.

Form **990** (2023)

Form	990 (2023) CHRISTOPHER REEVE FOUNDATION	<u>22-</u>	<u> 2939536</u>	<u>P</u> a	age 12
Pa	rt 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	20,61		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,62		
3	Revenue less expenses. Subtract line 2 from line 1	3	11,99		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,38		
5	Net unrealized gains (losses) on investments	5	1,64	1,5	03.
6	Donated services and use of facilities	6	2	8,6	<u> 36.</u>
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	23,05	0,4	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

Name of the organization CHRISTOPHER REEVE FOUNDATION 22-2939536 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1		A church, convention of chi	urches, or associatio	n of churches described	in section	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170((b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	th	e hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed	in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	rnmental i	unit or from the general p	pu	blic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	d in conju	inction with a land-grant	CC	ollege
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the n	ame, city	, and state of the college	e 0	r
		university:					•		
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ntribution	ns, membership fees, and	— d ç	gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no n	nore than	33 1/3% of its support fi	ror	n gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m business	ses acquii	red by the organization a	afte	er June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See s	ection 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	e function	ns of, or to carry out the	pυ	irposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section 5	509(a)(2).	See section 509(a)(3). (ر Ch	eck the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and comp	lete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giv	ving
		the supported organization							
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	supporte	ed organization(s), by hav	/in	g
		control or management o	f the supporting orga	anization vested in the sa	ame person	ns that coi	ntrol or manage the supp	poi	rted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connecti	on with, a	and functionally integrate	ed	with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Sec	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in con	nection w	vith its supported organiz	zat	ion(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distril	bution rec	quirement and an attentiv	ver	ness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	nization received a v	written determination from	m the IRS t	hat it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiza	ation.			
f	Ente	r the number of supported o	•	, , , , , , , , , , , , , , , , , , , ,					
g	Prov	ride the following information	about the supporte						
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orgar in your governin	nization listed ig document?	(v) Amount of monetary	Γ	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	SI	upport (see instructions)
								T	

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

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14568064.	17151402.	13079491.	16027696.	20367965.	81194618.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14568064.	17151402.	13079491.	16027696.	20367965.	81194618.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						81194618.
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	14568064.	<u> 17151402.</u>	13079491.	16027696.	20367965.	81194618.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,334.	4,368.	8,228.	25,339.	106,159.	150,428.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						81345046.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	137,750.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2023 (14	99.82 %
	Public support percentage from 2022					15	99.93 <u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	stances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Calaa duda A	(Form 990) 2023

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
1			
-			
2			
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3k)		
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48	3		
41)		
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ule A (F		n 9901	2023

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

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2023

5

5

6

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SHORT YEAR EXPLANATION:
CHANGE FROM CALENDAR YEAR TO FISCAL YEAR ENDING JUNE 30. SHORT YEAR -
SIX MONTHS ENDED JUNE 30, 2024.

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2023)

Employer identification number

OMB No. 1545-0047

CH	RISTOPHER REEVE FOUNDATION	22-2939536					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note: Only a section 501(c) General Rule For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or					
Special Rules							
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F, line 1. Complete Parts I and II.	d that received from any one					
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g 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 Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

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		\$ 5,247,555.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,500,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 3,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,897,120.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

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
7		\$ 2,408,319.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

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

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** CHRISTOPHER REEVE FOUNDATION 22-2939536 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

		1(c)(4), (5), or (6) organizat	ions: Complete Part III.			_	
Nam	ne of organ					Emplo	oyer identification number
_		CHRISTO	PHER REEVE FOUND	ATION		_	22-2939536
Ра	rt I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	/ org	janization.
2	Political c	ampaign activity expendit	ation's direct and indirect politica ures gn activities				
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).		
1	Enter the	amount of any excise tax	incurred by the organization unde	er section 4955		\$	
			incurred by organization manage				
			n 4955 tax, did it file Form 4720 f				
4a	Was a co	rrection made?					Yes No
	If "Yes," o	describe in Part IV.					
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c), e	except section 5	01(c)	(3).
1	Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt function	on activities	\$	
2		0 0	ization's funds contributed to oth	•			
						\$	
3		•	. Add lines 1 and 2. Enter here ar	•			
			1120-POL for this year?				
5			nployer identification number (EII				
			tion listed, enter the amount paid comptly and directly delivered to a				· · · · · · · · · · · · · · · · · · ·
		•	additional space is needed, provi		· ·	parato	segregated fund of a
	F	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	rom.	(e) Amount of political
		(a) Name	(b) Address	(C) EIN	filing organization		contributions received and
					funds. If none, ente		promptly and directly
							delivered to a separate political organization.
							If none, enter -0
				+			

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023	CHRISTOPHER	REEVE FOUN	DATION	22-2	939536 Page 2
Part II-A Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organiza	tion belongs to an aff	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	re of excess lobbying	expenditures).			
B Check if the filing organiza	tion checked box A a	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		ınts paid or incurred.)		organization's totals	totals
(4112 22111 214 211					
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)		38,186.	
b Total lobbying expenditures to influ	uence a legislative boo	dy (direct lobbying)		26,003.	
c Total lobbying expenditures (add li	nes 1a and 1b)			64,189.	
d Other exempt purpose expenditure	es			8,556,062.	
e Total exempt purpose expenditure	s (add lines 1c and 1c	l)		8,620,251.	
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	581,013.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000),000, \$100,00	00 plus 15% of the exce	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	00,000, \$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,	000,000, \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			145,253.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations the		• •	•	of the five columns be	low.
	See the separ	ate instructions for lin	es 2a through 2f.)		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period	T	1
Calendar year					
(or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
		015 500	012 622	F01 010	0 410 154
2a Lobbying nontaxable amount		915,528.	913,633.	581,013.	2,410,174.
b Lobbying ceiling amount					2 615 261
(150% of line 2a, column(e))					3,615,261.
		110 016	120 262	C4 100	210 465
c Total lobbying expenditures		118,016.	128,260.	64,189.	310,465.
	l	1		I	

Schedule C (Form 990) 2023

602,543.

903,815.

177,118.

145,253.

38,186.

228,882.

64,406.

228,408.

74,526.

d Grassroots nontaxable amounte Grassroots ceiling amount

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

f Grassroots lobbying expenditures

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

of the l	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		,,	o)
n une n	obbying activity.	Yes	No	Amo	ount
1 [During the year, did the filing organization attempt to influence foreign, national, state, or				
le	ocal legislation, including any attempt to influence public opinion on a legislative matter				
c	or referendum, through the use of:				
a∖	/olunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c N	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h F	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	otal. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	f "Yes," enter the amount of any tax incurred under section 4912			<u> </u>	
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	> F01/a)/F)	05.00	tion	
arı	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(5)	, or se	Stion	
	· · · · · · · · · · · · · · · · · · ·			Yes	N
	Vere substantially all (90% or more) dues received nondeductible by members?		1	Yes	N.
1 V				Yes	No
1 V 2 [Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? 1 501(c)(5)	2 3 , or se	ction	
1 V 2 [3 [Part	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members	e prior year? n 501(c)(5) No" OR (I	3), or see b) Part	ction	
1 V 2 [3 [Part	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? n 501(c)(5) No" OR (I	3), or see b) Part	ction	
1 V 2 C 3 C 2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Description 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year? n 501(c)(5) No" OR (l	2 3), or se b) Part	ction	
1 V 2 [3 [3] 2 art	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	e prior year? n 501(c)(5) No" OR (l	2 3), or se b) Part	ction	
1 V 2 [33 [art 1 [2	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (l	2 3), or see b) Part	ction	
1 V 2 [33 [art 1	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	e prior year? n 501(c)(5) No" OR (I	2 3), or seco) Part	ction	
1 V 2 [3 [Part] 1 [6 c] 6 c] 7 3 A	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? 1 501(c)(5) No" OR (I	2 3), or seco) Part	ction	
11 V 22 [33 [34]	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial street in the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (I	2 3), or seco) Part	ction	
1 V 2 [3] 3 2 3 4 6 6 6 6 6 6 6 6 6	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the source of the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expe	e prior year? n 501(c)(5) No" OR (I	2 3), or sec b) Part	ction	3, is
1 V 2 [a] 3 [art] 1 [a] 6 [b] 6 [c] 7 [a] 7 [a] 7 [a] 8 [a] 9 [a]	Vere substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial street in the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (I	2 3), or sec b) Part	ction	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Borior advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		□ v _{ee} □ Ne
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transing of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
-	3,		,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	-	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	gc –
3	Using the organization's acquisition, accession								•	,	
	collection items (check all that apply).										
а	Public exhibition	c		Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatior					ne 9, or		
	reported an amount on Form 990, Par										
	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other as	sets not ir	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		
	, ,	•	Ü						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			_		ĺ
Par	'= ' = " .										-
	·	(a) Current year		rior year	(c) Two year		d) Three ye	ears back	(e) Four	years l	oack
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 g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1c	ı column (a)) held as:	ı					
a	Board designated or quasi-endowment	one your one balance	% %	j, oolallii (a)) Hold do.						
b	Permanent endowment	%	— ′°								
c											
·	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	ation that	t are held ar	nd administer	ed for the					
	organization by:	50,51, 5, 1, 10 5, gu <u>.</u> .							Γ	Yes	No
	-								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	· ·									
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated	П	(d) Bool	value	
	2000 inputer of property	basis (investr			(other)	٠,	eciation		(4) 500	· vaiac	
	Land	`	,								
b	Buildings										
c	Leasehold improvements										
d	Equipment			1.22	5,142.	1.2	22,95	6.		2,18	36.
	Other				- , = •					, = 0	
	. Add lines 1a through 1e. (Column (d) must e		X line 1	nc column	/R))					2,18	36.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII	Investments.	Other Securi

on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
999,998.	COST
500,000.	COST
	on Form 990, Part IV, line 1 (b) Book value

(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
(1) AXONIS	999,998.	COST
(2) AUGMENTAL TECHNOLOGIES	500,000.	COST
(3) SANIA THERAPEUTICS	999,999.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))	2,499,997.	

Part IX Other Assets

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

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

I otal. (Column (b) must equal Form 990, Part X, line 15, col.

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.

	<u> </u>
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	484,917.
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
Total. (Column (h) must equal Form 990. Part X line 25. col. (R))	484,917.

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

Schedule D (Form 990) 2023

Pai	rt XI	Reconciliation of Revenue per Audited Financial Statement	s Witl	n Revenue per Re	turn	<u>u</u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total re	venue, gains, and other support per audited financial statements			1	22,288,235.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unr	ealized gains (losses) on investments	2a	1,641,503.		
b	Donated	d services and use of facilities	2b	28,636.		
С	Recove	ries of prior year grants	2c			
d		Describe in Part XIII.)	2d	141.		
е	Add line	es 2a through 2d			2e	1,670,280.
3	Subtrac	t line 2e from line 1			3	20,617,955.
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (E	Describe in Part XIII.)	4b			
С	Add line	es 4a and 4b			4c	0.
5	Total re	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,617,955.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per P	letur	n
	(Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total ex	penses and losses per audited financial statements			1	8,620,251.
2		s included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated	d services and use of facilities	2a			
b	Prior ye	ar adjustments	2b			
С	Other lo	osses	2c			
d	Other (E	Describe in Part XIII.)	2d	141.		
е	Add line	es 2a through 2d			2e	141.
3	Subtrac	t line 2e from line 1			3	8,620,110.
4	Amount	s included on Form 990, Part IX, line 25, but not on line 1:				
а		ent expenses not included on Form 990, Part VIII, line 7b	4a			
b		Describe in Part XIII.)	4b			
С	Add line	es 4a and 4b			4c	0.
5	Total ex	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,620,110.

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, 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.

Schedule D (Form 990) 2023

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 JUNE 30,
2024, 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 SIX MONTHS ENDED JUNE 30, 2024. 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.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 141.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 141.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

Inspection

Employer identification number

CHRISTOPHER REE				22-293953	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
Form 990, Part I\	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's _l	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	he following Part	I, line 3 table ca	an be duplicated if additional space is n	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors 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 -				SCIENTIFIC RESEARCH	
CANADA AND MEXICO,				RELATING TO SPINAL CORD	
BUT NOT THE UNITED			RESEARCH GRANTS TO	INJURY INCLUDING TISSUE	10.000
STATES			ORGANIZATIONS	REPAIR, NEURON	10,000.
				CUTTING-EDGE RESEARCH,	
EUDODE / INGLUDING			DEGEARGII GRANIMG MO	INNOVATION AND TREATMENT	
EUROPE (INCLUDING			RESEARCH GRANTS TO	CENTER THAT DEVELOPS AND	202 160
ICELAND & GREENLAND)			ORGANIZATIONS	APPLIES BIOENGINEERING	202,160.
3 a Subtotal	0	0			212,160.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			212,160.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING					
		NORTH AMERICA	TISSUE REPAIR, NEURON	10,000.	CHECKS	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND	202,160.	CHECKC	0.		
		GREENLAND)	THAT DEVELOPS AND	202,100.	CHECKS	0.		
2.5			recognized as charities by the f					

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

____2

3 Enter total number of other organizations or entities

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

Page 4

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2023

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.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND APPLIES BIOENGINEERING STRATEGIES INVOLVING NEUROSURGICAL INTERVENTIONS TO RESTORE NEUROLOGICAL FUNCTIONS.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND APPLIE BIOENGINEERING STRATEGIES INVOLVING NEUROSURGICAL INTERVENTIONS TO RESTORE NEUROLOGICAL FUNCTIONS.

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CHRISTO	PHER REEVE FOUNDAT:	ION				Employer ide 22-2939	ntification number 536
	Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 17		
Indicate whether the organization rais a	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization or licensing.	n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from re	gistration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TEAM REEVE	OTHER EVENTS		col. (c))
a)			(event type)	(event type)	(total number)	001. (0))
Revenue						
eve	1	Gross receipts	64,047.	58,246.		122,293.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	64,047.	58,246.		122,293.
	4	Cash prizes				
		Noncash prizes				
Direct Expenses						
pen	6	Rent/facility costs				
Š						
ect	7	Food and beverages				
ä						
	8	Entertainment				201
	9	Other direct expenses				201.
	10	Direct expense summary. Add lines 4 through	()			122,092.
Pa	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is		.000 Dort IV line 10 or r		122,092.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fart IV, line 19, Of 1	eported more than	
		ψ10,000 0111 01111 000 EE, 11110 0α.		(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						() ()
Re	1	Gross revenue				
	·	areas revenue				
	2	Cash prizes				
ses		•				
pen	3	Noncash prizes				
Direct Expenses						
rec	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	It "	No," explain:				
	_					
40-	\^/-	ore only of the organization's genine linear and	wokod ayanandad act	rminated during the term	voor?	Vaa Nie
		ere any of the organization's gaming licenses re				Yes No
ū	111	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 CHRISTOPHER REEVE FOUNDATION 2	<u> 12-29</u>	39536	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,
•	Enter the harms and address of the person who propares the organization's garning special events books and resortes.			
	Name			
	Traine			
	Address			
	Address			
		Г		□ Na
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	ınt		
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	[Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	 he		
~	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); all	nd Part I	II lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ia i aici	n, m100 0,	05, 105,
	100, 100, 10, and 170, as approache. Also provide any additional information. Occ instructions.			

Schedule G	G (Form 990)	CHRISTOPHER	REEVE	FOUNDATION	22-2939536	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)				
	••	(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023

Open to Public Inspection

Name of the organization CHRISTOPH	ER REEVE	FOUNDATION					Employer identification number $22-2939536$
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist a Describe in Part IV the organization's processing the control of the control o	stance?ocedures for monit	toring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S	_				anization answered "`	Yes" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALATHEIA RIDING CENTER 2170 SLEEPY HOLLOW HTS WENATCHEE, WA 98801	45-1552046	501(C)(3)	24,800.	0.			THERAPEUTIC HORSEBACK
ALBERT EINSTEIN MEDICAL CENTER 60 TOWNSHIP LINE ROAD ELKINS PARK, PA 19027	23-1396794		24,999.	0.			TRANSPORTATION
AMERICAN FOUNDATION FOR HUNGARIAN LITERATURE AND EDUCATION, LTD 213 EAST 82ND STREET - NEW YORK, NY 10028	13-6168255		24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ARCHING OAKS ART AND CULTURE CENTER - 37114 NORTH THRILL HILL RD - EUSTIS, FL 32736	83-3573969		13,876.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BIRDABILITY 539 W. COMMERCE ST. #2425 DALLAS, TX 75208	86-2050331	501(C)(3)	24,992.	0.			FITNESS AND WELLNESS
BOYS & GIRLS CLUB OF MISSOULA COUNTY - 1515 FAIRVIEW AVE, SUITE 243 - MISSOULA, MT 59801	84-1414110	I .	18,675.	0.			TRANSPORTATION
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table				81.

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

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

Schedule I (Form 990) 2023

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CALIFORNIA AQUATIC THERAPY &							
WELLNESS CENTER, INC 6801 LONG							
BEACH BLVD LONG BEACH, CA							
90805	95-2382016	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
CAMELOT THERAPEUTIC HORSEMANSHIP							
23623 N. SCOTTSDALE ROAD, SUITE							
D-3, PMB 259 - SCOTTSDALE, AZ							THERAPEUTIC HORSEBACK
85255	86-0444470	501(C)(3)	24,538.	0.			RIDING
CAMP TWIN LAKES							
1100 SPRING STREET, SUITE 406							
•	58-1826782	E01/G\/2\	24.750	0.			CAMP
ATLANTA, GA 30309	38-1820782	501(C)(3)	24,750.	0.			CAMP
CANINE PARTNERS OF THE ROCKIES							
PO BOX 33136							
NORTHGLENN, CO 80233	75-3025982	501(C)(3)	20,000.	0.			SERVICE ANIMAL PROGRAM
HORTHGHENN, CO 00233	75 3023302	501(0)(5)	20,000.	· ·			DERVICE ANIMAL PROGRAM
CITY OF CRESCENT SPRINGS							
739 BUTTERMILK PIKE							ACCESSIBLE
CRESCENT SPRINGS, KY 41017	61-0705628	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
CRESCENT STRINGS, RI 41017	01 0703020	501(0)(5)	24,555.	٠.			F HATGROOND/ BAHHF TEHD
CITY OF POMPANO BEACH							
1801 NE 6TH ST							
POMPANO BEACH, FL 33060	59-6000411	501(C)(3)	24,752.	0.			ADAPTIVE SPORTS
•			,				
CITY OF WHITESVILLE							
10436 MAIN CROSS ST. , P.O. BOX 51							ACCESSIBLE
WHITESVILLE , KY 42378	61-0864793	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
,			,				
COALITION FOR BARRIER FREE LIVING							
11111 WILCREST GREEN DR, SUITE 385							
HOUSTON, TX 77042	74-1855952	501(C)(3)	24,999.	0.			DURABLE MEDICAL EQUIPMEN
·			<u> </u>				
COMMON GROUND OUTDOOR ADVENTURES							
335 N. 100 E.							
LOGAN, UT 84321	84-1385181	501(C)(3)	15,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUEST CENTER FOR THERAPEUTIC							
RIDING, INC 3777 RECTOR AVE NE							THERAPEUTIC HORSEBACK
- ROCKFORD, MI 49341	38-2938949	501(C)(3)	20,000.	0.			RIDING
FRANK P. PHILLIPS MEMORIAL YMCA							
602 2ND AVENUE NORTH							FACILITY ACCESSIBILITY
COLUMBUS, MS 39701	64-6025994	501(C)(3)	17,420.	0.			MODIFICATIONS
FREE-DAPTIVE DIVERS							
772 12 AVENUE NORTH							
FOLEY, MN 56329	81-4490331	501(C)(3)	11,740.	0.			ADAPTIVE SPORTS
EDIENDO OE CALEM NU DECDEAMION							
FRIENDS OF SALEM NH RECREATION, INC PO BOX 1894 - SALEM, NH							
03079	27-4514782	501(C)(3)	24,999.	0.			ACCESSIBLE TRAIL
00073	27 1011701		21,555.	-			
FRIENDS OF THE HELPER AREA INC							
235 S 200 E							ACCESSIBLE
HELPER, UT 84526	86-3116144	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
FX3 INC.							
P.O. BOX 338							
WAYNESVILLE, GA 31566	84-1930062	501(C)(3)	6,200.	0.			FITNESS AND WELLNESS
GOLF ASSOCIATION OF PHILADELPHIA							
FOUNDATION - 1974 SPROUL ROAD,							
SUITE 400 - BROOMALL, PA 19008	46-3836212	501(C)(3)	20,190.	0.			ADAPTIVE SPORTS
,			,				
HEART OF CENTRAL TEXAS INDEPENDENT							
LIVING CENTER (CIL) - 2005							PEER MENTORING AND
COMMERCE ST - BELTON, TX 76513	74-3009804	501(C)(3)	20,879.	0.			SUPPORT
HIGH FIVES NON-PROFIT FOUNDATION							
10775 PIONEER TRAIL SUITE 108							
TRUCKEE, CA 96161	26-4275773	501(C)(3)	24,549.	0.			ADAPTIVE SPORTS

())	4.555	() 150 "			(6) 3.4		
(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
HOPE LOVES COMPANY, INC							
800 DENOW BLVD. STE C #288							
PENNINGTON, NJ 08534	20-8418402	501(C)(3)	22,000.	0.			CAREGIVING
EMMINGION, NO 00334	20 0410402	501(0)(3)	22,000.	0.			CAREGIVING
I CAN! OF ARKANSAS							
1040 ANGEL COURT							
LITTLE ROCK, AR 72206	46-3434962	501(C)(3)	5,089.	0.			ARTS
TITLE ROCK, IN 72200	40 3434302	301(0)(3)	3,003.	<u> </u>			IKIO
INDEPENDENCE CARE SYSTEM							
25 ELM PLACE, 5TH FLOOR							PEER MENTORING AND
BROOKLYN, NY 11201	13-3964284	501(C)(3)	24,976.	0.		1	SUPPORT
	1 20 0301201						20110111
INDEPENDENCEFIRST (CIL)							
540 SOUTH 1ST STREET							FACILITY ACCESSIBILITY
MILWAUKEE, WI 53204	39-1343425	501(C)(3)	24,999.	0.			MODIFICATIONS
INGLIS HOUSE							
2600 BELMONT AVENUE							
PHILADELPHIA, PA 19131-2713	23-1352284	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
,							
INSPIRATION RANCH							
33029 WRIGHT ROAD							FACILITY ACCESSIBILITY
MAGNOLIA , TX 77355	20-5323335	501(C)(3)	7,126.	0.			MODIFICATIONS
,			,,====				
LEGACY EQUINE ASSISTED SERVICES -							
NFP - 2705 S. FARRELL ROAD -							ACCESSIBLE COMMUNITY
LOCKPORT, IL 60441	82-1023646	501(C)(3)	20,310.	0.			SPACES
			, ,				
LIFEPATH FOUNDATION							
3500 HIGH POINT BLVD.							
BETHLEHEM, PA 18017	26-2896424	501(C)(3)	24,748.	0.			DURABLE MEDICAL EQUIPMEN
1		,,,,,	==,:==				
MARE RIDING CENTER							
P.O. BOX 21916							THERAPEUTIC HORSEBACK
BAKERSFIELD, CA 93390	77-0297678	501(C)(3)	24,310.	0.			RIDING

Schedule I (Form 990)

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTHA'S VINEYARD CEREBRAL PALSY							
CAMP, INC POST OFFICE BOX 1357,							
200 GREENWOOD AVE - VINEYARD HAVEN				_			
, MA 02568	23-7188764	501(C)(3)	24,000.	0.			CAMP
MI-UCP							
23077 GREENFIELD ROAD, SUITE 205							
SOUTHFIELD, MI 48075	38-1368516	501(C)(3)	23,310.	0.			DURABLE MEDICAL EQUIPMENT
			,				
MORGAN'S INCLUSION INITIATIVE							
5210 THOUSAND OAKS DR, SUITE #1318							
SAN ANTONIO, TX 78233	84-5124052	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
WOVER GOVERNMENT ASSESSMENT GOODEN							
MOWER COUNTY AGRICULTURAL SOCIETY							ACCECCED E COMMUNITARY
700 12TH ST. SW	41 0700406	E01/G)/2)	10 000	0.			ACCESSIBLE COMMUNITY
AUSTIN, MN 55912	41-0708486	501(C)(3)	10,000.	0.			SPACES
NEW PERSPECTIVE FOUNDATION							
12850 HIGHWAY 9, SUITE 600-239							
ALPHARETTA, GA 30004	46-5396146	501(C)(3)	24,999.	0.			TRANSPORTATION
			,				
NEXTSTEP ORLANDO							
8701 MAITLAND SUMMIT BLVD							FACILITY ACCESSIBILITY
ORLANDO, FL 32810	26-2998891	501(C)(3)	14,914.	0.			MODIFICATIONS
NORTH CAROLINA ADAPTED SPORTS							
209 TELLICO PLACE	00 1540050	F01/a)/2)	04.006				
CARY, NC 27519	88-1749879	501(C)(3)	24,996.	0.			ADAPTIVE SPORTS
PALMS TO PINES PARASPORTS							
41308 MONTCALM COURT							
INDIO, CA 92203	85-0873540	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
PARALYZED VETERANS OF AMERICA		, ,					
-VAUGHAN CHAPTER - 2235 ENTERPRISE							
DRIVE, SUITE 3501 - WESTCHESTER,							
IL 60154-1337	36-6156338	501(C)(3)	23,915.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASSAGES ABILENE							
490 VINSON ROAD SOUTH							FACILITY ACCESSIBILITY
ABILENE, TX 79602	87-2629485	501(C)(3)	24,999.	0.			MODIFICATIONS
PLAYWRIGHTS HORIZONS 416 WEST 42ND STREET							FACILITY ACCESSIBILITY
NEW YORK, NY 10036	13-2805131	501 (C) (3)	9,240.	0.			MODIFICATIONS
NEW TORK, NT 10030	13 2003131	301(0)(3)	5,240.	· ·			MODIFICATIONS
POLK COUNTY CONSERVATION							
12130 NW 128TH STREET							ACCESSIBLE
GRANGER, IA 50109	42-6004519	501(C)(3)	18,166.	0.			BEACH/DOCK/PIER
RESOLVE							
PO BOX 8350							
SANTA FE, NM 87504	85-0475597	501(C)(3)	24,000.	0.			EDUCATION
REXBURG CITY COMMUNITY EDUCATION							A GGEGGEER F
AND CULTURE INCORPORATED - 35 N 1ST E - REXBURG, ID 83440	81-2915885	501 (C) (3)	24,999.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
IST E READORG, ID 03440	01 2713003	301(0)(3)	24,555.	· ·			F DATGROOND/ BADDF TEDD
RIDE ON ST. LOUIS							
6008 WINDSOR HARBOR LANE, PO BOX 94							FACILITY ACCESSIBILITY
KIMMSWICK, MO 63053	43-1885666	501(C)(3)	6,925.	0.			MODIFICATIONS
RIVER DEEP FOUNDATION							
12550 W. COLFAX AVE., UNIT 9							
LAKEWOOD, CO 80215	81-4540959	501(C)(3)	12,200.	0.			FITNESS AND WELLNESS
SAN DIEGO PARKS FOUNDATION							
1180 ROSECRANS STREET, #517 SAN DIEGO, CA 92106-2639	83-2553368	501 (C) (3)	21,246.	0.			ADAPTIVE SPORTS
DAN DIEGO, CA 92100-2039	03-233300	301(0/(3/	21,240.	0.			DOLLING BLOKIS
SAVANNAH STATION TRP INCORPORATED							
P.O. BOX 852084							THERAPEUTIC HORSEBACK
YUKON, OK 73085	47-1943254	501(C)(3)	14,579.	0.			RIDING

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEEP DOG IMPACT ASSISTANCE							
1200 W WALNUT ST, STE 2310							ACCESSIBLE COMMUNITY
ROGERS, AR 72756	26-4521779	501(C)(3)	19,063.	0.			SPACES
,							
SHIRLEY RYAN ABILITYLAB							
345 E. SUPERIOR STREET							
CHICAGO, IL 60611	36-2256036	501(C)(3)	24,999.	0.			TRANSPORTATION
SOUTHERN REINS CENTER FOR EQUINE							
THERAPY - 916 BILLY BRYANT ROAD -							THERAPEUTIC HORSEBACK
COLLIERVILLE, TN 38017	47-4647784	501(C)(3)	14,112.	0.			RIDING
SPECIAL NEEDS SUPPORT CENTER OF							
THE UPPER VALLEY - 129 SOUTH MAIN							
STREET, SUITE 103 - WHITE RIVER							
JUNCTION, VT 05001	02-0363667	501(C)(3)	23,940.	0.			ARTS
SPECIAL OLYMPICS IDAHO							
222 N PLYMOUTH AVE, PO BOX 541							ACCESSIBLE COMMUNITY
NEW PLYMOUTH, ID 83655	23-7185185	501(C)(3)	24,999.	0.			SPACES
CDENCED DRIDE INC							
SPENCER PRIDE, INC. P.O. BOX 585							ACCESSIBLE COMMUNITY
SPENCER, IN 47460	26-2197732	501(C)(3)	8,273.	0.			SPACES
ETEMOLIK, IN 17100	20 2157752	301(0)(3)	0,273.	••			DI NODO
ST. JUDE MEDICAL CENTER							
101 EAST VALENCIA MESA DRIVE							
FULLERTON, CA 92835	95-1643325	501(C)(3)	17,978.	0.			FITNESS AND WELLNESS
,			,				
THE ARC OF LOUDOUN							
601 CATOCTIN CIRCLE, NE							
LEESBURG, VA 20176	54-0835314	501(C)(3)	21,780.	0.			FITNESS AND WELLNESS
THE HEATHERS RIDE PROGRAM							
8 LEGENDS WAY							
SIMPSONVILLE, SC 29681	46-2295546	501(C)(3)	24,880.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNITED STATES SEATED GOLFERS' SSOCIATION - 4086 W JASPER DR -							
HANDLER, AZ 85226	92-2976307	501(C)(3)	20,550.	0.			ADAPTIVE SPORTS
THE UNIVERSITY OF TEXAS AT ARLINGTON - P.O. BOX 19198, 701 S. WEDDERMAN DRIVE, STE 421 -							
ARLINGTON, TX 76019	75-6000121	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
THERAPEUTIC RIDING INC 3425 EAST MORGAN ROAD ANN ARBOR, MI 48108	38-2487220	501(C)(3)	24,950.	0.			THERAPEUTIC HORSEBACK
TOWN OF GEORGETOWN 9111 STATE ROAD 64 P.O. BOX 127 GEORGETOWN, IN 47122	35-1070483	501(c)(3)	23,515.	0.			ACCESSIBLE COMMUNITY SPACES
UNITED SPINAL ASSOCIATION OF FENNESSEE - 851 WINDSTONE BLVD - BRENTWOOD, TN 37027	47-3967756	501(C)(3)	15,000.	0.			PEER MENTORING AND
UTAH ASSISTIVE TECHNOLOGY PROGRAM 5855 OLD MAIN HILL , IDRPP 108 LOGAN, UT 84322	87-6000528		24,997.	0.			ADAPTIVE SPORTS
VALLEY ASSOCIATES FOR INDEPENDENT JUING (VAIL) - 3210 PEOPLES DR., SUITE 220 - HARRISONBURG, VA 22801	54-1512497	501(c)(3)	24,999.	0.			ADAPTIVE SPORTS
WHOLE MAN MINISTRIES, INC. 3916 OLD LEXINGTON ROAD							
WINSTON-SALEM, NC 27107	26-0136378	501(C)(3)	24,999.	0.			TRANSPORTATION
WORKSHOPS EMPOWERMENT, INC. 1244 3RD AVE S							FACILITY ACCESSIBILITY
BIRMINGHAM, AL 35222	63-0320201	501(C)(3)	24,999.	0.			MODIFICATIONS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL STARK COUNTY							
4700 DRESSLER ROAD NW							
CANTON, OH 44718	34-0714392	501(C)(3)	5,152.	0.			FITNESS AND WELLNESS
,			, , , , , , ,				
YMCA OF GREATER GRAND RAPIDS							
475 LAKE MICHIGAN DRIVE NW							ACCESSIBLE
GRAND RAPIDS, MI 49504	38-1358058	501(C)(3)	24,999.	0.			BEACH/DOCK/PIER
DUKE UNIVERSITY SCHOOL OF MEDICINE							
DUKE UNIVERSITY DUKE UNIVERSITY							
ACCOUNTS RECEIVABLE LOCK BOX PO							
BOX 602651 -	56-0532129	501(C)(3)	10,000.	0.			NACTN
THE MEDICAL COLLEGE OF WISCONSIN,							
INC THE MEDICAL COLLEGE OF							
WISCONSIN, INC. 8701 WATERTOWN							
PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	10,000.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY							
THOMAS JEFFERSON UNIVERSITY							
SPONSORED PROGRAMS ACCOUNTING 1101							
MARKET STREET	23-1352651	501(C)(3)	45,000.	0.			NACTN
INTURDATES OF MARKING PARENCE							
UNIVERSITY OF MARYLAND, BALTIMORE							
PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501/01/31	10,000.	0.			NACTN
UNIVERSITY OF MIAMI	32-0002033	501(0)(3)	10,000.	0.			NACIN
OFFICE OF RESEARCH ADMINISTRATION							
PO BOX 405803 - ATLANTA, GA							
30384-5803	59-0624458	501(C)(3)	45,000.	0.			NACTN
			10,000				
MAINEHEALTH							
MAINEHEALTH 1 DANA COURT							
WESTBROOK, ME 04092	01-0238552	501(C)(3)	10,000.	0.			NACTN
			·				
PSYCHOGENICS INC.							
PSYCHOGENICS INC 20 GRAMERCY PARK S							
NEW YORK, NY 10003	14-1989159	501(C)(3)	282,550.	0.			OPEN DATA SHARING

(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) Purpor or as a section (book, FMV, appraisal, other) (E) Amount of noncash assistance (II) Method of valuation (book, FMV, appraisal, other) (B) Description of non-cash assistance (III) Purpor or as a section (book, FMV, appraisal, other) (III) Description of non-cash assistance (III) Purpor or as a section (book, FMV, appraisal, other) (III) Description of non-cash assistance (III) Description of	
KESSLER FOUNDATION, INC. 120 EAGLE ROCK AVENUE, SUITE 100 - EAST	ose of grant sistance
ROCK AVENUE, SUITE 100 - EAST	
HANOVER, NJ 31-1562134 501(C)(3) 27,900. 0. INDUSTRY ENC	A CENTENTE
	AGEMENT

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
GRANT AWARDS ARE ADMINISTERED VIA	A CONTRAC	T BETWEEN	THE FOUNDA	TION AND THE	
GRANTEE. QUALITY OF LIFE GRANTS AR	E AWARDED	THROUGH T	THE FOUNDAT	ION'S	
QUALITY OF LIFE DEPARTMENT. ALL RE	CIPIENTS	ARE REQUIF	RED TO SUBM	IT REPORTS	
AT LEAST ONCE A YEAR AND A FINAL R	EPORT WHE	N THE PROJ	JECT IS COM	PLETED. THE	
FINAL REPORT MUST DETAIL THE OUTCO	MES OF TH	E PROJECT	AND WHETHE	R OR NOT THE	
ORIGINAL GOALS AND OBJECTIVES WERE	ACCOMPLI	SHED. INDI	RECT OVERH	EAD COSTS	
ARE LIMITED TO 10% OF THE DIRECT CO	OSTS OF A	LL AGREEME	ENTS. UNEXP	ENDED OR	
UNCOMMITTED FUNDS AT THE TERMINATION					

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

CHRISTOPHER REEVE FOUNDATION

Open to Public Inspection Employer identification number

22-2939536

Pai	rt 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 de noncash contribu		_	S
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	61.903.	BROKER FMV			
10	Securities - Closely held stock			0_,000				
11	Securities - Partnership, LLC, or							
••								
12								
13	Qualified conservation contribution -							
10	10.1.1.1.1							
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	- · · · · · · · · · · · · · · · · · · ·							
26	Other () Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization	ation during	the tay year for o	ontributions				
	for which the organization completed Form 828	-						
	101 Willott the organization completed Form 525	0, 1 ait v, D	once / toll lowledg	omone			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		100	110
000	must hold for at least 3 years from the date of the		• • • • •	•				
	exempt purposes for the entire holding period?					30a		Х
h	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance po	olicv that re	equires the review	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties o					-		 _
<u>u</u>	contributions?		•			32a		х
h	If "Yes," describe in Part II.					5 <u>-</u> u		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	cked			
-	describe in Part II.	(0) 101	= 1, po oi proport)	Millori Solalilli (a) 10 ollor	,			

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization CHRISTOPHER REEVE FOUNDATION 22-2939536 FORM 990, ITEM C, DOING BUSINESS AS: CHRISTOPHER & DANA REEVE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 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

332211 11-14-23

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

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

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.

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 22-2939536 CHRISTOPHER REEVE FOUNDATION FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WI 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 919,504. MANAGEMENT AND GENERAL EXPENSES 33,866. FUNDRAISING EXPENSES 46,088. TOTAL EXPENSES 999,458. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 999,458. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2023, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CHRISTOPHER RE	EEVE FOUNDATION				Er	mployer identific 22-29395	ation nu 36	ımber
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets	Direct c	(f) ontrolling ntity	J
SCI VENTURES LLC - 92-3621629 636 MORRIS TPKE STE 3A SHORT HILLS, NJ 07078	INVESTING FUND ASSETS IN COMPANIES THAT ARE DEVELOPING CURES FOR SCI	NEW JERSEY	14,970	,496. 20,336	5,922.	CHRISTOPHER	REEVE	
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one o	or more	e related tax-exer	mpt	
(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	Dire	(f) ect controlling entity	Section 5 contr	olled
		,,		501(c)(3))		-	Yes	No
	_							

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

Schedule R (Form 990) 2023

Page 2

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

		,					_		T	_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash		
-												
										\vdash		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u> </u>
	Performance of services or membership or fundraising solicitations for related organ				11		<u> </u>
	Performance of services or membership or fundraising solicitations by related organ				1m		<u> </u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		
0	Sharing of paid employees with related organization(s)				10		
	Reimbursement paid to related organization(s) for expenses				1 p		<u> </u>
q	Reimbursement paid by related organization(s) for expenses				1 q		
					1r		
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	voivea		
		3,60 (2.0)					
/4\							
(1)							
(2)							
(<u>~)</u>							
(3)							
(0)							
(4)							
,							
(5)							
(6)							
332163	09-28-23			Schedule	R (For	n 990	2023

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

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

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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 0343800 | Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	e 2023 calendar year, or tax year beginning $OAN = 1$, 2024 and e	enaing U	UN 30, 2024	
3 C	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre	CHRISTOPHER REEVE FOUNDATION			
	Name chang	CUDICHODUED C DANA DEEVE EO	UNDAT	22-29395	36
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	636 MORRIS TURNPIKE SUITE 3A		973-379-	
	termin ated			G Gross receipts \$	22,119,101.
L	Ameno	SHORT HILLS, NO 07078		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: MAKGAKET GOLDBERG		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1 ′	list. See instructions
	Vebsi		1	H(c) Group exemptio	
K ⊦ Da	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1900 N	M State of legal domicile: NJ
1 6		Briefly describe the organization's mission or most significant activities: THE C	ייים ד כייי	ODUED AND D	ANIA DEETIE
e		FOUNDATION IS DEDICATED TO CURING SPINAL (
Activities & Governance		Check this box if the organization discontinued its operations or dispose			
veri				3	21
Go		Number of independent voting members of the governing body (Part VI, line 1b)			21
ૐ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			75
ξį				7a	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)		18,339,761.	20,367,965.
) nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63,898.	127,838.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-579,178.	122,152.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		17,824,481.	20,617,955.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,429,318.	2,125,189.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,352,651.	3,488,525.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 716,01		5,110,405.	3,006,396.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,892,374.	8,620,110.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,932,107.	11,997,845.
-Se		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		11,086,135.	25,060,261.
Assı Bal	21	Total liabilities (Part X, line 26)		1,703,699.	2,009,841.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		9,382,436.	23,050,420.
	rt II	Signature Block	•		
Jnde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
rue,	correc	et, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	е	MARGARET GOLDBERG, PRESIDENT AND CEO			
		Type or print name and title	1 г	Doto In	DTIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		NOORUS KHAN		self-employ	
	arer Only	Firm's name SMOLIN, LUPIN & CO., LLC Firm's address 331 NEWMAN SPRINGS RD - SUITE 145		Firm's EIN 2	2-2258733
796	Only	Firm's address 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701		Dhone no (7	32) 933-9300
May	the I	RS discuss this return with the preparer shown above? See instructions		FIIUIR IIU. (7	X Yes No
viay	u ie il	TO GIOGGO THIS TOTALL WITH THE PREPARE SHOWN ADOVE! OF HISTIACTIONS			163 110

If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<i>c</i> ,
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	b Page ∡
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 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	T
THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Х
SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
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prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	•
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	res X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	ses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	s, and
revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$5, 499, 504. including grants of \$1, 472, 579.) (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 CONT	ког
AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE THEN,	
APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE 1, 2024 FOR \$10,000,000.	ООГХ
THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SERVICES TO T	<u>ur</u>
PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWARD QUALITY	
LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS WHOSE PROJECTS AND	<u> </u>
INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT	
WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSI	-
4b (Code:) (Expenses \$ 1,521,343. including grants of \$ 652,610.) (Revenue \$	
OVER THE PAST FOUR DECADES, WE HAVE INVESTED MORE THAN \$140 MILLIO	NIN
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 SCIENTI	FIC
ADVANCEMENT WITH PARTNERSHIPS AND INITIATIVES THAT SEEK TO:	
CATALYZE: CHANNEL RESOURCES INTO A ROBUST CLINICAL PIPELINE TO RAP	IDLY
INCREASE THE NUMBER OF POTENTIAL TREATMENTS.	A D CIT
ENERGIZE: DRIVE PROGRESS AND INVESTMENT IN SPINAL CORD INJURY RESE	AKCH
BY ADDRESSING THE BARRIERS THAT LIMIT AMBITIOUS ENGAGEMENT. EDUCATE: INCREASE TRANSPARENCY THROUGHOUT THE FIELD, BECAUSE SUCCE	
E04 040	20
4c (Code:) (Expenses \$ 501,343. including grants of \$) (Revenue \$) PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION.	
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

Other program services (Describe on Schedule O.)

) (Revenue \$

7,522,190. Total program service expenses

Form **990** (2023)

UNDERWAY.

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

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

08130321 758241 45038.500

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

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
332004	4 12-21-23		990	(2023)

023) CHRISTOPHER REEVE FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	 _		Х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Λ
d e		7e		
f		7 6		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
		-		
If "Yes," complete Form 6069.				

Form **990** (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 21 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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 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) 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. State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD SHERMAN, CFO - 973-379-2690

08130321 758241 45038.500

636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS

SEE SCHEDULE O FOR FULL LIST OF STATES

2023.05060 CHRISTOPHER REEVE FOUNDAT 45038.52

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAY SHEPARD	line) 2 • 5 0	Ĕ	ıı	J0	Α	三三	요			
DIRECTOR		х						0.	0.	0.
(2) JOHN M. HUGHES	2.50									
DIRECTOR		Х						0.	0.	0.
(3) JOHN E. MCCONNELL	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) ALEXANDRA REEVE GIVENS, ESQ.	2.50									
DIRECTOR		Х						0.	0.	0.
(5) MATTHEW REEVE	2.50									
DIRECTOR		Х						0.	0.	0.
(6) HENRY G. STIFEL, III	2.50									_
DIRECTOR	 	Х						0.	0.	0.
(7) TANIA LYNN TAYLOR	5.00	l								
TREASURER	<u> </u>	Х		Х				0.	0.	0.
(8) HELEN V. CANTWELL, ESQ.	5.00	ļ		l						
SECRETARY	F 00	Х		Х				0.	0.	0.
(9) JAMES CALBI	5.00	∤								
CHAIRMAN OF BOARD	2 50	Х		Х				0.	0.	0.
(10) IAN CURTIS	2.50	.,								
DIRECTOR	2 50	Х						0.	0.	0.
(11) TRACY FORST	2.50	·								
DIRECTOR	2.50	Х						0.	0.	0.
(12) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	2.30	Х						0.	0.	0.
(13) THOMAS LONDRES	2.50	^						0.	0.	<u></u>
DIRECTOR	2.50	х						0.	0.	0.
(14) JULIE NEUSTADT	2.50	22						0.	0.	•
DIRECTOR	2.30	х						0.	0.	0.
(15) WILLIAM REEVE	2.50	25						, ·	•	
DIRECTOR		х						0.	0.	0.
(16) PATRICIA J. VOLLAND	2.50									
DIRECTOR		х						0.	0.	0.
(17) ALEXANDRA BLASZCZUK	2.50									
DIRECTOR		Х						0.	0.	0.
										Earm 990 (2022)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) CHRISTOP	HER REEV	<u>' Ľ</u>	ΡŪ	ΠI	DA	.T.T	OIA		22-2939	D Page O
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not ch unles cer an	neck i	son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) CHRIS BRIDGMAN	2.50									
DIRECTOR		Х						0.	0.	0.
(19) JULIAN STEINBERG	2.50									
DIRECTOR		Х						0.	0.	0.
(20) RICHARD SHERMAN	7.00									
CFO				Х				0.	0.	0.
(21) OLIVIA MULLANE	35.00									
SENIOR DIRECTOR				Х				0.	0.	0.
(22) COLLEEN COPPLA	35.00									
OUTGOING CHIEF DEVELOPMENT OFFICER				Х				0.	0.	0.
(23) MICHELE LOIACONO	35.00									
VP, OPERATIONS				X				0.	0.	0.
(24) MARGARET GOLDBERG	35.00									
PRESIDENT AND CEO				Х				0.	0.	0.
(25) KIMBERLY BEER	35.00									
SENIOR DIRECTOR				Х				0.	0.	0.
(26) MARCO BAPTISTA	35.00									
CHIEF SCIENTIFIC OFFICER				Х				0.	0.	0.
1b Subtotal	•							0.	0.	0.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but r								ceived more than \$100,	000 of reportable	
compensation from the organization										0

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

Section B. Independent Contractors

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 NONE	(B) Description of services	(C) Compensation

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

Form 990 (2023)

Form 990 CHRISTOPHER REEVE FOUNDATION 22-2939536										
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl			ll that apply)		ly)	compensation	compensation	amount of
	per	Ì				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				od m		organization	(W-2/1099-MISC)	from the
	hours for	ordir	a.			ted e		(W-2/1099-MISC)		organization
	related	stee (ruste		a.	ben sa				and related
	organizations	al tru	onal t		ploye	moo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	<u> </u>	Ë	J0	a S	Ŧ	6			
(27) REGINA BLYE	35.00	ŀ								_
CHIEF PROGRAM AND POLICY OFFICER				Х				0.	0.	0.
(28) DENISE ANDERSEN	35.00									
INCOMING CHIEF DEVELOPMENT OFFICER				Х				0.	0.	0.
		L		L	L		L			
-										
	-									
		ŀ								
		ŀ								
		L		L	L	L	L			
		1								
	•	•		•	•		•			
Total to Part VII, Section A, line 1c										
Total to Fait VII, Occion A, IIIIc To								l	I	<u> </u>

22-2939536

Form 990 (2023) CHRISTO
Part VIII Statement of Revenue

		Chook if Schodulo O c	ontoine e roone	noo or	noto to any lin	o in this Dort VIII			
		Check if Schedule O c	contains a respo	onse or	note to any iin	e in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
						Total Tovellae		business revenue	from tax under
									sections 512 - 514
ts ts	1 a	Federated campaigns	1a						
an n	b	Membership dues	1b						
ج ق		Fundraising events							
fts,					296.				
Contributions, Gifts, Grants and Other Similar Amounts	d Related organizations1d e Government grants (contributions) 1e				5,277,955.				
ns, Sir					3,211,333.				
it S	f	All other contributions, gifts,							
直		similar amounts not included			5,089,714.				
함	g	Noncash contributions included in I	lines 1a-1f 1g \$	\$	61,903.				
Son	h	Total. Add lines 1a-1f				20,367,965.			
				В	usiness Code				
ø.	2 a	L							
Š	b								
er ne									
n S	С			— -					
rar Se	d			_ -					
Program Service Revenue	е								
<u>-</u>	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (include							
		other similar amounts)	-			106,159.			106,159.
	4	other similar amounts) Income from investment of tax-exempt bond pro Royalties				•			•
	3	noyalites	(i) Real		(ii) Personal				
	_			<u>'</u>	(ii) i ersoriai				
		Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)	<u></u>						
	7 a	Gross amount from sales of	(i) Securit	ties	(ii) Other				
		assets other than inventory	7a 1,522,6	584.					
	h	Less: cost or other basis	, ,						
ø)	D		7b 1,501,0	0.05					
Ž		and sales expenses	7b 1,501,0						
Revenue		· ,				04 650			01.670
		Net gain or (loss)				21,679.			21,679.
her	8 a	Gross income from fundraising	ng events (not						
₹		including \$	of						
		contributions reported on	line 1c). See						
		Part IV, line 18		8a	122,293.				
	b	Less: direct expenses		8b	141.				
	С			nts		122,152.			122,152.
		Gross income from gamin	-						,===
	o a								
		Part IV, line 19		9a					
		Less: direct expenses		9b					
		Net income or (loss) from		s					
	10 a	Gross sales of inventory, le	ess returns						
		and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from		rv					
					usiness Code				
ns	11 a								
e e	ıı d								
Miscellaneous Revenue	b			$- \vdash$					
3e	С								
Mis	d	All other revenue		L					
\perp	е	Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ins			20,617,955.	0.	0.	249,990.

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

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	Check if Schedule O contains a respon		his Part IX(B)	(C)	(D)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	1,913,029.	1,913,029.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	212,160.	212,160.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	733,879.	541,493.	95,167.	97,219.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	1,987,702.	1,581,514.	76,559.	329,629.						
8	Pension plan accruals and contributions (include	. ,	. ,	,	,						
_	section 401(k) and 403(b) employer contributions)	64,588.	56,153.	2,369.	6,066.						
9	Other employee benefits	489,469.	422,181.	19,576.	47,712.						
10	Payroll taxes	212,887.	177,663.	9,892.	25,332.						
11	Fees for services (nonemployees):			2,0220							
	Management										
	Legal	83,188.	34,860.	48,328.							
	Accounting	102,746.	54,213.	48,533.							
	Lobbying	102//101	31/2131	10,3331							
	Professional fundraising services. See Part IV, line 17				_						
	Investment management fees										
'	Other. (If line 11g amount exceeds 10% of line 25,										
y	column (A), amount, list line 11g expenses on Sch 0.)	999,458.	919,504.	33,866.	46,088.						
12	Advertising and promotion	52,806.	52,407.	33,000.	399.						
		67,692.	61,374.	1,775.	4,543.						
13	Office expenses	01,052.	01,574.	1,775	1,3131						
14	Information technology										
15	Royalties	206,477.	178,887.	7,748.	19,842.						
16	Occupancy	141,282.	124,815.	8,146.	8,321.						
17	Travel Payments of travel or entertainment expenses	141,202.	124,013.	0,140.	0,521.						
18	· '										
40	for any federal, state, or local public officials	246,615.	246,615.								
19	Conferences, conventions, and meetings	240,01J•	240,01J•								
20	Interest Payments to offiliates										
21	Payments to affiliates	1,191.	734.	128.	329.						
22	Depreciation, depletion, and amortization	18,233.	15,498.	2,735.	343.						
23	Other expanses, Itamiza expanses not covered	10,233.	13,430.	4,133.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A),										
_	amount, list line 24e expenses on Schedule 0.) TRANSLATION	254,992.	254,992.								
a	MISCELLANEOUS	169,278.	158,476.	5,401.	5,401.						
b	INTERNET COMMUNICATION	159,276.	153,278.	1,107.	5,537.						
C	OTHER RESEARCH COSTS	149,540.	149,540.	1,10/•	3,331.						
d		352,976.	212,804.	20,575.	119,597.						
	All other expenses Add lines 1 through 24s	8,620,110.	7,522,190.	381,905.	716,015.						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	0,040,110.	1,344,190.	301,303.	/10,013.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.	04 000	25 266	_	EO OE4						
	Check here X if following SOP 98-2 (ASC 958-720)	84,220.	25,266.	0.	58,954.						

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,730,623.	1	1,405,610.
	2	Savings and temporary cash investments	1,442,669.	2	6,923,781.
	3	Pledges and grants receivable, net	4,189,556.	3	8,324,049.
	4	Accounts receivable, net	9,287.	4	320.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	36,183.	9	414,419.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,225,142.			
	b	Less: accumulated depreciation 10b 1,222,956.		10c	2,186. 4,972,976.
	11	Investments - publicly traded securities	1,772,939.	11	4,972,976.
	12	Investments - other securities. See Part IV, line 11	252 222	12	
	13	Investments - program-related. See Part IV, line 11	250,000.	13	2,499,997.
	14	Intangible assets	654 504	14	F16 000
	15	Other assets. See Part IV, line 11	651,501.	15	516,923.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,086,135.	16	25,060,261.
	17	Accounts payable and accrued expenses	277,798.	17	296,718.
	18	Grants payable	289,505.	18	125,000.
	19	Deferred revenue	0.	19	610,918.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial	00	controlled entity or family member of any of these persons	498,711.	22	492,288.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	450,711.	24	472,200.
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	637,685.	25	484,917.
	26	Total liabilities. Add lines 17 through 25	1,703,699.	26	2,009,841.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	5,792,482.	27	9,437,450.
Bal	28	Net assets with donor restrictions	3,589,954.	28	13,612,970.
l pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
o.	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	9,382,436.	32	23,050,420.
_	33	Total liabilities and net assets/fund balances	11,086,135.	33	25,060,261.

Form **990** (2023)

Pa	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,1				
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	, 99'	7,8	45.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	1,	,64	1,5	03.			
6	Donated services and use of facilities	6		2	8,6	36.			
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	23	05	0,4	20.			
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	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?		L	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		Γ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b					
				Form	990	(2023)			

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

Name of the organization CHRISTOPHER REEVE FOUNDATION 22-2939536 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1		A church, convention of chi	urches, or associatio	n of churches described	in section	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170((b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	th	e hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed	in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	0(b)(1)(A)	(v).			
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	d in conju	inction with a land-grant	CC	ollege	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the n	ame, city	, and state of the college	e 0	r	
		university:					•			
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ntribution	ns, membership fees, and	— d ç	gross receipts from	
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no n	nore than	33 1/3% of its support fi	ror	n gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m business	ses acquii	red by the organization a	afte	er June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See s	ection 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	e function	ns of, or to carry out the	pυ	irposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section 5	509(a)(2).	See section 509(a)(3). (ر Ch	eck the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	and comp	lete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	nization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giv	ving	
		the supported organization								
		organization. You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	supporte	ed organization(s), by hav	/in	g	
		control or management o	f the supporting orga	anization vested in the sa	ame person	ns that coi	ntrol or manage the supp	poi	rted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connecti	on with, a	and functionally integrate	ed	with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Sec	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in con	nection w	vith its supported organiz	zat	cion(s)	
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distril	bution rec	quirement and an attentiv	ver	ness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	nization received a v	written determination from	m the IRS t	hat it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiza	ation.				
f	Ente	r the number of supported o	•	, , , , , , , , , , , , , , , , , , , ,						
g	Prov	ride the following information	about the supporte							
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orgar in your governin	nization listed ig document?	(v) Amount of monetary	Γ	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	SI	upport (see instructions)	
								T		

(i) Name of supported	Change to the second se		nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Гotal						

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	14568064.	17151402.	13079491.	16027696.	20367965.	81194618.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	14568064.	17151402.	13079491.	16027696.	20367965.	81194618.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						81194618.			
Sec	ction B. Total Support					_				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	14568064.	<u> 17151402.</u>	13079491.	16027696.	20367965.	81194618.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	6,334.	4,368.	8,228.	25,339.	106,159.	150,428.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						81345046.			
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	137,750.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)				
	organization, check this box and sto									
Sec	ction C. Computation of Publ	ic Support Per	centage							
	Public support percentage for 2023 (14	99.82 %			
	Public support percentage from 2022					15	99.93 <u>%</u>			
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation			
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s			
						Calaa duda A	(Form 990) 2023			

332022 12-21-23

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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т			T	ı	_
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01(a)(0) augustiaatia	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,				16	%
	ction D. Computation of Inves					, ,	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	2		,	,			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	3a		
	- U		
	3b		
	3с		
	4a		
	4h		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Oh		
	9b		
	9с		
	10a		
<u> </u>	(Corr	. 666	2002

Schedule A (Form 990) 2023

Pa	TIV Supporting Organizations (continued)			
		\rightarrow	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported englineations and multiported to each period adming the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>. </u>		
	and 217 in Type in Capper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
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? If "No," explain in Part VI how			
	, ,	2		
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? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role placed by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	12 23 3 3 3 3 7 1 age 0
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
<u>d</u>	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

	Part IV, line 1; P Section (See ins	Section art IV, S D, lines	n A, lin Section s 5, 6,	es 1, 2 n D, lin	2, 3b, nes 2	3c, 4 and 3	b, 4c, 3; Part	5a, 6, : IV, Se	9a, 9b ection E	o, 9c, ⁻ E, line:	11a, 1 s 1c, 2	1b, and 2a, 2b,	d 11c; l 3a, and	Part IV, d 3b; Pa	Section of the Sectio	on B, ine 1	lines 1 ; Part V,	and 2 , Sec	2; Part tion B,	IV, Se	ction C	, V,
PART I	, si	ORT	YE	AR I	EXP	LAI	TAI	ON:	}													
CHANGE	FROM	(CA	LENI	DAR	YE	AR	то	FIS	CAL	YE	AR	END	ING	JUN	E 3	0.	SHO	RT	YEA	R -		
SIX MON	THS	END	ED (JUNI	E 3	0,	202	24.														

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2023)

Employer identification number

OMB No. 1545-0047

CHRISTOPHER REEVE FOUNDATION 22-2939536										
Organization type (check of	ne):									
Filers of:	Section:									
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
Note: Only a section 501(c) General Rule For an organization	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or								
Special Rules										
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F, line 1. Complete Parts I and II.	d that received from any one								
contributor, during literary, or education	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\$										
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •								

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

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

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		\$ 5,247,555.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,897,120.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>2,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

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
7		\$_2,408,319.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule R (Form 990) (2023)

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** CHRISTOPHER REEVE FOUNDATION 22-2939536 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	oloyer identification number
		PHER REEVE FOUND			22-2939536
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			\$
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax			-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 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.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c)(3).
	Enter the amount directly expended	, , ,	·	***************************************	\$
2	Enter the amount of the filing organ		-		
	exempt function activities				\$
3	Total exempt function expenditures		·		•
	line 17b				\$N.
	Did the filing organization file Form Enter the names, addresses, and er				
5	made payments. For each organiza				
	contributions received that were pro	•			•
	political action committee (PAC). If				
	(a) Name	(b) Address	(o) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

			HER REEVE FOUN			939536 Page 2		
Part II-A	-	anization is	exempt under section	n 501(c)(3) and file	ed Form 5768 (ele	ction under		
	section 501(h)).							
A Check	if the filing organiza	ation belongs to	an affiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,		
	expenses, and share	re of excess lobb	oying expenditures).					
B Check	if the filing organiza	ation checked bo	ox A and "limited control" pro	visions apply.				
		ts on Lobbying ditures" means	Expenditures amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total	lobbying expenditures to influ	uence public opi	inion (grassroots lobbying)		38,186.			
	lobbying expenditures to influ				26,003.			
	lobbying expenditures (add li				64,189.			
	exempt purpose expenditure				8,556,062.			
	exempt purpose expenditure				8,620,251.			
	ying nontaxable amount. Ente				581,013.			
	amount on line 1e, column (a) o		he lobbying nontaxable am		,			
	ver \$500,000,	· ·	0% of the amount on line 1e.					
	\$500,000 but not over \$1,000		100,000 plus 15% of the exc	ess over \$500.000.				
	\$1,000,000 but not over \$1,5		175,000 plus 10% of the exc	·				
	\$1,500,000 but not over \$17,	· · · · ·	225,000 plus 5% of the exce					
	\$17,000,000,		1,000,000.					
g Grass	sroots nontaxable amount (en	iter 25% of line 1	lf)	·	145,253.			
h Subtr	act line 1g from line 1a. If zer	o or less, enter -			0.			
i Subtr	act line 1f from line 1c. If zero	o or less, enter -C)-		0.			
j If ther	re is an amount other than ze	ro on either line	1h or line 1i, did the organiza	ation file Form 4720				
repor	ting section 4911 tax for this	year?				Yes No		
		4-Ye	ar Averaging Period Under	Section 501(h)				
	(Some organizations t	hat made a sec	tion 501(h) election do not	have to complete all o	of the five columns be	elow.		
		See the	separate instructions for lir	nes 2a through 2f.)				
		Lobbying	Expenditures During 4-Yea	ar Averaging Period				
(or fis	Calendar year scal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a Lobby	ying nontaxable amount		915,528.	913,633.	581,013.	2,410,174.		
	ying ceiling amount 6 of line 2a, column(e))					3,615,261.		
c Total	lobbying expenditures		118,016.	128,260.	64,189.	310,465.		
d Grass	sroots nontaxable amount		228,882.	228,408.	145,253.	602,543.		

64,406.

Schedule C (Form 990) 2023

38,186.

903,815.

177,118.

e Grassroots ceiling amount

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

f Grassroots lobbying expenditures

74,526.

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

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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),	1 2 3	ction	No
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 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),	1 2 3	Yes	No
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."		III-A, IIII€	
1 Dues, assessments and similar amounts from members	1		
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).	20		
a Current year	2a 2b		
b Carryover from last year	2c		
c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	-		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditures next year?	4		
5 Taxable amount of lobbying and political expenditures. See instructions	5		
Part IV Supplemental Information		ı	
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, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A, line 4; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-A	ines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.			

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register						
3	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 eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining C	ollections of Ar				Other			Contir		age Z
	Using the organization's acquisition, accession								COILLI	iueu)	
Ū	collection items (check all that apply).	on, and other record	5, 611661	carry or the i	ollowing triat	mane sig	i iii loant a	00 01 110			
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	e			nange progra						
C	Preservation for future generations			Otrici							
4	Provide a description of the organization's co	ollections and explain	how th	ev further th	ne organizatio	n's exem	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit o							o iii i ai c	/		
·	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai			3			,	,			
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	Ū						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organization ans	wered "	'Yes" on For	m 990, Part I	V, line 10					
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the			ſ		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pai				/ line 11 = 0		Dad V II	10				
	Complete if the organization answered			i				.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	d	(d) Boo	k value	e
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			1,22	5,142.	1,2	22,95	66.		2,18	86.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c, column	(B))					2,18	86.
							9	Schedule	D (Forn	990)	2023

Part VII Investments - Other Securities		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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) AXONIS	999,998.	COST
(2) AUGMENTAL TECHNOLOGIES	500,000.	COST
(3) SANIA THERAPEUTICS	999,999.	COST
(4)		
(5)		
(6)		
(7)		

Part IX Other Assets

(8) (9)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

2,499,997.

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

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

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	484,917.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 990. Part Y line 25. col. (R))	484,917.

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	CHRISTOPHER					2939	536	Page '
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 various gains and other cumpert has audited financial statements						22	288	235

	Complete if the organization answered thes on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	22,288,235.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,641,503.		
b	Donated services and use of facilities	2b	28,636.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	141.		
е	Add lines 2a through 2d			2e	1,670,280.
3	Subtract line 2e from line 1			3	20,617,955.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must exist Form 000, Port I line 12)			5	20 617 955

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	8,620,251.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	141.				
е	Add lines 2a through 2d			2e	141.		
3	Subtract line 2e from line 1			3	8,620,110.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
С	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	8,620,110.				
Da	Part VIII Supplemental Information						

│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, 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.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CHRISTOPHE
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 JUNE 30,
2024, 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 SIX MONTHS ENDED JUNE 30, 2024. 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.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 141.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 141.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

CHRISTOPHER REEVE FOUNDATION 22-2939536

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region NORTH AMERICA -SCIENTIFIC RESEARCH CANADA AND MEXICO. RELATING TO SPINAL CORD BUT NOT THE UNITED INJURY INCLUDING TISSUE RESEARCH GRANTS TO STATES ORGANIZATIONS REPAIR, NEURON 10,000. CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND EUROPE (INCLUDING RESEARCH GRANTS TO ICELAND & GREENLAND) ORGANIZATIONS APPLIES BIOENGINEERING 202,160. 0 0 212,160. 3 a Subtotal

and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

0

Schedule F (Form 990) 2023

212,160.

LHA 332071 11-29-23

b Total from continuation

sheets to Part I c Totals (add lines 3a

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING					
		NORTH AMERICA	TISSUE REPAIR, NEURON	10,000.	CHECKS	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND	202,160.	CHECKC	0.		
		GREENLAND)	THAT DEVELOPS AND	202,100.	CHECKS	0.		
2.5			recognized as charities by the f					

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

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

Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)				

Schedule F (Form 990) 2023 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2023

Page 5

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.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND APPLIES BIOENGINEERING STRATEGIES INVOLVING NEUROSURGICAL INTERVENTIONS TO RESTORE NEUROLOGICAL FUNCTIONS.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND APPLIE BIOENGINEERING STRATEGIES INVOLVING NEUROSURGICAL INTERVENTIONS TO RESTORE NEUROLOGICAL FUNCTIONS.

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization Employer identification number 22-2939536 CHRISTOPHER REEVE FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

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 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gr	oss income on Form 990	-E∠, lines 1 and 6b. List e	vents with gross receipt	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TEAM REEVE	OTHER EVENTS		col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	64,047.	58,246.		122,293.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	64,047.	58,246.		122,293.
	4	Cash prizes				
m	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				201.
	10	Direct expense summary. Add lines 4 through				201.
De		Net income summary. Subtract line 10 from I				122,092.
Pa	ırt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3 1 3		(-7 5 (-7)
Re	1	Gross revenue				
						1
"	2	Cash prizes				
ses						
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
_	Го	tor the etato(e) in which the executation cond	uoto gomina optivitioni			
9		ter the state(s) in which the organization condo the organization licensed to conduct gaming a				Yes No
						res NO
,	' 11	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
		-				
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 CHRISTOPHER REEVE FOUNDATION 22-2	<u> </u>	000	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:	1		
	ı The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	e If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
-	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	rt III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	-			

Schedule G	(Form 990)	CHRISTOPHER	REEVE	FOUNDATION	22-2939536	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)				
		(======================================				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CHRISTOPH:	ER REEVE	FOUNDATION					Employer identification number 22-2939536
Part I General Information on Grants a							
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?					stance, and the selection	
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALATHEIA RIDING CENTER 2170 SLEEPY HOLLOW HTS WENATCHEE, WA 98801	45-1552046	501(C)(3)	24,800.	0.			THERAPEUTIC HORSEBACK
ALBERT EINSTEIN MEDICAL CENTER 60 TOWNSHIP LINE ROAD ELKINS PARK, PA 19027	23-1396794	501(C)(3)	24,999.	0.			TRANSPORTATION
AMERICAN FOUNDATION FOR HUNGARIAN LITERATURE AND EDUCATION, LTD 213 EAST 82ND STREET - NEW YORK, NY 10028	13-6168255	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ARCHING OAKS ART AND CULTURE CENTER - 37114 NORTH THRILL HILL RD - EUSTIS, FL 32736	83-3573969	501(C)(3)	13,876.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BIRDABILITY 539 W. COMMERCE ST. #2425 DALLAS, TX 75208	86-2050331	501(C)(3)	24,992.	0.			FITNESS AND WELLNESS
BOYS & GIRLS CLUB OF MISSOULA COUNTY - 1515 FAIRVIEW AVE, SUITE 243 - MISSOULA, MT 59801 2 Enter total number of section 501(c)(3) ar	84-1414110		18,675.	0.			transportation 81.

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

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		TAYE
(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
CALIFORNIA AQUATIC THERAPY &							
WELLNESS CENTER, INC 6801 LONG							
BEACH BLVD LONG BEACH, CA							
90805	95-2382016	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
CAMELOT THERAPEUTIC HORSEMANSHIP							
23623 N. SCOTTSDALE ROAD, SUITE							
D-3, PMB 259 - SCOTTSDALE, AZ							THERAPEUTIC HORSEBACK
85255	86-0444470	501(C)(3)	24,538.	0.			RIDING
CAMP TWIN LAKES							
1100 SPRING STREET, SUITE 406							
ATLANTA, GA 30309	58-1826782	501(C)(3)	24,750.	0.			CAMP
·							
CANINE PARTNERS OF THE ROCKIES							
PO BOX 33136							
NORTHGLENN, CO 80233	75-3025982	501(C)(3)	20,000.	0.			SERVICE ANIMAL PROGRAM
CITY OF CRESCENT SPRINGS							
739 BUTTERMILK PIKE							ACCESSIBLE
CRESCENT SPRINGS, KY 41017	61-0705628	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
CRESCENT STRINGS, RT 41017	01 0703020	301(0)(3)	24,555.	<u> </u>			F HATGROOMD/ BAHHF TEHD
CITY OF POMPANO BEACH							
1801 NE 6TH ST							
POMPANO BEACH, FL 33060	59-6000411	501(C)(3)	24,752.	0.			ADAPTIVE SPORTS
CITY OF WHITESVILLE							
10436 MAIN CROSS ST. , P.O. BOX 51							ACCESSIBLE
WHITESVILLE , KY 42378	61-0864793	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
CONTINUON HOD DARRIED HORE I TYTING							
COALITION FOR BARRIER FREE LIVING							
11111 WILCREST GREEN DR, SUITE 385	74 1055050	E01/G)/2)	24 000				DUDANI RANDIGAL ROMINANA
HOUSTON, TX 77042	74-1855952	DUI(C)(3)	24,999.	0.			DURABLE MEDICAL EQUIPMENT
COMMON GROUND OUTDOOR ADVENTURES							
335 N. 100 E.							
LOGAN, UT 84321	84-1385181	501(C)(3)	15,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(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
EQUEST CENTER FOR THERAPEUTIC RIDING, INC 3777 RECTOR AVE NE - ROCKFORD, MI 49341	38-2938949	501(C)(3)	20,000.	0.			THERAPEUTIC HORSEBACK
FRANK P. PHILLIPS MEMORIAL YMCA 602 2ND AVENUE NORTH COLUMBUS, MS 39701	64-6025994	501(C)(3)	17,420.	0.			FACILITY ACCESSIBILITY
FREE-DAPTIVE DIVERS 772 12 AVENUE NORTH FOLEY, MN 56329	81-4490331	501(C)(3)	11,740.	0.			ADAPTIVE SPORTS
FRIENDS OF SALEM NH RECREATION, INC PO BOX 1894 - SALEM, NH 03079	27-4514782	501(C)(3)	24,999.	0.			ACCESSIBLE TRAIL
FRIENDS OF THE HELPER AREA INC 235 S 200 E HELPER, UT 84526	86-3116144	501(C)(3)	24,999.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
FX3 INC. P.O. BOX 338 WAYNESVILLE, GA 31566	84-1930062	501(C)(3)	6,200.	0.			FITNESS AND WELLNESS
GOLF ASSOCIATION OF PHILADELPHIA FOUNDATION - 1974 SPROUL ROAD, SUITE 400 - BROOMALL, PA 19008	46-3836212	501(C)(3)	20,190.	0.			ADAPTIVE SPORTS
HEART OF CENTRAL TEXAS INDEPENDENT LIVING CENTER (CIL) - 2005 COMMERCE ST - BELTON, TX 76513	74-3009804	501(C)(3)	20,879.	0.			PEER MENTORING AND SUPPORT
HIGH FIVES NON-PROFIT FOUNDATION 10775 PIONEER TRAIL SUITE 108 TRUCKEE, CA 96161	26-4275773	501(C)(3)	24,549.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Lagor
(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
HOPE LOVES COMPANY, INC 800 DENOW BLVD. STE C #288 PENNINGTON, NJ 08534	20-8418402	501(C)(3)	22,000.	0.			CAREGIVING
I CAN! OF ARKANSAS 1040 ANGEL COURT LITTLE ROCK, AR 72206	46-3434962	501(C)(3)	5,089.	0.			ARTS
INDEPENDENCE CARE SYSTEM 25 ELM PLACE, 5TH FLOOR BROOKLYN, NY 11201	13-3964284	501(C)(3)	24,976.	0.			PEER MENTORING AND SUPPORT
INDEPENDENCEFIRST (CIL) 540 SOUTH 1ST STREET MILWAUKEE, WI 53204	39-1343425	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
INGLIS HOUSE 2600 BELMONT AVENUE PHILADELPHIA, PA 19131-2713	23-1352284	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
INSPIRATION RANCH 33029 WRIGHT ROAD MAGNOLIA , TX 77355	20-5323335	501(C)(3)	7,126.	0.			FACILITY ACCESSIBILITY
LEGACY EQUINE ASSISTED SERVICES - NFP - 2705 S. FARRELL ROAD - LOCKPORT, IL 60441	82-1023646	501(C)(3)	20,310.	0.			ACCESSIBLE COMMUNITY SPACES
LIFEPATH FOUNDATION 3500 HIGH POINT BLVD. BETHLEHEM, PA 18017	26-2896424	501(C)(3)	24,748.	0.			DURABLE MEDICAL EQUIPMENT
MARE RIDING CENTER P.O. BOX 21916 BAKERSFIELD, CA 93390	77-0297678	501(C)(3)	24,310.	0.			THERAPEUTIC HORSEBACK

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		12 233330 Fage 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTHA'S VINEYARD CEREBRAL PALSY							
CAMP, INC POST OFFICE BOX 1357,							
200 GREENWOOD AVE - VINEYARD HAVEN							
, MA 02568	23-7188764	501(C)(3)	24,000.	0.			CAMP
MI-UCP							
23077 GREENFIELD ROAD, SUITE 205							
SOUTHFIELD, MI 48075	38-1368516	501(C)(3)	23,310.	0.			DURABLE MEDICAL EQUIPMENT
,							
MORGAN'S INCLUSION INITIATIVE							
5210 THOUSAND OAKS DR, SUITE #1318							
SAN ANTONIO, TX 78233	84-5124052	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
MOWER COUNTY AGRICULTURAL SOCIETY							
700 12TH ST. SW							ACCESSIBLE COMMUNITY
AUSTIN, MN 55912	41-0708486	501(C)(3)	10,000.	0.			SPACES
NEW DEDGDEGETIE FOUNDATION							
NEW PERSPECTIVE FOUNDATION							
12850 HIGHWAY 9, SUITE 600-239	46 5206146	E01/G)/3)	24 000	_			MD A NGDODMA MTON
ALPHARETTA, GA 30004	46-5396146	501(C)(3)	24,999.	0.			TRANSPORTATION
NEXTSTEP ORLANDO							
8701 MAITLAND SUMMIT BLVD							FACILITY ACCESSIBILITY
ORLANDO, FL 32810	26-2998891	501(C)(3)	14,914.	0.			MODIFICATIONS
·			,				
NORTH CAROLINA ADAPTED SPORTS							
209 TELLICO PLACE							
CARY, NC 27519	88-1749879	501(C)(3)	24,996.	0.			ADAPTIVE SPORTS
PALMS TO PINES PARASPORTS							
41308 MONTCALM COURT							
INDIO, CA 92203	85-0873540	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
PARALYZED VETERANS OF AMERICA							
-VAUGHAN CHAPTER - 2235 ENTERPRISE							
DRIVE, SUITE 3501 - WESTCHESTER,		504 (5) (0)		_			
IL 60154-1337	36-6156338	P01(C)(3)	23,915.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PASSAGES ABILENE							
490 VINSON ROAD SOUTH							FACILITY ACCESSIBILITY
ABILENE, TX 79602	87-2629485	501(C)(3)	24,999.	0.			MODIFICATIONS
PLAYWRIGHTS HORIZONS							
416 WEST 42ND STREET				_			FACILITY ACCESSIBILITY
NEW YORK, NY 10036	13-2805131	501(C)(3)	9,240.	0.			MODIFICATIONS
POLK COUNTY CONSERVATION							
12130 NW 128TH STREET							ACCESSIBLE
GRANGER, IA 50109	42-6004519	501(C)(3)	18,166.	0.			BEACH/DOCK/PIER
RESOLVE PO BOX 8350 SANTA FE, NM 87504	85-0475597	501(C)(3)	24,000.	0.			EDUCATION
,			,				
REXBURG CITY COMMUNITY EDUCATION							
AND CULTURE INCORPORATED - 35 N							ACCESSIBLE
1ST E - REXBURG, ID 83440	81-2915885	501(C)(3)	24,999.	0.			PLAYGROUND/BALLFIELD
RIDE ON ST. LOUIS 6008 WINDSOR HARBOR LANE, PO BOX 94 KIMMSWICK, MO 63053	43-1885666	501(C)(3)	6,925.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
RIVER DEEP FOUNDATION 12550 W. COLFAX AVE., UNIT 9 LAKEWOOD, CO 80215	81-4540959	501(C)(3)	12,200.	0.			FITNESS AND WELLNESS
, <u>.</u>				•			
SAN DIEGO PARKS FOUNDATION							
1180 ROSECRANS STREET, #517							
SAN DIEGO, CA 92106-2639	83-2553368	501(C)(3)	21,246.	0.			ADAPTIVE SPORTS
SAVANNAH STATION TRP INCORPORATED P.O. BOX 852084	4- 40405						THERAPEUTIC HORSEBACK
YUKON, OK 73085	47-1943254	POT(G)(3)	14,579.	0.			RIDING

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEEP DOG IMPACT ASSISTANCE							
1200 W WALNUT ST, STE 2310							ACCESSIBLE COMMUNITY
ROGERS, AR 72756	26-4521779	501(C)(3)	19,063.	0.			SPACES
,							
SHIRLEY RYAN ABILITYLAB							
345 E. SUPERIOR STREET							
CHICAGO, IL 60611	36-2256036	501(C)(3)	24,999.	0.			TRANSPORTATION
SOUTHERN REINS CENTER FOR EQUINE							
THERAPY - 916 BILLY BRYANT ROAD -							THERAPEUTIC HORSEBACK
COLLIERVILLE, TN 38017	47-4647784	501(C)(3)	14,112.	0.			RIDING
SPECIAL NEEDS SUPPORT CENTER OF							
THE UPPER VALLEY - 129 SOUTH MAIN							
STREET, SUITE 103 - WHITE RIVER		504 (5) (0)					
JUNCTION, VT 05001	02-0363667	501(C)(3)	23,940.	0.			ARTS
SPECIAL OLYMPICS IDAHO							
222 N PLYMOUTH AVE, PO BOX 541							ACCESSIBLE COMMUNITY
NEW PLYMOUTH, ID 83655	23-7185185	501(C)(3)	24,999.	0.			SPACES
NEW TELINOOTH, 12 00000	23 /103103	301(0)(3)	21,333.	•			5111025
SPENCER PRIDE, INC.							
P.O. BOX 585							ACCESSIBLE COMMUNITY
SPENCER, IN 47460	26-2197732	501(C)(3)	8,273.	0.			SPACES
ST. JUDE MEDICAL CENTER							
101 EAST VALENCIA MESA DRIVE							
FULLERTON, CA 92835	95-1643325	501(C)(3)	17,978.	0.			FITNESS AND WELLNESS
THE ARC OF LOUDOUN							
601 CATOCTIN CIRCLE, NE				_			
LEESBURG, VA 20176	54-0835314	501(C)(3)	21,780.	0.			FITNESS AND WELLNESS
MUE HEAMHEDS DIDE DOOSDAM							
THE HEATHERS RIDE PROGRAM 8 LEGENDS WAY							
SIMPSONVILLE, SC 29681	46-2295546	501 (C) (3)	24,880.	0.			ADAPTIVE SPORTS
DIMI DONVILLE, DC 23001	10 2233340	501(0)(3)	1 24,000.	U .		1	ETATE OF OR IS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNITED STATES SEATED GOLFERS'							
ASSOCIATION - 4086 W JASPER DR -							
CHANDLER, AZ 85226	92-2976307	501/0\/3\	20,550.	0.			ADAPTIVE SPORTS
THE UNIVERSITY OF TEXAS AT	32-2370307	501(0/(3/	20,330.	0.			ADAFIIVE SPORIS
ARLINGTON - P.O. BOX 19198, 701 S.							
NEDDERMAN DRIVE, STE 421 -							
ARLINGTON, TX 76019	75-6000121	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
	75 5555222	001(0)(0)	11,555.	•			
THERAPEUTIC RIDING INC							
3425 EAST MORGAN ROAD							THERAPEUTIC HORSEBACK
ANN ARBOR, MI 48108	38-2487220	501(C)(3)	24,950.	0.			RIDING
			,				
TOWN OF GEORGETOWN							
9111 STATE ROAD 64 P.O. BOX 127							ACCESSIBLE COMMUNITY
GEORGETOWN, IN 47122	35-1070483	501(C)(3)	23,515.	0.			SPACES
UNITED SPINAL ASSOCIATION OF							
TENNESSEE - 851 WINDSTONE BLVD -							PEER MENTORING AND
BRENTWOOD, TN 37027	47-3967756	501(C)(3)	15,000.	0.			SUPPORT
UTAH ASSISTIVE TECHNOLOGY PROGRAM							
6855 OLD MAIN HILL , IDRPP 108							
LOGAN, UT 84322	87-6000528	501(C)(3)	24,997.	0.			ADAPTIVE SPORTS
WALLEY AGOGLATIC TOP INDEPENDENT							
VALLEY ASSOCIATES FOR INDEPENDENT							
LIVING (VAIL) - 3210 PEOPLES DR., SUITE 220 - HARRISONBURG, VA 22801	54-1512497	E01/G\/3\	24,999.	0.			ADAPTIVE SPORTS
SUITE 220 - HARRISONBURG, VA 22801	34-1312497	501(C)(3)	24,333.	0.			ADAPTIVE SPORTS
WHOLE MAN MINISTRIES, INC.							
3916 OLD LEXINGTON ROAD							
WINSTON-SALEM, NC 27107	26-0136378	501(C)(3)	24,999.	0.			TRANSPORTATION
,							
WORKSHOPS EMPOWERMENT, INC.							
4244 3RD AVE S							FACILITY ACCESSIBILITY
BIRMINGHAM, AL 35222	63-0320201	501(C)(3)	24,999.	0.			MODIFICATIONS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL STARK COUNTY							
4700 DRESSLER ROAD NW							
CANTON, OH 44718	34-0714392	501(C)(3)	5,152.	0.			FITNESS AND WELLNESS
,			7 7 7 7 7				
YMCA OF GREATER GRAND RAPIDS							
475 LAKE MICHIGAN DRIVE NW							ACCESSIBLE
GRAND RAPIDS, MI 49504	38-1358058	501(C)(3)	24,999.	0.			BEACH/DOCK/PIER
DUKE UNIVERSITY SCHOOL OF MEDICINE							
DUKE UNIVERSITY DUKE UNIVERSITY							
ACCOUNTS RECEIVABLE LOCK BOX PO							
BOX 602651 -	56-0532129	501(C)(3)	10,000.	0.			NACTN
THE MEDICAL COLLEGE OF WISCONSIN,							
INC THE MEDICAL COLLEGE OF							
WISCONSIN, INC. 8701 WATERTOWN							
PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	10,000.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY							
THOMAS JEFFERSON UNIVERSITY							
SPONSORED PROGRAMS ACCOUNTING 1101							
MARKET STREET	23-1352651	501(C)(3)	45,000.	0.			NACTN
UNIVERSITY OF MARYLAND, BALTIMORE							
PO BOX 41428							
BALTIMORE, MD 21203	52-6002033	501(C)(3)	10,000.	0.			NACTN
UNIVERSITY OF MIAMI	02 0002000		10,000.	•			
OFFICE OF RESEARCH ADMINISTRATION							
PO BOX 405803 - ATLANTA, GA							
30384-5803	59-0624458	501(C)(3)	45,000.	0.			NACTN
MAINEHEALTH							
MAINEHEALTH 1 DANA COURT							
WESTBROOK, ME 04092	01-0238552	501(C)(3)	10,000.	0.			NACTN
PSYCHOGENICS INC.							
PSYCHOGENICS INC 20 GRAMERCY PARK S	1			_			
NEW YORK, NY 10003	14-1989159	501(C)(3)	282,550.	0.			OPEN DATA SHARING

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					
ESSLER FOUNDATION												
ESSLER FOUNDATION, INC. 120 EAGLE												
ROCK AVENUE, SUITE 100 - EAST												
HANOVER, NJ	31-1562134	501(C)(3)	27,900.	0.			INDUSTRY ENGAGEMENT					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:					
GRANT AWARDS ARE ADMINISTERED VIA A	A CONTRAC	T BETWEEN	THE FOUNDA	TION AND THE	
GRANTEE. QUALITY OF LIFE GRANTS ARI	E AWARDED	THROUGH T	THE FOUNDAT	ION'S	
QUALITY OF LIFE DEPARTMENT. ALL REG	CIPIENTS	ARE REQUIF	RED TO SUBM	IT REPORTS	
AT LEAST ONCE A YEAR AND A FINAL R	EPORT WHE	N THE PROJ	JECT IS COM	PLETED. THE	
FINAL REPORT MUST DETAIL THE OUTCO	MES OF TH	E PROJECT	AND WHETHE	R OR NOT THE	
ORIGINAL GOALS AND OBJECTIVES WERE	ACCOMPLI	SHED. INDI	RECT OVERH	EAD COSTS	
ARE LIMITED TO 10% OF THE DIRECT CO	OSTS OF A	LL AGREEME	ENTS. UNEXP	ENDED OR	
UNCOMMITTED FUNDS AT THE TERMINATION					

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

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 22-2939536

	CHRISTOPHER	REEVE	FOUNDATIO	1		22	-2939	<u>536</u>	
Pai	t 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	no	Method o		_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	3	61,903.	BROK	ER FM	J		
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 $_{\dots}$								
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 organi								
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive b	-				at it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period	?					. 30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance		•	•	tions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE 0 (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 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536 FORM 990, ITEM C, DOING BUSINESS AS: CHRISTOPHER & DANA REEVE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 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

332211 11-14-23

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

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

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.

Schedule O (Form 990) 2023

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

Name of the organization **Employer identification number** 22-2939536 CHRISTOPHER REEVE FOUNDATION FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WI 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 919,504. MANAGEMENT AND GENERAL EXPENSES 33,866. FUNDRAISING EXPENSES 46,088. TOTAL EXPENSES 999,458. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 999,458. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2023, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHRISTOPHER F	REEVE FOUNDATION					22-29395	36	
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets	Direct o	(f) controlling ntity	g
SCI VENTURES LLC - 92-3621629 636 MORRIS TPKE STE 3A SHORT HILLS, NJ 07078	INVESTING FUND ASSETS IN COMPANIES THAT ARE DEVELOPING CURES FOR SCI	NEW JERSEY	14,970	496. 20,336	5,922.	CHRISTOPHER FOUNDATION	REEVE	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one o	or more	related tax-exer	mpt	
(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	Dire	(f) ect controlling entity	contr	g) 512(b)(13) rolled tity?
		Toroigir oddritry)		501(c)(3))			Yes	No
							1	i

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping ownersh	age ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
	1								
]								
]								
]								
	1								
]								
	1								

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		
					1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u> </u>
	Performance of services or membership or fundraising solicitations for related organ				11		
	Performance of services or membership or fundraising solicitations by related organ				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		
0	Sharing of paid employees with related organization(s)				10		
					_		
	Reimbursement paid to related organization(s) for expenses				1p		
q	Reimbursement paid by related organization(s) for expenses				1q		
	Other transfer of each consequent to related consequently				4		
					1r		
	Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on whether the contraction is the contraction of the above is "Yes," see the instructions for information on whether the contraction of the above is "Yes," see the instructions for information on whether the contraction of the above is "Yes," see the instructions for information on whether the contraction of the above is "Yes," see the instructions for information on whether the contraction of the above is "Yes," see the instruction of the above is "Yes," see the				1s		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved		
	Č	type (a-s)		g			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)				<u> </u>	D /F	000	
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

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