

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2025

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, 2026.

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

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

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

Name of filer

CHRISTOPHER REEVE FOUNDATION

EIN or SSN

22-2939536

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

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) SMOLIN, LUPIN & CO., LLC, (EIN) 22-2939536 and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize SMOLIN, LUPIN & CO., LLC to enter my PIN 39536. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2024 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 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

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

Date

Part III Certification and Authentication

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

22077358733

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

Date

ERO Must Retain This Form - See Instructions

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

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

Form 8879-TE (2024)

LHA 402521 12-26-24

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

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



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

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 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 instructions.

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

Part I - Identification

| | | |
|--|--|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. CHRISTOPHER REEVE FOUNDATION | Taxpayer identification number (TIN) 22-2939536 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 636 MORRIS TURNPIKE SUITE 3A | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHORT HILLS, NJ 07078 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

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

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

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

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

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

Telephone No. **973-379-2690** Fax No. _____

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

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization CHRISTOPHER REEVE FOUNDATION
D Employer identification number 22-2939536
E Telephone number 973-379-2690
G Gross receipts \$ 23,120,404.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.CHRISTOPHERREEVE.ORG
K Form of organization:
L Year of formation: 1988
M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MARGARET GOLDBERG, PRESIDENT AND CEO
Preparer's name: NOORUS KHAN, CPA
Firm's name: SMOLIN, LUPIN & CO., LLC
Firm's address: 331 NEWMAN SPRINGS RD - SUITE 145, RED BANK, NJ 07701

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 10,425,284. including grants of \$ 3,507,826.) (Revenue \$) THE FOUNDATION'S QUALITY OF LIFE GRANTS PROGRAM BEGAN IN 1999 AND EXPANDED IN 2001 WITH THE ESTABLISHMENT OF THE PARALYSIS RESOURCE CENTER FUNDED BY A FEDERAL GRANT FROM THE CENTERS FOR DISEASE CONTROL AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JULY 1, 2025 FOR \$10,000,000. THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SERVICES TO THE PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWARD QUALITY OF LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS WHOSE PROJECTS AND INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT, WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSIS.

4b (Code:) (Expenses \$ 915,783. including grants of \$) (Revenue \$) OVER THE PAST FOUR DECADES, WE HAVE INVESTED MORE THAN \$140 MILLION IN GROUNDBREAKING RESEARCH THAT HAS HELPED PAVE THE WAY FOR PROGRESS. NOW, AS 21ST CENTURY TECHNOLOGY AND CUMULATIVE SCIENTIFIC GAINS CONVERGE, WE ARE ON THE CUSP OF A NEW ERA IN SPINAL CORD INJURY RESEARCH. TODAY, THE REEVE FOUNDATION IS HELPING TO FACILITATE RAPID SCIENTIFIC ADVANCEMENT WITH PARTNERSHIPS AND INITIATIVES THAT SEEK TO: CATALYZE: CHANNEL RESOURCES INTO A ROBUST CLINICAL PIPELINE TO RAPIDLY INCREASE THE NUMBER OF POTENTIAL TREATMENTS. ENERGIZE: DRIVE PROGRESS AND INVESTMENT IN SPINAL CORD INJURY RESEARCH BY ADDRESSING THE BARRIERS THAT LIMIT AMBITIOUS ENGAGEMENT. EDUCATE: INCREASE TRANSPARENCY THROUGHOUT THE FIELD, BECAUSE SUCCESS

4c (Code:) (Expenses \$ 2,794,375. including grants of \$ 679,825.) (Revenue \$) PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION. IT MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. SPEAKING OUT AND EDUCATING THE PUBLIC AND LEGISLATORS ON BEHALF OF THE PARALYSIS COMMUNITY. COMMUNITY OUTREACH THROUGH ITS WEBSITE ENABLES THE FOUNDATION TO EDUCATE THE PUBLIC ON RESEARCH INITIATIVES CURRENTLY UNDERWAY.

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

4e Total program service expenses 14,135,442.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARGARET GOLDBERG PRESIDENT AND CEO | 35.00 | | | X | | | 308,172. | 0. | 38,811. | |
| (2) MARCO BAPTISTA CHIEF SCIENTIFIC OFFICER | 35.00 | | | X | | | 244,168. | 0. | 40,766. | |
| (3) REGINA BLYE CHIEF PROGRAM AND POLICY OFFICER | 35.00 | | | X | | | 192,990. | 0. | 17,303. | |
| (4) MICHELE LOIACONO VP, OPERATIONS | 35.00 | | | X | | | 165,585. | 0. | 39,799. | |
| (5) ALAN BROWN DIRECTOR, NEW PARTNER ENGAGEMENT | 35.00 | | | | | X | 164,876. | 0. | 24,616. | |
| (6) OLIVIA MULLANE SENIOR DIRECTOR, MARKETING AND COMMU | 35.00 | | | X | | | 169,861. | 0. | 9,624. | |
| (7) MARK BOGOSIAN DIRECTOR OF ENGAGEMENT | 35.00 | | | | | X | 131,707. | 0. | 37,935. | |
| (8) SHEILA FITZGIBBON SENIOR DIRECTOR, NPRC | 35.00 | | | | | X | 145,780. | 0. | 16,769. | |
| (9) KIMBERLY BEER SENIOR DIRECTOR, PUBLIC POLICY | 35.00 | | | X | | | 149,475. | 0. | 12,471. | |
| (10) WILLIAM CAWLEY DIRECTOR, PFSP | 35.00 | | | | | X | 117,010. | 0. | 44,800. | |
| (11) BERNADETTE MAURO DIRECTOR, INFORMATION & RESOURCE | 35.00 | | | | | X | 112,515. | 0. | 32,146. | |
| (12) DENISE ANDERSEN CHIEF DEVELOPMENT OFFICER | 35.00 | | | X | | | 117,923. | 0. | 4,199. | |
| (13) RICHARD SHERMAN CFO | 7.00 | | | X | | | 89,150. | 0. | 0. | |
| (14) JAY SHEPARD DIRECTOR | 2.50 | X | | | | | 0. | 0. | 0. | |
| (15) JOHN M HUGHES DIRECTOR | 2.50 | X | | | | | 0. | 0. | 0. | |
| (16) JOHN E. MCCONNELL VICE CHAIR | 5.00 | X | X | | | | 0. | 0. | 0. | |
| (17) ALEXANDRA REEVE GIVENS, ESQ. DIRECTOR | 2.50 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MATHEW REEVE DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (19) HENRY G. STIFEL, III DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (20) TANIA LYNN TAYLOR TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (21) HELEN V. CANTWELL, ESQ. SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (22) JAMES CALBI CHAIRMAN OF BOARD | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (23) IAN CURTIS DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (24) TRACY FORST DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (25) KELLY ANNE HENEGHAN, ESQ. DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| (26) THOMAS LONDRES DIRECTOR | 2.50 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,109,212. | 0. | 319,239. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,109,212. | 0. | 319,239. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|---------------------------------|---------------------|
| SHORT HILLS PLAZA, LLC, 636 MORRIS TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078 | SHORT HILLS RENT | 374,183. |
| FINN PARTNERS 1675 BROADWAY, NEW YORK, NY 10019 | PR AGENCY & WEBSITE MAINTENANCE | 373,491. |
| MACRO TECHNOLOGY GROUP PO BOX 371, TENNENT, NJ 07763 | IT SERVICES | 287,334. |
| WINGED FOOT GOLF CLUB 851 FENIMORE ROAD, MAMARONECK, NY 10543 | GOLF EVENT | 279,942. |
| COMMUNITY COUNSELING SERVICE PO BOX 824885, PHILADELPHIA, PA 19182 | PROFESSIONAL SERVICES | 207,500. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|---|--|----------------------|--|----------------------------|--|--|-----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 2,014,752. | | | | |
| | d | Related organizations | 1d | 1,603. | | | | |
| | e | Government grants (contributions) | 1e | 10,000,000. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 10,475,101. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | 22,491,456. | | | | |
| Program Service Revenue | 2 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 337,356. | | 337,356. | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | 64,092. | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 150. | | | | |
| | c | Gain or (loss) | 7c | 63,942. | | | | |
| d | Net gain or (loss) | | 63,942. | | 63,942. | | | |
| 8 a | Gross income from fundraising events (not including \$ 2,014,752. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 227,500. | | | | |
| | | | b | Less: direct expenses | 8b | 501,828. | | |
| | | | c | Net income or (loss) from fundraising events | | -274,328. | | -274,328. |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | b | Less: direct expenses | 9b | | | |
| | | | c | Net income or (loss) from gaming activities | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | b | Less: cost of goods sold | 10b | | | |
| | | | c | Net income or (loss) from sales of inventory | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | 22,618,426. | 0. | 0. | 126,970. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 3,870,691. | 3,870,691. | | |
| 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 | 316,960. | 316,960. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,427,109. | 1,066,727. | 104,600. | 255,782. |
| 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 | 4,127,347. | 3,271,762. | 175,236. | 680,349. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1,131,155. | 987,192. | 35,026. | 108,937. |
| 10 Payroll taxes | 372,963. | 317,515. | 11,818. | 43,630. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 382,194. | 238,226. | 107,976. | 35,992. |
| c Accounting | 152,139. | 74,463. | 77,676. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,744,491. | 1,638,351. | 27,696. | 78,444. |
| 12 Advertising and promotion | 45,320. | 43,473. | | 1,847. |
| 13 Office expenses | 131,369. | 119,717. | 2,483. | 9,169. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 450,663. | 394,385. | 14,364. | 41,914. |
| 17 Travel | 299,015. | 279,333. | 6,762. | 12,920. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 291,363. | 291,363. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,186. | 1,328. | 184. | 674. |
| 23 Insurance | 82,540. | 42,600. | 39,940. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 350,121. | 325,275. | 12,422. | 12,424. |
| b OTHER RESEARCH COSTS | 245,152. | 245,152. | | |
| c TEAMS | 168,664. | | | 168,664. |
| d DIRECT MAIL | 167,830. | 50,349. | | 117,481. |
| e All other expenses | 673,027. | 560,580. | 35,209. | 77,238. |
| 25 Total functional expenses. Add lines 1 through 24e | 16,432,299. | 14,135,442. | 651,392. | 1,645,465. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 1,405,610. | 1 | 2,334,131. |
| | 2 Savings and temporary cash investments | 6,923,781. | 2 | 10,874,729. |
| | 3 Pledges and grants receivable, net | 8,324,049. | 3 | 5,749,792. |
| | 4 Accounts receivable, net | 320. | 4 | |
| | 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 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 414,419. | 9 | 546,667. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,225,142. | | |
| | b Less: accumulated depreciation | 10b 1,225,142. | | |
| | | 2,186. | 10c | 0. |
| | 11 Investments - publicly traded securities | 4,972,976. | 11 | 4,757,651. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | 2,499,997. | 13 | 6,464,992. |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | 516,923. | 15 | 208,797. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 25,060,261. | 16 | 30,936,759. | |
| Liabilities | 17 Accounts payable and accrued expenses | 296,718. | 17 | 208,731. |
| | 18 Grants payable | 125,000. | 18 | 125,000. |
| | 19 Deferred revenue | 610,918. | 19 | 548,922. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 492,288. | 23 | 479,177. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 484,917. | 25 | 176,982. |
| | 26 Total liabilities. Add lines 17 through 25 | 2,009,841. | 26 | 1,538,812. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 9,437,450. | 27 | 13,210,842. |
| | 28 Net assets with donor restrictions | 13,612,970. | 28 | 16,187,105. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 23,050,420. | 32 | 29,397,947. |
| | 33 Total liabilities and net assets/fund balances | 25,060,261. | 33 | 30,936,759. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 22,618,426. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 16,432,299. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 6,186,127. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 23,050,420. |
| 5 | Net unrealized gains (losses) on investments | 5 | -223,011. |
| 6 | Donated services and use of facilities | 6 | 384,411. |
| 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 | 29,397,947. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 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: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | 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: | | |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2024)

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.

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

OMB No. 1545-0047

2024

Open to Public Inspection

| | |
|---|---|
| Name of the organization CHRISTOPHER REEVE FOUNDATION | Employer identification number 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 churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17151402. | 13079491. | 16027696. | 20367965. | 22718958. | 89345512. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 17151402. | 13079491. | 16027696. | 20367965. | 22718958. | 89345512. |
| 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. | | | | | | 89345512. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 17151402. | 13079491. | 16027696. | 20367965. | 22718958. | 89345512. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4,368. | 8,228. | 25,339. | 106,159. | 337,356. | 481,450. |
| 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 | | | | | | 89826962. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.46 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.82 | % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 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 organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (CHRISTOPHER REEVE FOUNDATION) and Employer identification number (22-2939536)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

| | |
|---|---|
| Name of organization CHRISTOPHER REEVE FOUNDATION | Employer identification number 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 | _____ _____ _____ | \$ <u>10,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ _____ _____ | \$ <u>1,000,123.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ _____ _____ | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ _____ _____ | \$ <u>861,857.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ _____ _____ | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CHRISTOPHER REEVE FOUNDATION | Employer identification number 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 | <hr/> <hr/> <hr/> | \$ <u>500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CHRISTOPHER REEVE FOUNDATION | Employer identification number 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 |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

| | |
|---|---|
| Name of organization CHRISTOPHER REEVE FOUNDATION | Employer identification number (EIN) 22-2939536 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | 56,784. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 35,634. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 92,418. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 16,585,044. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 16,677,462. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 983,873. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 245,968. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | 915,528. | 913,633. | 581,013. | 983,873. | 3,394,047. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,091,071. |
| c Total lobbying expenditures | 118,016. | 128,260. | 64,189. | 92,418. | 402,883. |
| d Grassroots nontaxable amount | 228,882. | 228,408. | 145,253. | 245,968. | 848,511. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,272,767. |
| f Grassroots lobbying expenditures | 64,406. | 74,526. | 38,186. | 56,784. | 233,902. |

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 1,225,142. | 1,225,142. | 0. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

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 | 1,439,998. | COST |
| (2) AUGMENTAL TECHNOLOGIES | 500,000. | COST |
| (3) SANIA THERAPEUTICS | 999,999. | COST |
| (4) HEALX LIMITED | 2,000,000. | COST |
| (5) EG427 | 525,000. | COST |
| (6) PRECISION NEUROSCIENCE | | |
| (7) CORP | 999,995. | COST |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | 6,464,992. | |

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, 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 | 176,982. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 176,982. |

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

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

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

| | | | | |
|---|---|----|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 23,024,989. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -223,011. | |
| b | Donated services and use of facilities | 2b | 384,411. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 245,163. | |
| e | Add lines 2a through 2d | 2e | | 406,563. |
| 3 | Subtract line 2e from line 1 | 3 | | 22,618,426. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 22,618,426. |

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 | 16,677,462. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 245,163. | |
| e | Add lines 2a through 2d | 2e | | 245,163. |
| 3 | Subtract line 2e from line 1 | 3 | | 16,432,299. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 16,432,299. |

Part XIII Supplemental Information

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

PART X, LINE 2:

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

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. 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, 2025, 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, 2025. 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

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| NORTH AMERICA | | | RESEARCH GRANTS TO ORGANIZATIONS | SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON | 15,000. |
| NORTH AMERICA | | | RESEARCH GRANTS TO ORGANIZATIONS | ODC-SCI DATA RECOVERY SPECIALIST | 81,488. |
| EUROPE (INCLUDING ICELAND & GREENLAND) | | | RESEARCH GRANTS TO ORGANIZATIONS | CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND APPLIES BIOENGINEERING | 220,472. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 316,960. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 316,960. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) (Rev. 12-2024)
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|--|--|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | NORTH AMERICA | SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON | 15,000. | CHECKS | 0. | | |
| | | NORTH AMERICA | ODC-SCI DATA RECOVERY SPECIALIST | 81,488. | CHECKS | 0. | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | CUTTING-EDGE RESEARCH, INNOVATION AND TREATMENT CENTER THAT DEVELOPS AND | 220,472. | CHECKS | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(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 APPLIES BIOENGINEERING STRATEGIES INVOLVING NEUROSURGICAL INTERVENTIONS TO RESTORE NEUROLOGICAL FUNCTIONS.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|------------------------|--|--------------|----------------|------------------|---------------------------------|
| | | GOLF CLASSIC | SUPERMAN MOVIE | 3 | (add col. (a) through col. (c)) |
| | Revenue | (event type) | (event type) | (total number) | |
| 1 | Gross receipts | 802,308. | 310,747. | 1,129,197. | 2,242,252. |
| 2 | Less: Contributions | 624,808. | 260,747. | 1,129,197. | 2,014,752. |
| 3 | Gross income (line 1 minus line 2) | 177,500. | 50,000. | | 227,500. |
| Direct Expenses | | | | | |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| 6 | Rent/facility costs | | | | |
| 7 | Food and beverages | 207,900. | 48,165. | | 256,065. |
| 8 | Entertainment | 600. | | | 600. |
| 9 | Other direct expenses | 93,132. | 4,407. | 147,624. | 245,163. |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 501,828. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -274,328. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|------------------------|--|---|---|---|--|
| | | 1 | Gross revenue | | |
| Direct Expenses | | | | | |
| 2 | Cash prizes | | | | |
| 3 | Noncash prizes | | | | |
| 4 | Rent/facility costs | | | | |
| 5 | Other direct expenses | | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| SHAKE-A-LEG MIAMI, INC. 2620 SOUTH BAYSHORE DRIVE MIAMI, FL 33133 | 65-0611917 | 501 C 3 | 50,000. | 0. | | | TIER 4 - EMPLOYMENT |
| THE ARC OF EAST CENTRAL IOWA 680 2ND STREET SE CEDAR RAPIDS, IA 52401 | 42-0805377 | 501 C 3 | 29,230. | 0. | | | TIER 2 - RESPITE / CAREGIVING |
| CROSSROADS REHABILITATION CENTER D/B/A/ EASTERSEALS CROSSROADS - 4740 KINGSWAY DRIVE - INDIANAPOLIS, IN 46205 | 35-0869058 | 501 C 3 | 25,010. | 0. | | | TIER 2 - ASSISTIVE TECHNOLOGY |
| DISABILITY RESOURCE ASSOCIATION, INC. (CIL) - 130 BRANDON WALLACE WAY - FESTUS, MO 63028 | 43-1794017 | 501 C 3 | 30,000. | 0. | | | TIER 2 - RESPITE / CAREGIVING |
| THE ALS ASSOCIATION - MID ATLANTIC TERRITORY - 1300 WILSON BLVD - ARLINGTON, VA 22209 | 13-3271855 | 501 C 3 | 39,975. | 0. | | | TIER 3 - RURAL UNSERVED AND UNDERSERVED |
| SCIBOSTON 2 REHABILITATION WAY WOBURN, MA 01801 | 04-3189607 | 501 C 3 | 50,000. | 0. | | | TIER 4 - NURSING HOME TRANSITION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 147.

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| JOYCE L. SOBEL FAMILY RESOURCE CENTER (AKA. SAN JUAN ISLAND FAMILY RESOURCE CENT - P.O. BOX 1981 - FRIDAY HARBOR, WA 98250 | 91-2014083 | 501 C 3 | 40,000. | 0. | | | TIER 3 - RURAL UNSERVED AND UNDERSERVED |
| WICHITA STATE UNIVERSITY 1845 FAIRMOUNT BOX 7 WICHITA, KS 67260-0007 | 48-1124839 | 501 C 3 | 34,474. | 0. | | | TIER 3 - RURAL UNSERVED AND UNDERSERVED |
| ALS UNITED ROCKY MOUNTAIN 10855 DOVER ST. STE 500 WESTMINSTER, CO 80201 | 84-1337868 | 501 C 3 | 30,000. | 0. | | | TIER 2 - RESPITE / CAREGIVING |
| YUCCA VALLEY MATERIAL LAB, INC. 57275 CANTERBURY ST. YUCCA VALLEY, CA 92284 | 83-3715029 | 501 C 3 | 40,000. | 0. | | | TIER 3 - RURAL UNSERVED AND UNDERSERVED |
| ACCESS TO INDEPENDENCE, INC. (CIL) 3810 MILWAUKEE ST MADISON, WI 53714 | 39-1240200 | 501 C 3 | 50,000. | 0. | | | TIER 4 - NURSING HOME TRANSITION |
| NEW BEGINNINGS COMMUNITY CENTER 12 PLATINUM CT. MEDFORD, NY 11763 | 26-4394725 | 501 C 3 | 30,000. | 0. | | | TIER 2 - ASSISTIVE TECHNOLOGY |
| RAMP - REGIONAL ACCESS & MOBILIZATION PROJECT (CIL) - 202 MARKET ST - ROCKFORD, IL 61107 | 36-3149827 | 501 C 3 | 50,000. | 0. | | | TIER 4 - NURSING HOME TRANSITION |
| PUSHING FORWARD 5819 HAVEN MANOR WAY LOUISVILLE, KY 40228 | 87-1452978 | 501 C 3 | 40,000. | 0. | | | TIER 3 - RURAL UNSERVED AND UNDERSERVED |
| TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET NEW ORLEANS, LA 70115 | 72-1169939 | 501 C 3 | 31,195. | 0. | | | TIER 3 - RACIAL EQUITY |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NORTH BROWARD HOSPITAL DISTRICT D/B/A BROWARD HEALTH - 1608 SE 3RD AVENUE - FORT LAUDERDALE, FL 33316 | 59-6012065 | 501 C 3 | 29,996. | 0. | | | TIER 2 - ASSISTIVE TECHNOLOGY |
| ATLANTIS COMMUNITY INC./ADAPT (CIL) - 201 SOUTH CHEROKEE ST. - DENVER, CO 80223-1836 | 84-0691371 | 501 C 3 | 50,000. | 0. | | | TIER 4 - NURSING HOME TRANSITION |
| ACCESS LIVING OF METROPOLITAN CHICAGO (CIL) - 115 W. CHICAGO AVE - CHICAGO, IL 60654 | 36-3310774 | 501 C 3 | 40,000. | 0. | | | TIER 3 - RACIAL EQUITY |
| SPECIAL KIDS SPECIAL FAMILIES 1915 AEROTECH DRIVE COLORADO SPRINGS, CO 80916 | 84-1476535 | 501 C 3 | 30,000. | 0. | | | TIER 2 - RESPITE / CAREGIVING |
| RANCHO RESEARCH INSTITUTE (RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER) - 7601 IMPERIAL HIGHWAY - DOWNEY, CA 90242 | 95-1911180 | 501 C 3 | 40,000. | 0. | | | TIER 3 - RACIAL EQUITY |
| BAY AREA OUTREACH & RECREATION PROGRAM (BORP) - 3075 ADELIN STREET - BERKELEY, CA 94703 | 94-2324340 | 501 C 3 | 40,000. | 0. | | | TIER 3 - RACIAL EQUITY |
| METROHEALTH FOUNDATION INC 2500 METROHEALTH DRIVE CLEVELAND, OH 44109-1998 | 34-6607695 | 501 C 3 | 24,609. | 0. | | | TIER 2 - ASSISTIVE TECHNOLOGY |
| I AM ALS 1200 PENNSYLVANIA AVE NW UNIT 14135 WASHINGTON, DC 20044 | 83-2016277 | 501 C 3 | 19,000. | 0. | | | PEER MENTORING AND SUPPORT |
| SKI-DAWGS ADAPTIVE WATER SKIING 32201 A C CRAWFORD RD. BUSH, LA 70431 | 83-3287358 | 501 C 3 | 8,315. | 0. | | | ADAPTIVE SPORTS |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| WARRIORS ON WHEELS, INC. 32 MARWOOD STREET ALBANY, NY 12209 | 14-1759164 | 501 C 3 | 6,005. | 0. | | | FITNESS AND WELLNESS |
| UNITED CEREBRAL PALSY CENTRAL CALIFORNIA - 2044 E. NEES AVE. - FRESNO, CA 93720 | 94-1347062 | 501 C 3 | 24,141. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| RHYTHM OF THE REIN, INC. 390 US ROUTE 2 MARSHFIELD, VT 05658 | 13-4368143 | 501 C 3 | 24,800. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| WORTHY STABLES 502 SHEEP LOOP PETAL, MS 39465 | 82-2838040 | 501 C 3 | 8,840. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| CAMPS FOR SPIFFY-KYDS, INC. 196 ROSE LANE PORT TREVORTON, PA 17864 | 23-2807759 | 501 C 3 | 24,800. | 0. | | | CAMP |
| PARALYZED VETERANS OF AMERICA - GA (SOUTHEASTERN PARALYZED VETERANS OF AMERICA, - 4010 DEANS BRIDGE ROAD - HEPHZIBAH, GA 30815 | 58-6055069 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| THERAPEUTIC RIDING OF TUSCALOOSA 3200 CLEMENTS RD COTTONDALE, AL 35453 | 46-3006843 | 501 C 3 | 24,900. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| ADAPTIVE SPORTS CENTER OF CRESTED BUTTE, INC. - P.O. BOX 1639 - CRESTED BUTTE, CO 81224 | 84-1063447 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| QUAD INC. 6645 NE 78TH COURT PORTLAND, OR 97218 | 93-0639118 | 501 C 3 | 24,999. | 0. | | | DURABLE MEDICAL EQUIPMENT |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| PARALYZED VETERANS OF AMERICA, BUCKEYE CHAPTER - 2775 BISHOP ROAD - WILLOUGHBY HILLS, OH 44092 | 23-7193597 | 501 C 3 | 14,599. | 0. | | | ADAPTIVE SPORTS |
| SPORTS VENUE FOUNDATION P.O. BOX 1198 WHITE RIVER JUNCTION, VT 05001 | 20-5165911 | 501 C 3 | 24,999. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| UNITED CEREBRAL PALSY ASSOCIATION OF ORANGE COUNTY D/B/A UNLIMITED POSSIBILITIES - 1251 E DYER RD - SANTA ANA, CA 92705 | 95-1856340 | 501 C 3 | 24,500. | 0. | | | ADAPTIVE SPORTS |
| FREEDOM'S WINGS INTERNATIONAL, INC. - 52 ETON CT. - BEDMINSTER, NJ 07921 | 22-2352352 | 501 C 3 | 16,291. | 0. | | | ADAPTIVE SPORTS |
| WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - MSC 1054-0087-02 - ST. LOUIS, MO 63130-4862 | 43-0653611 | 501 C 3 | 24,579. | 0. | | | HEALTHCARE |
| SOLID GROUND EQUINE ASSISTED ACTIVITIES AND THERAPY CENTER - 630 GRIFFITH LANE - KLAMATH FALLS, OR 97603 | 37-1835399 | 501 C 3 | 24,999. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| WHEELCHAIRS 4 KIDS 1200 S. PINELLAS AVENUE TARPON SPRINGS, FL 34689 | 45-1308941 | 501 C 3 | 20,000. | 0. | | | CAMP |
| ALLINA HEALTH FOUNDATION 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422 | 27-4116873 | 501 C 3 | 24,996. | 0. | | | FITNESS AND WELLNESS |
| LEMON CITY COLLECTIVE 516 NE 64TH ST. MIAMI, FL 33138 | 92-1802143 | 501 C 3 | 9,026. | 0. | | | FITNESS AND WELLNESS |

Schedule I (Form 990)

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

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578 | 94-3255845 | 501 C 3 | 22,480. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| UNITED STATES VOLT HOCKEY ASSOCIATION - 1534 TREMONT ST - ROXBURY, MA 02120 | 99-1458895 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| MORE THAN WALKING INCORPORATED 155 PEACE ACRE LANE STRATFORD, CT 06614 | 82-3271603 | 501 C 3 | 14,000. | 0. | | | EDUCATION |
| CHESHIRE HOME 9 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932 | 22-1936587 | 501 C 3 | 24,999. | 0. | | | HEALTHCARE |
| LONELY WORM FARM ARTS AND AGRICULTURE PROGRAMMING, INC. - 71 RUSKEY LN - HYDE PARK, NY 12538 | 88-0838737 | 501 C 3 | 24,999. | 0. | | | ACCESSIBLE TRAIL |
| IMPACT INC. 89 SOUTH STREET BOSTON, MA 02111 | 04-3282285 | 501 C 3 | 23,000. | 0. | | | ADAPTIVE SPORTS |
| VERMONT ADAPTIVE SKI AND SPORTS PO BOX 139 KILLINGTON, VT 05751 | 74-2472938 | 501 C 3 | 18,488. | 0. | | | ADAPTIVE SPORTS |
| THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES - 815 S. UTICA AVE. - TULSA, OK 74104 | 73-6070545 | 501 C 3 | 18,616. | 0. | | | ADAPTIVE SPORTS |
| CASA COLINA HOSPITAL AND CENTERS FOR HEALTHCARE - 255 EAST BONITA AVENUE - POMONA, CA 91767 | 95-1643989 | 501 C 3 | 22,000. | 0. | | | ADAPTIVE SPORTS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| HUNTER HEALTH CLINIC 527 N. GROVE ST WICHITA, KS 67214 | 48-0908355 | 501 C 3 | 11,265. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| BRIDGE II SPORTS 3729 MURPHY SCHOOL ROAD DURHAM, NC 27705 | 20-8577055 | 501 C 3 | 24,999. | 0. | | | FITNESS AND WELLNESS |
| SUPPORTIVE LIVING, INC. 400 WEST CUMMINGS PARK WOBURN, MA 01801 | 04-3119424 | 501 C 3 | 15,276. | 0. | | | FITNESS AND WELLNESS |
| MARQUIS STUDIOS LTD. 45 MAIN STREET, 616 BROOKLYN, NY 11201 | 13-3047206 | 501 C 3 | 10,000. | 0. | | | ARTS |
| MONTROSE RECREATION DISTRICT 16350 WOODGATE RD. MONTROSE, CO 81401 | 84-6010643 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| CAMP FOR ALL 3701 KIRBY DRIVE, STE 570 HOUSTON, TX 77098 | 76-0404267 | 501 C 3 | 10,444. | 0. | | | FITNESS AND WELLNESS |
| RIDIN' HIGH INC. 5722 LONG CREEK ROAD MORRISTOWN, TN 37813 | 62-1752021 | 501 C 3 | 6,609. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| MARY FREE BED REHABILITATION HOSPITAL - 235 WEALTHY STREET SE - GRAND RAPIDS, MI 49503 | 38-1359265 | 501 C 3 | 24,999. | 0. | | | FITNESS AND WELLNESS |
| MIAMI-DADE COUNTY 111 NW 1ST ST MIAMI, FL 33128-1930 | 59-6000573 | 501 C 3 | 24,837. | 0. | | | ACCESSIBLE COMMUNITY SPACES |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| UNITED SPINAL, IOWA CHAPTER 7625 GOODMAN DRIVE URBANDALE, IA 50322 | 20-3466029 | 501 C 3 | 12,392. | 0. | | | FITNESS AND WELLNESS |
| SOUTHWEST WHEELCHAIR ATHLETIC ASSOCIATION - 2700 RIDGE TOP LN - ARLINGTON, TX 76006 | 74-1887028 | 501 C 3 | 23,500. | 0. | | | ADAPTIVE SPORTS |
| ADAPTIVE PICKLEBALL 111 PINWOOD DR GEER, SC 29651 | 87-4286411 | 501 C 3 | 20,000. | 0. | | | ADAPTIVE SPORTS |
| CONQUER PARALYSIS NOW 1300 E 96TH STREET INDIANAPOLIS, IN 46240 | 43-1878305 | 501 C 3 | 24,999. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| REEVES-REED ARBORETUM 165 HOBART AVE. SUMMIT, NJ 07901 | 23-7335987 | 501 C 3 | 24,999. | 0. | | | ACCESSIBLE COMMUNITY SPACES |
| CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST. ENGLEWOOD, CO 80113 | 23-7352287 | 501 C 3 | 24,999. | 0. | | | EDUCATION |
| WHEELING FORWARD INC. 540 COURT ST # 2002 BROOKLYN, NY 11231 | 45-4045474 | 501 C 3 | 24,888. | 0. | | | FITNESS AND WELLNESS |
| WINNING WHEELS INC 701 EAST THIRD STREET PROPHETSTOWN, IL 61277 | 23-7136038 | 501 C 3 | 5,120. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| STEP INC 115 SOUTH PARK ST FAIRMONT, MN 56031 | 41-0874998 | 501 C 3 | 24,999. | 0. | | | DURABLE MEDICAL EQUIPMENT |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196 | 14-1732830 | 501 C 3 | 22,122. | 0. | | | ADAPTIVE SPORTS |
| HERO'S PATH PALLIATIVE CARE 9531 LYNDAL LN NW ALBUQUERQUE, NM 87114 | 84-2906214 | 501 C 3 | 24,999. | 0. | | | CAREGIVING |
| DISABILITY RIGHTS OF NEW JERSEY 210 SOUTH BROAD STREET, 3RD FLOOR TRENTON, NJ 08608 | 22-3317146 | 501 C 3 | 24,999. | 0. | | | CONSUMER EDUCATION |
| QUALITY LIVING INC. 6404 N. 70TH PLAZA OMAHA, NE 68104 | 47-0665946 | 501 C 3 | 21,580. | 0. | | | DURABLE MEDICAL EQUIPMENT |
| DISABILITYBELONGS 43 TOWN & COUNTRY DRIVE FREDERICKSBURG, VA 22405 | 46-2840232 | 501 C 3 | 24,999. | 0. | | | EMPLOYMENT |
| CUTTING FENCES FOUNDATION 1109 10TH AVE LAUREL, MT 59044 | 87-4785247 | 501 C 3 | 98,826. | 0. | | | EMPLOYMENT |
| NEUROWORX-DR. DALE B. HULL FOUNDATION FOR NEUROLOGICAL REHABILITATION, INC. - 90 W. ALBION VILLAGE WAY - SANDY, UT | 20-0291769 | 501 C 3 | 87,250. | 0. | | | HEALTHCARE |
| ADAPTIVE FITNESS LEGION 3545 CHAIN BRIDGE ROAD FAIRFAX, VA 22030 | 85-0862763 | 501 C 3 | 100,000. | 0. | | | FITNESS AND WELLNESS |
| UPSTATE-CAROLINA ADAPTIVE GOLF 25 LOUISE AVE GREENVILLE, SC 29617 | 83-2703634 | 501 C 3 | 100,000. | 0. | | | ADAPTIVE SPORTS |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| DETERMINED2HEAL FOUNDATION INC. PO BOX 59916 POTOMAC, MD 20854 | 34-2054472 | 501 C 3 | 23,560. | 0. | | | ADAPTIVE SPORTS |
| HEARTS THERAPEUTIC RIDING CENTER, INC - 220 LEAP STREET - EGG HARBOR TOWNSHIP, NJ 08234 | 47-4408592 | 501 C 3 | 23,837. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| PUSH TO WALK 11 PHILIPS PARKWAY MONTVALE, NJ 07645 | 20-8059368 | 501 C 3 | 14,129. | 0. | | | FITNESS AND WELLNESS |
| ALS UNITED RI 2374 POST RD #103 WARWICK, RI 02886 | 05-0460482 | 501 C 3 | 24,999. | 0. | | | TRANSPORTATION |
| WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025 | 56-2100632 | 501 C 3 | 24,500. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| VERMONT HUTS ASSOCIATION PO BOX 92 WATERBURY, VT 05676 | 81-3630363 | 501 C 3 | 24,800. | 0. | | | ACCESSIBLE TRAIL |
| WARRIOR SAILING INC 260 1ST AVE S SAINT PETERSBURG, FL 33701 | 33-1859385 | 501 C 3 | 14,862. | 0. | | | ADAPTIVE SPORTS |
| INCLUDEABILITY 1350 WILDWOOD DR. WOOSTER, OH 44691 | 86-3972656 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| ELEVATE EQUINE ASSISTED THERAPY 7621 S. CHANDLER RD ST. JOHNS, MI 48879 | 87-1124041 | 501 C 3 | 15,150. | 0. | | | THERAPEUTIC HORSEBACK RIDING |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THEATER BREAKING THROUGH BARRIERS CORP. - 400 WEST 43RD STREET #43R - NEW YORK, NY 10036 | 13-3193376 | 501 C 3 | 24,999. | 0. | | | ARTS |
| MIDWEST ADAPTIVE SPORTS 1800 GENESSEE DR KANSAS, MO 64104 | 45-3735129 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| STONEBROOK FOUNDATION 260 MOUNTAIN TRAIL LANE ACME, PA 15610 | 20-4543496 | 501 C 3 | 24,997. | 0. | | | THERAPEUTIC HORSEBACK RIDING |
| ADAPTIVE SPORTS NEW ENGLAND 89 SOUTH ST BOSTON, MA 02111 | 46-3900833 | 501 C 3 | 24,880. | 0. | | | ADAPTIVE SPORTS |
| MIDSTATE INDEPENDENT LIVING CHOICES, INC. (MILC) (CIL) - 3262 CHURCH STREET, SUITE 1 - STEVENS POINT, WI 54481 | 39-1988524 | 501 C 3 | 11,360. | 0. | | | ADAPTIVE SPORTS |
| OZARK ADAPTIVE SPORTS ASSOCIATION 1208 W SUMAC ST ROGERS, AR 72756 | 83-4101869 | 501 C 3 | 18,064. | 0. | | | ADAPTIVE SPORTS |
| SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND - P.O. BOX 681 - NATICK, MA 01760 | 23-7305430 | 501 C 3 | 10,000. | 0. | | | ACCESSIBLE COMMUNITY SPACES |
| METROPOLITAN CENTER FOR INDEPENDENT LIVING (CIL) - 1600 UNIVERSITY AVENUE WEST, SUITE 16 - ST. PAUL, MN 55104 | 41-1395139 | 501 C 3 | 24,000. | 0. | | | HEALTHCARE |
| ADAPTIVE TRAINING ACADEMY 746 PACIFICA WAY ENCINITAS, CA 92024 | 86-3196017 | 501 C 3 | 24,925. | 0. | | | FITNESS AND WELLNESS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| COMO COMMUNITY CENTER 1055 14TH AVENUE SE MINNEAPOLIS, MN 55414 | 85-0595613 | 501 C 3 | 24,999. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| PROJECT GOLF 2051 GOLF ACADEMY WAY NORTH MYRTLE BEACH, SC 29582 | 82-2753460 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| GNOME INC. (DBA GNOME SURF) 1510 HIGHLAND AVE FALL RIVER, MA 02720 | 83-2956059 | 501 C 3 | 23,430. | 0. | | | CAMP |
| FORT BENTON WOMAN'S CLUB, INC. P.O. BOX 192 FORT BENTON, MT 59442 | 81-0522265 | 501 C 3 | 23,985. | 0. | | | ACCESSIBLE COMMUNITY SPACES |
| PITT COUNTY MEMORIAL HOSPITAL, INCORPORATED - 2100 STANTONSBURG ROAD - GREENVILLE, NC 27834 | 56-0585243 | 501 C 3 | 23,264. | 0. | | | ADAPTIVE SPORTS |
| ROUNDAABOUT THEATRE COMPANY 231 WEST 39TH STREET, SUITE 1200 NEW YORK, NY 10018 | 13-6192346 | 501 C 3 | 24,341. | 0. | | | ARTS |
| HOPE OUTDOORS COOSA VALLEY EAST ALABAMA CHAPTER - PO BOX 1421 - CHATOM, AL 36518 | 20-4979091 | 501 C 3 | 18,000. | 0. | | | ADAPTIVE SPORTS |
| HUDSON CROSSING PARK PO BOX 144 SCHUYLERVILLE, NY 12871 | 87-0769296 | 501 C 3 | 24,999. | 0. | | | ACCESSIBLE BEACH/DOCK/PIER |
| TOWN OF NEWBURY 12 KENT WAY NEWBURY, MA 01922 | 04-6001243 | 501 C 3 | 11,175. | 0. | | | ACCESSIBLE BEACH/DOCK/PIER |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KREMPELS CENTER 100 CAMPUS DRIVE PORTSMOUTH, NH 03801 | 02-0499997 | 501 C 3 | 24,500. | 0. | | | FITNESS AND WELLNESS |
| VICTORY JUNCTION GANG CAMP INC 4500 ADAM'S WAY RANDLEMAN, NC 27317 | 56-2215292 | 501 C 3 | 24,999. | 0. | | | CAMP |
| IMPOSSIBLE DREAM 50 WEST 47TH STREET SUITE 2113 NEW YORK, NY 10036 | 80-0969365 | 501 C 3 | 24,950. | 0. | | | PEER MENTORING AND SUPPORT |
| LUKE 5 ADVENTURES, INC. 406 4TH AVENUE MASON, OH 45040 | 85-0873516 | 501 C 3 | 20,531. | 0. | | | ADAPTIVE SPORTS |
| LAKE ANTOINE PARK PARTNERS-DICKINSON CO, MI - PO BOX 609 - IRON MOUNTAIN, MI 49801 | 82-2852982 | 501 C 3 | 24,000. | 0. | | | ACCESSIBLE PLAYGROUND/BALLFIELD |
| TAYLOR COUNTY SCHOOL DISTRICT 1209 E. BROADWAY CAMPBELLSVILLE, KY 42718 | 61-6001256 | 501 C 3 | 24,900. | 0. | | | ACCESSIBLE PLAYGROUND/BALLFIELD |
| CAMP KOREY 24880 BROTHERHOOD RD MOUNT VERNON, WA 98274 | 20-3829742 | 501 C 3 | 10,020. | 0. | | | DURABLE MEDICAL EQUIPMENT |
| GIRL SCOUTS OF ALASKA 2000 W INT'L AIRPORT ROAD, SUITE C1 ANCHORAGE, AK 99502-1117 | 92-6000179 | 501 C 3 | 15,030. | 0. | | | CAMP |
| ALS UNITED MID-ATLANTIC 1015 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 | 23-2387205 | 501 C 3 | 19,877. | 0. | | | TRANSPORTATION |

Schedule I (Form 990)

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

| (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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| ENDLESS HIGHWAY, INC. 1 SOUTH CLINTON AVE ROCHESTER, NY 14604 | 45-2839500 | 501 C 3 | 14,000. | 0. | | | TRANSPORTATION |
| CITY OF CHATTANOOGA- DEPARTMENT OF PARKS & OUTDOORS - 101 E 11TH STREET - CHATTANOOGA, TN 37402 | 62-6000259 | 501 C 3 | 18,908. | 0. | | | ADAPTIVE SPORTS |
| CHICAGO NO LIMITS FISHING 47 S. HIGHLAND AVE. LOMBARD, IL 60148 | 92-3108827 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| KELEA FOUNDATION PO BOX 791465 PAIA, HI 96779 | 46-1258906 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| GREEN MOUNTAIN CLUB, INC. 4711 WATERBURY-STOWE ROAD WATERBURY CENTER, VT 05677 | 03-0162865 | 501 C 3 | 13,885. | 0. | | | ACCESSIBLE TRAIL |
| ENVIRONMENTAL NATURE CENTER 1601 E. 16TH STREET NEWPORT BEACH, CA 92663 | 23-7182423 | 501 C 3 | 21,195. | 0. | | | ACCESSIBLE TRAIL |
| NEUABILITY 866 EAST 78TH AVENUE DENVER, CO 80229 | 26-3221944 | 501 C 3 | 20,950. | 0. | | | FITNESS AND WELLNESS |
| MEMORIAL HERMANN FOUNDATION 929 GESSNER, SUITE 2650 HOUSTON, TX 77024 | 74-1653640 | 501 C 3 | 13,820. | 0. | | | ADAPTIVE SPORTS |
| YMCA OF EASTERN UNION COUNTY DBA THE GATEWAY FAMILY YMCA - 144 MADISON AVENUE - ELIZABETH, NJ 07201 | 22-1487381 | 501 C 3 | 18,257. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--------------------------------------|
| WILMINGTON DISABLED ATHLETIC ASSOCIATION - 3300 N. WOOLWITCH CT. - CASTLE HAYNE, NC 28429 | 56-1923384 | 501 C 3 | 23,754. | 0. | | | ADAPTIVE SPORTS |
| IMMACULATA UNIVERISTY 1145 W. KING ROAD IMMACULATA, PA 19345 | 23-1352648 | 501 C 3 | 15,922. | 0. | | | FACILITY ACCESSIBILITY MODIFICATIONS |
| ADAPT MOVEMENT INC. 2732 LOKER AVE. W CARLSBAD, CA 92010 | 82-2781186 | 501 C 3 | 22,000. | 0. | | | CONSUMER EDUCATION |
| ADVENTIST HEALTHCARE, INC. 820 WEST DIAMOND AVENUE GAITHERSBURG, MD 20878 | 52-1532556 | 501 C 3 | 24,976. | 0. | | | CAREGIVING |
| ACCESSURF HAWAII ADAPTIVE SURF TEAM - PO BOX 15152 - HONOLULU, HI 96830 | 20-4420646 | 501 C 3 | 24,000. | 0. | | | ADAPTIVE SPORTS |
| ROSEVILLE AREA SCHOOLS 1251 COUNTY ROAD B2 W ROSEVILLE, MN 55113 | 41-6003439 | 501 C 3 | 24,999. | 0. | | | ACCESSIBLE PLAYGROUND/BALLFIELD |
| BRAIN INJURY ASSOCIATION LOUISIANA CHAPTER - 3433 HIGHWAY 190 - MANDEVILLE, LA 70471 | 20-0491089 | 501 C 3 | 16,267. | 0. | | | FITNESS AND WELLNESS |
| CITY OF MALDEN 215 PLEASANT STREET MALDEN, MA 02148 | 04-6001398 | 501 C 3 | 5,343. | 0. | | | FITNESS AND WELLNESS |
| BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10595 | 13-1739922 | 501 C 3 | 11,700. | 0. | | | DURABLE MEDICAL EQUIPMENT |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| INTERNATIONAL INSTITUTE FOR THE BRAIN - 213 48TH ST - BROOKLYN, NY 11220 | 83-0715668 | 501 C 3 | 12,591. | 0. | | | FITNESS AND WELLNESS |
| KIDS DANCE OUTREACH 456 N MERIDIAN ST., #44801 INDIANAPOLIS, IN 46244 | 36-4742032 | 501 C 3 | 16,250. | 0. | | | ARTS |
| CREATIVE LIVING 150 W. 10TH AVE COLUMBUS, OH 43201 | 23-7159623 | 501 C 3 | 24,999. | 0. | | | CAREGIVING |
| YMCA OF METRO NORTH - TORIGIAN FAMLY YMCA - 259 LYNNFIELD STREET - PEABODY, MA 01960 | 04-2105883 | 501 C 3 | 24,999. | 0. | | | FITNESS AND WELLNESS |
| SWEDETOWN TRAILS CLUB 56641 OSCEOLA ROAD CALUMET, MI 49913 | 38-2628847 | 501 C 3 | 24,999. | 0. | | | ACCESSIBLE TRAIL |
| THE LOCKWOOD FOUNDATION PO BOX 370248 DENVER, CO 80237 | 37-1881911 | 501 C 3 | 24,999. | 0. | | | ADAPTIVE SPORTS |
| DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET DURHAM, NC 27705 | 56-0532129 | 501 C 3 | 15,000. | 0. | | | NACTN |
| THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226 | 39-0806261 | 501 C 3 | 15,000. | 0. | | | NACTN |
| THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET, SHERIDAN BUILDING, 2ND FLOOR - PHILADELPHIA, PA 19107 | 23-1352651 | 501 C 3 | 67,500. | 0. | | | NACTN |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102 | 59-0624458 | 501 C 3 | 55,000. | 0. | | | NACTN |
| MAINEHEALTH 1 DANA COURT WESTBROOK, ME 04092 | 01-0238552 | 501 C 3 | 15,000. | 0. | | | NACTN |
| PSYCHOGENICS INC. 20 GRAMERCY PARK SOUTH NEW YORK, NY 10003 | 14-1989159 | 501 C 3 | 185,950. | 0. | | | OPEN DATA SHARING |
| KESSLER FOUNDATION 120 EAGLE ROCK AVENUE, SUITE 100 EAST HANOVER, NJ 07936 | 31-1562134 | 501 C 3 | 9,415. | 0. | | | INDUSTRY ENGAGEMENT |
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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT AWARDS ARE ADMINISTERED VIA A CONTRACT BETWEEN THE FOUNDATION AND THE GRANTEE. QUALITY OF LIFE GRANTS ARE AWARDED THROUGH THE FOUNDATION'S QUALITY OF LIFE DEPARTMENT. ALL RECIPIENTS ARE REQUIRED TO SUBMIT REPORTS AT LEAST ONCE A YEAR AND A FINAL REPORT WHEN THE PROJECT IS COMPLETED. THE FINAL REPORT MUST DETAIL THE OUTCOMES OF THE PROJECT AND WHETHER OR NOT THE ORIGINAL GOALS AND OBJECTIVES WERE ACCOMPLISHED. INDIRECT OVERHEAD COSTS ARE LIMITED TO 10% OF THE DIRECT COSTS OF ALL AGREEMENTS. UNEXPENDED OR UNCOMMITTED FUNDS AT THE TERMINATION OF THE AGREEMENT REVERT BACK TO THE 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 J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MARGARET GOLDBERG PRESIDENT AND CEO | (i) | 308,172. | 0. | 0. | 9,540. | 29,271. | 346,983. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MARCO BAPTISTA CHIEF SCIENTIFIC OFFICER | (i) | 244,168. | 0. | 0. | 7,687. | 33,079. | 284,934. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) REGINA BLYE CHIEF PROGRAM AND POLICY OFFICER | (i) | 192,990. | 0. | 0. | 5,889. | 11,414. | 210,293. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) MICHELE LOIACONO VP, OPERATIONS | (i) | 165,585. | 0. | 0. | 5,344. | 34,455. | 205,384. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ALAN BROWN DIRECTOR, NEW PARTNER ENGAGEMENT | (i) | 164,876. | 0. | 0. | 5,090. | 19,526. | 189,492. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) OLIVIA MULLANE SENIOR DIRECTOR, MARKETING AND COMMU | (i) | 169,861. | 0. | 0. | 5,252. | 4,372. | 179,485. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) MARK BOGOSIAN DIRECTOR OF ENGAGEMENT | (i) | 131,707. | 0. | 0. | 4,214. | 33,721. | 169,642. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) SHEILA FITZGIBBON SENIOR DIRECTOR, NPRC | (i) | 145,780. | 0. | 0. | 4,467. | 12,302. | 162,549. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) KIMBERLY BEER SENIOR DIRECTOR, PUBLIC POLICY | (i) | 149,475. | 0. | 0. | 4,670. | 7,801. | 161,946. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) WILLIAM CAWLEY DIRECTOR, PFSP | (i) | 117,010. | 0. | 0. | 3,828. | 40,972. | 161,810. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 16 | 200,831. | STOCK |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

29

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

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2024

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

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

FORM 990, ITEM C, DOING BUSINESS AS:
CHRISTOPHER & DANA REEVE FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND
FAMILIES IMPACTED BY PARALYSIS.

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

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'

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

COMPENSATION AS DISCLOSED IN THEIR RESPECTIVE FORM 990S AND DOCUMENT ITS EVALUATION PROCESS.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

| | |
|--|------------|
| OTHER: | |
| PROGRAM SERVICE EXPENSES | 1,638,351. |
| MANAGEMENT AND GENERAL EXPENSES | 27,696. |
| FUNDRAISING EXPENSES | 78,444. |
| TOTAL EXPENSES | 1,744,491. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,744,491. |

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
JUNE 30, 2025, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM THE
PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|--|---|---------------------|---------------------------|-------------------------------------|
| 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 | 4,435,330. | 25,616,037. | CHRISTOPHER REEVE FOUNDATION |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|--|-----------|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e 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) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s 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 who must complete this line, including covered relationships and transaction thresholds.

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

