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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	CHRISTOPHER REEVE FOUNDATION 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078
Prepared by	SMOLIN, LUPIN & CO., P.A. 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO 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-EO TO US BY NOVEMBER 15, 2021.

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

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

HalalalaldhaadHaalladhaaldalal

Form **990**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

~ ·	01 111	e 2020 calendar year, or tax year beginning	enung			
B c	heck if	C Name of organization		D Employ	er identifi	cation number
	_Addre	CHRISTOPHER REEVE FOUNDATION				
	Name chang	Doing business as CHRISTOPHER & DANA REEVE F	OUNDAT	22-	29395	36
	Initial return	,	Room/suite			
	Final return termin	636 MORRIS TURNPIKE, SUITE 3A		973	<u> -379 -</u>	
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross rece	ipts\$	14,798,590.
L	_lreturn	SHORT HILLS, NO 07070		H(a) Is this		
	Application pendi	F Name and address of principal officer:MARGARET GOLDBERG SAME AS C ABOVE			oordinates	····· — —
			- F03			ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) te: ► WWW • CHRISTOPHERREEVE • ORG	or 527	-		list. See instructions
		forganization: X Corporation Trust Association Other	I Vear			n number ► ↑ State of legal domicile: NJ
	art I	Summary	L 1 6a1	or iorination.	<u> </u>	M State of legal doffliche, 140
	1	Briefly describe the organization's mission or most significant activities: THE	CHRIST	OPHER	AND D	ANA REEVE
Activities & Governance	'	FOUNDATION IS DEDICATED TO CURING SPINAL	CORD	INJURY	BY A	DVANCING
rna	2	Check this box if the organization discontinued its operations or disposition.	sed of mor	e than 25% c	of its net as	ssets.
ove	l					24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	24
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	52
Σį	6	Total number of volunteers (estimate if necessary)			6	75
Act		Total unrelated business revenue from Part VIII, column (C), line 12				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
	_		<u> </u>	Prior Ye 17,719		Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		17,719	<u>,929.</u> 0.	14,568,064.
Revenue	l .	Program service revenue (Part VIII, line 2g)		7	,530.	6,041.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,901.	-127,752.
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,114		14,446,353.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,661		5,641,493.
	l	D 51 111 5 1 (D 11)(1 (A) 11 4)		0,001	0.	0.
S	l	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,982		4,993,715.
JSe				,	0.	0.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,557,0	03.			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,384		3,469,172.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,028		14,104,380.
		Revenue less expenses. Subtract line 18 from line 12		86	,184.	341,973.
Net Assets or Fund Balances			В	eginning of Cu	rrent Year	End of Year
sset	20	Total assets (Part X, line 16)		8,032	,472.	8,358,001.
nd E	21	Total liabilities (Part X, line 26)		4,131		4,135,740.
	ırt II	Net assets or fund balances. Subtract line 21 from line 20		3,900	,606.	4,222,261.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	ac and etatem	ante and to th	a hact of m	v knowledge and helief it is
		st, and complete. Declaration of preparer (other than officer) is based on all information of wl				y Kilowieuge allu bellet, it is
uu,	, 001100	As and complete. Bookington of property (canor than officer) to become of an information of the	mon proparo	i nao any know	lougo.	
Sigr	n	Signature of officer		Dat	е	
Her		MARGARET GOLDBERG, COO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Paid		LAURA DITOMMASO			if self-employ	P00055087
	oarer	Firm's name SMOLIN, LUPIN & CO., P.A.		Firn	n's EIN 🛌	22-2258733
Use	Only	Firm's address 331 NEWMAN SPRINGS RD - SUITE 1	45			20) 200 200
		RED BANK, NJ 07701		Pho	ne no. (7	
May	the I	RS discuss this return with the preparer shown above? See instructions				Yes No

Par	rt 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 CHRISTOPPHER 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?	No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 8,420,087. including grants of \$ 3,372,713.) (Revenue \$ 1,000))
	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,	T 37
	APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JUL. 1, 2020 FOR \$8,700,000.	ЬΥ
	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.	
	WITTE FROMOTING HEADIN AND WEDDNESS FOR THOSE AFFECTED BY FARADISTS.	
	(Code:) (Expenses \$ 3,061,233 • including grants of \$ 2,268,780 •) (Revenue \$	١
4b	(Code:) (Expenses \$	<u> </u>
	DOLLARS AMONG TWO INITATIVES COVERING THE FULL BENCH-TO-BEDSIDE	
	CONTINUUM.	
	1. THE MISSION OF THE CHRISTOPHER REEVE FOUNDATION'S NORTH AMERICAN	
	CLINICAL TRIALS NETWORK (NACTN) IS TO ADVANCE THE QUALITY OF CARE AND	
	LIFE FOR PEOPLE WITH SPINAL CORD INJURY (SCI) THROUGH CLINICAL TRIALS	
	OF NEW THERAPIES THAT PROVIDE STRONG EVIDENCE OF SAFETY AND	
	EFFECTIVENESS. NACTN ALSO HAS THE OBJECTIVE OF CREATING AND EVALUATING	NG
	BEST CARE PRACTICES FOR ACUTE SCI. ITS RESEARCH HAS BEEN SUPPORTED	
	HISTORICALLY BY MULTI-MILLION DEPARTMENT OF DEFENSE AWARDS.	
4c	(Code:) (Expenses \$ 568, 260 • including grants of \$) (Revenue \$)
	PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION. IT	
	MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. SPEAKING OUT AND	
	EDUCATING THE PUBLIC AND LEGISLATORS ON BEHALF OF THE PARALYSIS	
	COMMUNITY. COMMUNITY OUTREACH THROUGH ITS WEBSITE ENABLES THE	
	FOUNDATION TO EDUCATE THE PUBLIC ON RESEARCH INITIATIVES CURRENTLY	
	UNDERWAY.	
4d	Other program services (Describe on Schedule O.)	
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 12,049,580.	
4e	Total program service expenses ► 12,049,580.	3030V

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		122
′	the any irrepresent historic land areas or historic structures? If "Voc." complete School u. D. Bort II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Och ed to D. De to West 1911	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			١,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 *
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form	1 990 (2020) CHRISTOPHER REEVE FOUNDATION 22-293	9536) F	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		25a		X
b				
	Calcadida I. David	25b		X
26				
		26		X
27		==		
		27		X
28				
а				
u		28a		X
b	A family member of any individual described in line 28a? If "Yes " complete Schedule I. Part IV			Х
·		280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M		Х	
30		1	 	
00		30		X
31	Did the organization liquidate terminate or dissolve and cease operations? If "Yes " complete Schedule N. Part I			X
32		<u> </u>		+
32		32		x
33		32		+
00		33		x
34		- 33		+
J-7		24	x	
25.0			+	Х
		33a		1
D		256		
200		330		1
36	· · · · · · · · · · · · · · · · · · ·	00		x
07		30		+
37	· · · · · · · · · · · · · · · · · · ·	0.7		X
00		37	+	+^
38			v	
Do	note: All Form 990 filers are required to complete Schedule 0	38	X	
ra				
	Unleck if Schedule U contains a response or note to any line in this Part V	<u></u>		<u> </u>
_	la Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "Wo." yo to five 25a. 24a 24b 24b 24b 24b 24c 24b 24c 24b 24c 24c		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5	2		

032004 12-23-20

Form **990** (2020)

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

2a 52 2b If the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the celendary aver arringly with or within they ware covered by this return 2. b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2s is greater than 250, you may be required to 4-file (see instructions) 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary ear, did the organization have an interest in, or a significant or of Schedule O 3b If Yes, I have 1 filed a Form 980 F1 for this year? If Y6 for file 80, provide an interest in, or a significant or of the rauthority over, a financial account; or origin country leuch as a baink account, securities account, or other financial account()? 4a At any time for the name of the free(gin country by If Yes, I filed a financial Accounts (FBAR). 5b If Yes, I filed a financial account or origin origin expuriements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes to line 6a or 5b, did the organization that It was or is a party to a prohibitot tax shelter transaction? 5c If Yes to line 6a or 5b, did the organization that It was or is a party to a prohibitot tax shelter transaction or it is any contributions that were not tax deductibles or exhibitations and the prohibitot tax shelter transaction or gifts were not tax deductibles or calcrable contributions? 5c If Yes to line 6a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or calcrable to contributions? 5c If Yes, I did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles or calcrable to contributions. 5c If Yes, I did the organization that it excess of SF made party as a contribution of understance or the secondary of the propartization					Yes	No
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X If Yes, I has it filed a Form 990-T for this year? If 'No' 10 line 3b, provide an explanation on Schedule O 3b If Yes, 'Instruction and foreign country (such as a bank account, securities account, or other financial account) or of the foreign country. 5a If Yes, 'Instruction for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b If Yes, 'Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Was the organization aparty to a prohibited tax whether transaction at any time during the tax year? 5c A X 5d If Yes' is line Sa or 5b, did the organization the Form 8886-T. 6c If Yes' is line Sa or 5b, did the organization the Form 8886-T. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes', did the organization include with every solicitation an express statement that such contributions or grits 6d If Yes, 'Indicate the number of Forms 8820 filed during the year 6 If Yes', indicate the number of Forms 8820 filed during the year 6 If If Yes, 'Indicate the number of Forms 8820 filed during the year 7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 105 year or the value of the goods or services provided? 7 If If Yes, 'Indicate the number of Forms 8820 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization will be a foreign to the programization received a contribution of qualified intellect	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" fair Ba, Youroide an explanation on Schedule 0 3c If year, has it filed a Form 990-T for this year? If "No" fair Ba, Youroide an explanation on Schedule 0 3c If year, has it filed a Form 990-T for this year? If "No" fair Ba, Youroide an explanation on Schedule 0 3c If "Yes," inched the calendar year, did the organization have an interest in, or a signature or other duntionly over, a financial account? If your year as bank account, securities account, or other financial accounts? 4c If "Yes," inched the mane of the foreign country \$\forall in the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles as charitable contributions? 6b If "Yes," inched the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8c If "Yes," indicate the number of Forms 8282? Sind party is a contribution and party for goods and services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 1c Did the organization receive a payment in excess of \$\forall \text{ sond party as a contribution of any appropriation foreive payment in excess of \$\forall \text{ sond party as a contribution of any appropriation foreive payment in excess of \$\forall \text{ sond party as a contribution of any appropriation foreive payment in excess of \$\forall \text{ sond party as a contribution of any appropriation foreive payment in excess of \$\forall \text{ sond payment appropriation foreive payment in ex		filed for the calendar year ending with or within the year covered by this return	2a 52			
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file 3b, provide an explanation on Schedule O 5b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). Provided the provided of the provided in the provi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
b If "Yes," has it filled a Form 990.T to this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV "Yes" to line Sa or 5b, did the organization file Form 8888-17 6a Does the organization the organization file Form 8888-17 6b Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c Does the organization shall were not tax deductible on thibutions under section 170(c). 6c Did the organization shall many receive deductible contributions under section 170(c). 6c Did the organization express agreement in excess of SF made party as a contribution and party for goods and services provided to the payor? 7c Did the organization excelve apayment in excess of SF made party as a contribution and party for goods and services provided to the payor? 7c Did the organization excelve a payment in excess of SF made party as a contribution of party for goods and services provided to the payor? 7c Did the organization receive an area or the value of the goods or services provided? 7c Did the organization selection and payment in excess of SF made party as a contribution of payment in excess of SF made party as a contribution of payment in excess of SF made party as a contribution of payment in excess of SF made party as a contribution of the section of the section of SF made party as a contribution of the section of SF made party		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization is near taxable distributions under section 4960 tax on payments) or other section 4960 tax on payments) or other section 4960 tax on payments) or other section 4960 tax on payments) of more than \$1,000,000 in remuneration or excess parachute payments) during the year? 15 Dif "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization and educational information to be section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Dif "Yes," see instructions and file Form 4720, Schedule N.	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?			
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	16		t income?	16		Х

Form **990** (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			,,
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		77	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
100	Did the exception have level charters branches or efficience	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		-25
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ AK , AL , CA , CO , CT , DC , FL , GA , II			
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)	3)s only	/) avail	able
	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 the conflict of interest policy is a conflict of interest policy.	nd fina	ncial	
	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			
00051	SEE SCHEDULE O FOR FULL LIST OF STATES	Eorn	990	(2020)
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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 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 and/or Box 7 of Form 1099-MISC) 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAY SHEPARD	5.00	۱.,		,,					_	0
CHAIR	F 00	Х		Х				0.	0.	0.
(2) JOHN M. HUGHES	5.00	١,,		,,						0
CHAIR EMERITUS	<u> </u>	Х		Х				0.	0.	0.
(3) JOHN E. MCCONNELL	5.00	Į ,,		\ \ \					0	0
VICE CHAIR	F 00	Х		Х				0.	0.	0.
(4) ALEXANDRA REEVE GIVENS, ESQ.	5.00	Į.,		\ \ **					0	0
VICE CHAIR	F 00	Х		Х				0.	0.	0.
(5) MATTHEW REEVE	5.00	Į.,		٠,				0.	0.	0
VICE CHAIR	F 00	Х		Х				0.	0.	0.
(6) HENRY G. STIFELL, III	5.00	x		x				0.	0.	0.
VICE CHAIR (7) TANIA LYNN TAYLOR	5.00	^		_				0.	0.	0.
	3.00	x		x				0.	0.	0.
TREASURER (8) JEFFREY P. CUNARD, ESQ.	5.00	^		^				0.	0.	0.
SECRETARY	3.00	X		x				0.	0.	0.
(9) JAMES CALBI	2.50	^		^				0.	0.	<u> </u>
DIRECTOR	2.30	X						0.	0.	0.
(10) IAN CURTIS	2.50	^						0.	0.	<u> </u>
DIRECTOR	2.30	X						0.	0.	0.
(11) MICHAEL FORDYCE	2.50	^						0.	0.	<u>0 •</u>
DIRECTOR	2.50	X						0.	0.	0.
(12) TRACY J. FORST	2.50	123							•	
DIRECTOR	2,30	x						0.	0.	0.
(13) SIMONE GEORGE	2.50									
DIRECTOR		x						0.	0.	0.
(14) JACK HAGERTY, ESQ.	2.50									
DIRECTOR		x						0.	0.	0.
(15) KELLY ANNE HENEGHAN, ESQ.	2.50	 						•		
DIRECTOR		X						0.	0.	0.
(16) LISA HENRY HOLMES	2.50	T								
DIRECTOR		X						0.	0.	0.
(17) ANITA MCGORTY	2.50									<u> </u>
DIRECTOR		X						0.	0.	0.
000007 40 00 00	•	•	•			•				Form 990 (2020)

Form **990** (2020)

Part VIII a A arr				701					/ " "	330 Tage C
	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation	compensation	amount of
	(list any	JO .					Ė	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 *********************************	organization
	organizations	trust	al tru		yee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Insti	Officer	Key	High	윤			
(18) JULIE NEUSTADT	2.50									
DIRECTOR		Х						0.	0.	0.
(19) RITESH PATEL	2.50									
DIRECTOR		Х						0.	0.	0.
(20) TIMOTHY PERNETTI	2.50									
DIRECTOR		Х						0.	0.	0.
(21) MARK POLLOCK	2.50									
DIRECTOR		Х						0.	0.	0.
(22) WILLIAM REEVE	2.50									
DIRECTOR		Х						0.	0.	0.
(23) CHRISTOPHER TAGATAC	2.50									
DIRECTOR		Х						0.	0.	0.
(24) PATRICIA J. VOLLAND	2.50									
DIRECTOR		Х						0.	0.	0.
(25) PETER WILDEROTTER	40.00									
PRESIDENT AND CEO				Х				413,006.	0.	32,572.
(26) RICHARD SHERMAN	40.00									
CFO				X				92,788.	0.	0.
1b Subtotal								505,794.		32,572.
c Total from continuation sheets to Part V	II, Section A							1,683,562.		264,783.
d Total (add lines 1b and 1c)							<u> </u>	2,189,356.	0.	297,355.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	4.0
compensation from the organization										13
										Ves 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 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 _____ Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HORIZON BCBS OF NJ		
PO BOX 10130, NEWARK, NJ 07101	HEALTH INSURANCE	662,500.
SHORT HILLS PLAZA, LLC, 636 MORRIS		
TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	354,722.
AMERICAN EXPRESS	MISCELLANEOUS TRAVEL	ı
PO BOX 1270, NEWARK, NJ 07101	BUSINESS MEALS, SU	317,673.
WAXMAN STRATEGIES, 1150 CONNECTICUT AVENUE		
NW SUITE 800, WASHINGTON, DC 20036	ADVOCACY CONSULTANTS	180,000.
AO SPINE NORTH AMERICA		
1700 RUSSELL ROAD, PAOLI, PA 19301	NACTN	150,000.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 7		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

Form 990 CHRISTOPE	HER REEV	/ <u>E</u>	F(<u> 1UC</u>	NDA	7.T. 7	LOI	N	22-293	9536
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		_		C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١				oyee		the	organizations	compensation
	(list any	director				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	ee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee/	npen				organizations
	below	ndividual trustee or	Institutional trustee	_	oldm	Highest compensated employee	in 1			organization o
	line)	Indivi	Institi	Officer	Key employee	Highe	Former			
(27) OLIVIA MULLANE	40.00									
VP, MARKETING AND COMMUNICATIONS				Х				111,346.	0.	3,624.
(28) ALAN BROWN	40.00							-		-
DIRECTOR OF PUBLIC IMPACT						Х		155,220.	0.	29,274.
(29) ETHAN PERLSTEIN	40.00							-		-
CHIEF SCIENTIFIC OFFICER				Х				118,599.	0.	7,985.
(30) JEANNINE MAROTTA	40.00							-		-
DIRECTOR OF SPECIAL GIFTS						Х		118,736.	0.	14,544.
(31) MICHELE LOIACONO	40.00									
VP, OPERATIONS				Х				161,244.	0.	13,694.
(32) AIMEE HUNNEWELL	40.00									
CHIEF DEVELOPMENT OFFICER				Х				185,164.	0.	18,821.
(33) MARGARET GOLDBERG	40.00									
C00				Х				250,477.	0.	40,128.
(34) KIMBERLY BEER	40.00									
DIRECTOR, PUBLIC POLICY						Х		124,897.	0.	15,355.
(35) WILLIAM CAWLEY	40.00									
DIRECTOR, PEER AND FAMILY SUPPORT PR						Х		108,506.	0.	37,572.
(36) MARK BOGOSIAN	40.00									
DIRECTOR, QUALITY OF LIFE GRANTS PRO						Х		112,979.	0.	32,959.
(37) ANGELA CANTILLON	40.00									
DIRECTOR, PARALYSIS RESOURCE CENTER						Х		114,369.	0.	34,594.
(38) SHEILA FITZGIBBON	40.00									
SENIOR DIRECTOR, PRC						Х		122,025.	0.	16,233.
		-								
			_	_	_					
		1								
		_	-							
		ł								
					<u> </u>					
Total to Dort VII. Cootion A. Brasto								1,683,562.		264,783.
Total to Part VII, Section A, line 1c								1,000,004.		40±,10J.

Pa	rt V	Ш	Statement of Revenue					-
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2:	b I c I d I d I d I d I d I d I d I d I d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	792,631. 7,375. 9,405,542. 4,362,516. 86,017. Business Code	14,568,064.			sections 512 - 514
			All other program service revenue					
	3 4 5	 	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	est, and	6,334.			6,334.
	1	a (b l	Gross rents (i) Real	(ii) Personal				
nue	7 :	a (b l	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b (i) Securities 207,120.	(ii) Other				
Revenue		c (Gain or (loss) 7c					
Other Re	8	a (i	Net gain or (loss) Gross income from fundraising events (not including \$ 792,631. of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	0. 144,824.	-293.			-293.
	9 :	c I a (Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b	>	-144,824.			-144,824.
	10 :	c i a (Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 :		OTHER INCOME	Business Code 900099	17,072.			17,072.
Miscel Rev		е -	All other revenue Total. Add lines 11a-11d	>	17,072.			
	12	-	Total revenue. See instructions	•	14,446,353.	0.	0.	-121,711.

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

36011	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	•		impiete columni (A).	
Do I	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F 600 000	F 600 000		
	and domestic governments. See Part IV, line 21	5,603,993.	5,603,993.		
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	37,500.	37,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,449,450.	1,046,863.	72,868.	329,719
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,660,551.	1,895,724.	136,221.	628,606
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	71,019.	58,022.	3,668.	9,329
9	Other employee benefits	525,806.	451,948.	10,558.	63,300
10	Payroll taxes	286,889.	232,635.	9,623.	44,631
11	Fees for services (nonemployees):				
а	Management				
b	Legal	24,439.	2,583.	21,856.	
С	Accounting	118,533.	21,290.	97,243.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	150.		150.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,165,447.		45,311.	105,046
12	Advertising and promotion	111,682.	105,181.		6,501
13	Office expenses	140,122.	121,093.	3,375.	15,654
14	Information technology				
15	Royalties				
16	Occupancy	347,992.	282,218.	11,666.	54,108
17	Travel	92,775.	57,243.	24,558.	10,974
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	401,174.	398,962.	2,212.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,789.	23,736.	3,202.	14,851
23	Insurance	99,624.	74,718.	24,906.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	271,368.	254,794.	8,288.	8,286
b	INTERNET COMMUNICATIONS	211,071.	194,901.	2,695.	13,475
С	DIRECT MAIL	138,021.	41,406.	0.	96,615
d	TEAMS	123,615.	0.	0.	123,615
е	All other expenses	181,370.	129,680.	19,397.	32,293
25	Total functional expenses. Add lines 1 through 24e	14,104,380.	12,049,580.	497,797.	1,557,003
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	282,846.	84,854.	0.	197,992.
	12-23-20		I	· ·	Form 990 (2020

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Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,716,227.	1	1,917,105.
	2	Savings and temporary cash investments			649,644.	2	1,517,083.
	3	Pledges and grants receivable, net			2,973,201.	3	2,995,491.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			42,582.	9	149,765.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,225,141.			
	b	Less: accumulated depreciation	10b	1,210,395.	16,359.		14,746. 1,055.
	11	Investments - publicly traded securities			141,393.	11	1,055.
	12	Investments - other securities. See Part IV, line	I1			12	
	13	Investments - program-related. See Part IV, line	11		1,444,060.	13	1,742,010.
	14	Intangible assets		35,343.	14	7,083.	
	15	Other assets. See Part IV, line 11	13,663.	15	13,663.		
	16	Total assets. Add lines 1 through 15 (must equ	8,032,472.	16	8,358,001.		
	17	Accounts payable and accrued expenses	454,215.	17	573,449.		
	18	B Grants payable		3,567,067.	18	3,263,830.	
	19	Deferred revenue			110,584.	19	148,461.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
≣		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	150 000
_	23	Secured mortgages and notes payable to unrela				23	150,000.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)). Complete Part X			
		of Schedule D			1 1 2 1 0 6 6	25	1 125 740
	26	Total liabilities. Add lines 17 through 25			4,131,866.	26	4,135,740.
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼			
ğ		and complete lines 27, 28, 32, and 33.			3,900,606.		4 222 261
ala	27	Net assets without donor restrictions			3,300,000.	27	4,222,261.
В	28	Net assets with donor restrictions				28	
핕		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
卢		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
\SS(30	Paid-in or capital surplus, or land, building, or ec				30	
et /	31	Retained earnings, endowment, accumulated in			3,900,606.	31	4,222,261.
Ž	32	Total net assets or fund balances			8,032,472.	32	8,358,001.
	33	Total liabilities and net assets/fund balances			0,034,414.	33	0,330,001.

orm	n 990 (2020) CHRISTOPHER REEVE FOUNDATION	22-2	2939536	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,446		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,104		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,900		
5	Net unrealized gains (losses) on investments	5	-20), <u>3</u>	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,222	2,2	<u>61.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	abasis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it		
	Act and OMB Circular A-133?		3a	Х	

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

032012 12-23-20

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

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

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck 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 or 990-EZ).)							
3			A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	一	A medical research organiz					•	the hospital's name	
•		city, and state:	anon operated in col	njanotion with a moopital	GOOGIIDO			the hoopital o haine,	
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in	
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Ded III	
_		section 170(b)(1)(A)(iv). (C				.	()		
6	v	A federal, state, or local gov							
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or	
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	•	· · · ·	•		•		
		lines 12a through 12d that	•						
а		Type I. A supporting orga				•	, ,	, aivina	
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·					
		organization. You must o						, app 69	
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	avina	
~		control or management o	•					-	
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	pported	
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	od with	
·		its supported organization					•	ea with,	
d		Type III non-functionally		•				ization(a)	
u								• •	
		that is not functionally int	-		-		-	iveriess	
		requirement (see instruct	•	-					
е		☐ Check this box if the orga					ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.			
f		er the number of supported of							
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other	
	,	organization	(11) 2.114	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)	
				above (see instructions))	162	NO	,	, , , , , , , , , , , , , , , , , , ,	
Γota	11							I	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 2 2 6 1 2 2 6	12005204	10600610	4 5 5 4 4 4 4 4 4	1.45.600.64	E0554040
4	Total. Add lines 1 through 3	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
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)						70774040
6	Public support. Subtract line 5 from line 4.						72774842.
	etion B. Total Support	() 0040	#1.0047	() 0040	(0 0040	() 0000	(0 T)
	ndar year (or fiscal year beginning in)		(b) 2017	(c) 2018	(d) 2019 17719929.	(e) 2020	(f) Total 72774842.
	Amounts from line 4	13001920.	13903304.	12039019.	11113323.	14300004.	12114042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	63,928.	67,983.	25,623.	14,022.	6,334.	177,890.
_	and income from similar sources	03,920.	07,303.	23,023.	14,022.	0,334.	177,090.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part VI.)						72952732.
11 12	Gross receipts from related activities	etc (see instructi	one)			12	485,800.
13	First 5 years. If the Form 990 is for the			fourth or fifth tax			200,0001
.0	organization, check this box and sto			•		. , . ,	ightharpoonup
Sec	etion C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	99.76 %
15	Public support percentage from 2019					15	98.59 %
16a	33 1/3% support test - 2020. If the						ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ X
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	ualifies as a publicl	y supported organ	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶

Schedule A (Form 990 or 990-EZ) 2020

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	ow, picase com	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,		,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
·········						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in 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.)						
14 First 5 years. If the Form 990 is for the	organization's f	I first second third	fourth or fifth tax	vear as a section		ion
	_			•		
Section C. Computation of Public		ercentage				
15 Public support percentage for 2020 (lin			column (f))		15	%
16 Public support percentage for 2020 (iii)					16	
Section D. Computation of Invest					1 10 1	70
17 Investment income percentage for 202					17	%
18 Investment income percentage for 202					18	%
19a 33 1/3% support tests - 2020. If the o						
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2019. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	ĭ		
1	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.					
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - I	Distributions				Current Year
1	Amoun	its paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amoun	its paid to perform activity that directly furthers exemp				
	organiz	zations, in excess of income from activity		2		
3	Admini	strative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
4	Amoun	ts paid to acquire exempt-use assets			4	
5	Qualifie	ed set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total a	innual distributions. Add lines 1 through 6.			7	
8	Distribu	utions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provid	e details in Part VI). See instructions.			8	
9	Distribu	utable amount for 2020 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Secti	on E - [Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distribu	utable amount for 2020 from Section C, line 6				
2	Underd	distributions, if any, for years prior to 2020 (reason-				
	able ca	use required - explain in Part VI). See instructions.				
3	Excess	distributions carryover, if any, to 2020				
а	From 2	015				
b	From 2	016				
С	From 2	017				
d	From 2	018				
е	From 2	019				
f	Total o	of lines 3a through 3e				
g	Applied	d to underdistributions of prior years				
h	Applied	d to 2020 distributable amount				
i	Carryo	ver from 2015 not applied (see instructions)				
j	Remair	nder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distribu	utions for 2020 from Section D,				
	line 7:	\$				
а	Applied	d to underdistributions of prior years				
b	Applied	d to 2020 distributable amount				
С	Remair	nder. Subtract lines 4a and 4b from line 4.				
5	Remair	ning underdistributions for years prior to 2020, if				
	any. Su	ubtract lines 3g and 4a from line 2. For result greater				
	than ze	ero, explain in Part VI. See instructions.				
6	Remair	ning underdistributions for 2020. Subtract lines 3h				
	and 4b	from line 1. For result greater than zero, explain in				
		l. See instructions.				
7	Excess	s distributions carryover to 2021. Add lines 3				
	and 4c					
8	Breakd	lown of line 7:				
a		from 2016				
		from 2017				
		from 2018				
		s from 2019				
		s from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Dort VI	Commission of the Commission o
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.)
	(See mendeline)
•	
-	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

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

22-2939536

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organiza	ition type (check or	e):
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
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General l	Rule	
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
;	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , 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; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
,	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1		\$ 7,945,659.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$ 962,442.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3		\$ 600,000.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for					

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<u> </u>		

Employer identification number

Name of organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
4	Number of states where property subject to concernation as	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of violations, and emoloting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$		caceee aag and year
8	Does each conservation easement reported on line 2(d) above	ve 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 conservat		
	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tens (check all that apyly): a	Par	rt III Organizations Maintaining Co	ollections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	ts (continu	ıed)	
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Excrow 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance	3	Using the organization's acquisition, accession	n, and other record	ds, checl	k any of the	following that	at make s	ignificant	use of its			
b Scholarly research e Other Preservation for future generations		collection items (check all that apply):										
c	а	Public exhibition	d		Loan or exc	hange progr	am					
4 Provide a description of the organization solicitor 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?	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to traise funds rather than to be eminitatined as part of the organization's collection? 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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X In 21. Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In 21. If Yes, "explain the arrangement in Part XIII and complete the following table: Beginning balance Id Id Id Id Id Id Id I	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's col	lections and explai	n how th	ney further t	he organizat	ion's exe	mpt purpo	se in Par	XIII.		
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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV Yes	5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_		_
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?									L			No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		reported an amount on Form 990, Part X, line 21.										
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a									7		1
C Beginning balance C C									L	Yes		No
c Beginning balance d Additions during the year e Distributions during the year 1 tending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? First Secretary	b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing t	table:							
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (for the year										Amount		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Not 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 or Not 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 or Not years back												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back										1		Τ
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		_						•		」Yes		∫ No 1
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (
1a Beginning of year balance	Fai								مام ما مسمد	() Faure		h a a l i
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		F	(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(a) Three y	ears dack	(e) Four y	ears i	раск
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		T-										
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							+					
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 % 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (i							+					
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 ▶							+					
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 ▶	е	. '										
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 ▶												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment	_	· · · · · · · · · · · · · · · · · · ·		- /line 1	l (-\\ -						
b Permanent endowment ▶			ent year end baland		g, column (a)) rieid as.						
c Term endowment ▶			20									
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: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 Buildings c Leasehold improvements d Equipment 1,225,141. 1,210,395. 14,746. e Other												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization	C											
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	32			ation the	at are held a	and administs	ared for t	he organiz	ation			
(ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (i	Ja		Sion of the organiz	ation the	at are rield a	ina aanninist	sied ioi ti	ne organiz	ation	T.	/os	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 1,225,141. 1,210,395. 14,746. e Other		·										110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) tall Land b Buildings c Leasehold improvements d Equipment c Other										 		
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) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment 1,225,141. 1,210,395. 14,746.	b											
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	4									<u> </u>		
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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par											
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other				0, Part I\	/, line 11a. S	See Form 990	0, Part X,	line 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	cumulate	d	(d) Book	value	
b Buildings c Leasehold improvements c Leasehold improvements 1,225,141. 1,210,395. 14,746. e Other 14,746.		i merenessy	1 ' '							. ,		
b Buildings c Leasehold improvements c Leasehold improvements 1,225,141. 1,210,395. 14,746. e Other 14,746.	1a	Land	.									
c Leasehold improvements 1,225,141. 1,210,395. 14,746. e Other 1,225,141. 1,210,395. 14,746.												
d Equipment 1,225,141. 1,210,395. 14,746.												
e Other					1,22	5,141.	1,2	210,39	95.	14	,74	46.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Total	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line	10c.)				14	,74	<u> 16.</u>

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 CHRISTOPHER	REEVE FOUNDAT	rion 22	2-2939536 Page
Part VII Investments - Other Securities.			rugo
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 er	nd-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) NRT HOLDINGS, LLC	1,742,010.	COST	<u>.</u>
(2)	. ,		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,742,010.		
Part IX Other Assets.	, , , , ,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	
Part X Other Liabilities.	,	,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(7) (8)

Sche	edule D (Form 990) 2020 CHRISTOPHER REEVE FOUNDATI	ON		22-	2939536 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	etur	n.
	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	14,570,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-20,318.		
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		144,824.		
	Add lines 2a through 2d			2e	124,506.
3	Subtract line 2e from line 1			3	14,446,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	150.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,446,353.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	14,249,054.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		144,824.		
	Add lines 2a through 2d			2e	144,824.
	Subtract line 2e from line 1			3	14,104,230.

Part XIII Supplemental Information.

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

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

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:

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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 THE FOUNDATION IS ALSO EXEMPT FROM NEW JERSEY STATE INCOME UNDER THE CODE. TAX.

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

150.

14,104,380.

150.

4c

4a

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED DECEMBER 31, 2020 AND 2019. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017 AND 2016, FOR THE STATE OF NEW JERSEY, RESPECTIVELY. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 144,824. PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 144,824.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION Part I General Information on Activities Outside the United States. Complete if the organization answered "Ye 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?	s" on
Part I General Information on Activities Outside the United States. Complete if the organization answered "Ye Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,	s" on
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?	
The grantees enginency for the grants of assistance, and the selection criteria used to award the grants of assistance?	de the
	de the
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the control of the con	
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 (c) Number of (d) Activities conducted in the region (e) If activity listed in (d)	(f) Total
	expenditures
In the region independent gram services, investments, grants to describe specific type	for and investments
contractors in the region recipients located in the region of service(s) in the region	in the region
SCIENTIFIC RESEARCH	
RELATING TO SPINAL CORD	
RESEARCH GRANTS TO INJURY INCLUDING TISSUE	
ORTH AMERICA 0 ORGANIZATIONS REPAIR, NEURON	37,500.
	27 500
3 a Subtotal 0 0	37,500.
b Total from continuation sheets to Part I 0 0	0.
c Totals (add lines 3a	
and 3b) 0 0	37,500.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2020

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	SCIENCE RESEARCH	37,500.	CHECKS	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country	recognized as a tay			

3 Enter total number of other organizations or entities .

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

	1 51 51 91 11 51 111 5	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713: don't file with Form 990)	Yes X No

Schedule F (Form 990) 2020

22-2939536 CHRISTOPHER REEVE FOUNDATION Schedule F (Form 990) 2020 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES ARE THE SAME AS THOSE DESCRIBED IN SCHEDULE I PART 1, LINE 2 AND SCHEDULE I PART IV. PART I, LINE 3, COLUMN (E): REGION: NORTH AMERICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

Schedule G (Form 990 or 990-EZ) 2020

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

032081 11-25-20

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

Га	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	-		The state of the s	
			(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
			AME	TEAM REEVE	2	col. (c))
e Ye			(event type)	(event type)	(total number)	33(3)/
Revenue	1	Gross receipts	426,535.	340,320.	25,776.	792,631.
	2	Less: Contributions	426,535.	340,320.	25,776.	792,631.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		75,330.	30,363.	144,824.
	10	Direct expense summary. Add lines 4 through			>	144,824.
		Net income summary. Subtract line 10 from I				-144,824.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						() ()
Ä	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	,	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
		ter the state(s) in which the organization condi	-			V N-
		the organization licensed to conduct gaming a No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•	-	year?	Yes No
.,		· , • · · · · · · · · · · · · · · · · · ·				

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 CHRISTOPHER REEVE FOUNDATION 222-2	49395	36	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es L	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es [No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	-		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	es [No
b	old "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
4-				
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		. г	
	retain the state gaming license?	L Y	es L	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<u> </u>	organization's own exempt activities during the tax year > \$			
Ра	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, line	es 9, 9l	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990 or 990-EZ) CHRISTOPHER REEVE FOUNDATION	22-2939536 Page 4
Schedule G (Form 990 or 990-EZ) CHRISTOPHER REEVE FOUNDATION Part IV Supplemental Information (continued)	

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Employer identification number Name of the organization 22-2939536 CHRISTOPHER REEVE FOUNDATION 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 X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CHILDRENS HOSPITAL OF ALABAMA 1600 7TH AVE SOUTH COVID-19: ADDRESSING SOCIAL ISOLATION BIRMINGHAM, AL 35233 63-0307306 501(C)(3) 13,010 0 CLEMSON UNIVERSITY 230 KAPPA STREET SUITE 200 COVID-19: ADDRESSING CLEMSON, SC 29634-5702 SOCIAL ISOLATION 57-0426335 501(C)(3) 42,604 DISABILITY PARTNERSHIP PROJECT 14103 STANWOOD TERRACE, 103 COVID-19: ADDRESSING ROCKVILLE, MD 20850 47-2647318 501(C)(3) 25,000 0 SOCIAL ISOLATION LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE COVID-19: ADDRESSING SOCIAL ISOLATION BIRMINGHAM AL 35209 63-0288847 501(C)(3) 22 490 PARALYZED VETERANS OF AMERICA -NATIONAL HO - 801 EIGHTEENTH COVID-19: ADDRESSING 13-1946868 501(C)(3) SOCIAL ISOLATION STREET NW - WASHINGTON, DC 20006 25 000 0 ROCHESTER SPINAL ASSOCIATION 3380 MONROE AVENUE, SUITE 102 COVID-19: ADDRESSING ROCHESTER, NY 14618 22-3041847 501(C)(3) 22 715 0 SOCIAL ISOLATION

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

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

Schedule I (Form 990) 2020

152.

22-2939536 CHRISTOPHER REEVE FOUNDATION Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) ROCKY MOUNTAIN MS CENTER 8845 WAGNER STREET COVID-19: ADDRESSING WESTMINSTER, CO 80031 84-0795455 501(C)(3) 25,000 0 SOCIAL ISOLATION SISTEMA INFANTIL TELETON USA 10839 OUARRY PARK COVID-19: ADDRESSING SAN ANTONIO, TX 78233 46-4845389 501(C)(3) 25,000 0 SOCIAL ISOLATION SPINA BIFIDA ASSOCIATION OF GREATER NEW ENGLAND - 219 E. MAIN STREET, SUITE 100B - MILFORD, MA COVID-19: ADDRESSING 01757 23-7305430 501(C)(3) 19,500 0 SOCIAL ISOLATION UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL -COVID-19: ADDRESSING LEXINGTON, KY 40506-0057 61-6033693 501(C)(3) 50,000 0 SOCIAL ISOLATION UNIVERSITY OF MIAMI - MIAMI PROJECT - 1320 S. DIXIE HIGHWAY COVID-19: ADDRESSING SOCIAL ISOLATION SUITE 650 - CORAL GABLES, FL 33146 0 59-0624458 501(C)(3) 43,881 ABLE SOUTH CAROLINA (CIL) 720 GRACERN ROAD, SUITE 106 COLUMBIA, SC 29210 58-2336332 501(C)(3) EMPLOYMENT 50,000 0 ALS ASSOCIATION GOLDEN WEST CHAPTER - P.O. BOX 565 - AGOURA HILLS CA 91376-0565 95-4163338 501(C)(3) 30 000 0 RESPITE/CAREGIVING CENTER FOR PEOPLE WITH DISABILITIES - 1675 RANGE STREET BOULDER, CO 80301 84-0732497 501(C)(3) 40,000 0 NURSING HOME TRANSITION EOD WARRIOR FOUNDATION 716 CRESTVIEW AVE

RESPITE/CAREGIVING

NICEVILLE, FL 32578

20-8618412

501(C)(3)

15 000

0

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE MARK CHILDREN'S HOUSE							
2121 GEORGE MARK LANE							
SAN LEANDRO, CA 94578	94-3255845	501(C)(3)	27,655.	0.			RESPITE/CAREGIVING
HANDI-WHEELS TRANSPORTATION							
2525 BROADWAY N. , UNIT 002							
FARGO, ND 58102	45-0348910	501(C)(3)	30,000.	0.			TRANSPORTATION
HOPE NETWORK							
3075 ORCHARD VISTA DRIVE SE	20 2721205	E01/Q\/3\	E0 000	0			EMDI OVMENIII
GRAND RAPIDS, MI 49546	38-2731395	501(C)(3)	50,000.	0.			EMPLOYMENT
INDEPENDENCEFIRST (CIL)							
540 SOUTH 1ST STREET							
MILWAUKEE, WI 53204	39-1343425	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
	05 2010120		10,000.	<u>.</u>			
ON MY OWN, INC							
428 E. HIGHLAND AVE.							
NEVADA, MO 64772	43-1759551	501(C)(3)	50,000.	0.			EMPLOYMENT
			,				
RAMP - REGIONAL ACCESS &							
MOBILIZATION PROJECT (CIL) - 202							
MARKET ST - ROCKFORD, IL 61107	36-3149827	501(C)(3)	24,989.	0.			EMPLOYMENT
RESOURCE CENTER FOR INDEPENDENT							
LIVING, INC. (CIL) - 131 GENESEE							
STREET, PO BOX 210 - UTICA, NY							
13503-0210	22-2518284	501(C)(3)	30,000.	0.			DISASTER RESPONSE
SPECIAL KIDS SPECIAL FAMILIES							
1915 AEROTECH DRIVE, SUITE 100							
COLORADO SPRINGS, CO 80916	84-1476535	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
THE ALS ASSOCIATION OF GEORGIA							
5881 GLENRIDGE DRIVE, SUITE 200							
ATLANTA, GA 30328	58-1943490	501(C)(3)	30,000.	0.			TRANSPORTATION

(a) Name and address of	/b) [[N]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothad of	(a) Description of	(h) Durnoss of grant
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALS ASSOCIATION, MINNESOTA,							
NORTH DAKOTA, SOUTH DAKOTA CHAPTER							
- 1919 UNIVERSITY AVE W, SUITE 175							
- ST. PAUL, MN 55104	41-1756085	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
ABINGTON MEMORIAL HOSPITAL							
1200 OLD YORK RD.							
ABINGTON, PA 19001	23-1352152	501(C)(3)	25,000.	0.			CAREGIVING
ACHIEVE TAHOE							
PO BOX 8339							
TRUCKEE, CA 96162	68-0024920	501(C)(3)	24,863.	0.			ADAPTIVE SPORTS
AGING, DISABILITY & TRANSIT				. •			
SERVICES OF ROCKINGHAM COUNTY - PO							
BOX 1915, 105 LAWSONVILLE AVE							
REIDSVILLE, NC 27323	56-1480312	501(C)(3)	962.	0.			FITNESS AND WELLNESS
ARC OF MAUI COUNTY							
140 N. MARKET STREET, SUITE 202B							
WAILUKU, HI 96793	99-0109804	501(C)(3)	24,000.	0.			TRANSPORTATION
WAILURU, HI 90793	33-0103004	501(0)(3)	24,000.	0.			IRANSFORTATION
CAMP TWIN LAKES							
1100 SPRING STREET, SUITE 406							
ATLANTA, GA 30309	58-1826782	501(C)(3)	24,200.	0.			САМР
CHANGING GAITS INC.							
P.O. BOX 21							THERAPEUTIC HORSEBACK
BROOK PARK, MN 55007	20-8039907	501(C)(3)	24,785.	0.			RIDING
			==,,,,,,				
CHARLES RIVER CENTER							
59 EAST MILITIA HEIGHTS DR.							FACILITY ACCESSIBILITY
NEEDHAM, MA 02492	04-2393108	501(C)(3)	25,000.	0.			MODIFICATIONS
CHESHIRE HOME							
9 RIDGEDALE AVENUE							
FLORHAM PARK, NJ 07932	22-1936587	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY

Part II Continuation of Grants and Other		omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa		Z Z J J J J J J J J J J J J J J J J J J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF AURORA, IL							
44 E. DOWNER PLACE							
AURORA, IL 60507-2067	36-6005778	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
CITY OF LEITCHFIELD							
314 W WHITE OAK STREET							
LEITCHFIELD, KY 42754	61-6001857	501(C)(3)	24,995.	0.			ACCESSIBLE PLAYGROUND
CITY OF MARINE CITY							
303 S. WATER STREET							ACCESSIBLE
MARINE CITY, MI 48039	38-6004573	501(C)(3)	24,706.	0.			BEACH/DOCK/PIER
			==,,,,,,,,				
CITY OF PALO ALTO							
1451 MIDDLEFIELD ROAD							FACILITY ACCESSIBILITY
PALO ALTO, CA 94301	94-6000389	501(C)(3)	14,325.	0.			MODIFICATIONS
CIVITAN FOUNDATION, INC.							
12635 N 42ND ST	02 5026505	E01/G)/2)	15 000				
PHOENIX, AZ 85032	23-7036797	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
COASTAL HORIZONS CENTER							
615 SHIPYARD BLVD							
WILMINGTON, NC 28412	56-0950370	501(C)(3)	22,407.	0.			ACCESSIBLE PLAYGROUND
COMMON GROUND OUTDOOR ADVENTURES							
335 N. 100 E.	04 1205101	E01/G)/2)	15 600				
LOGAN, UT 84321	84-1385181	501(C)(3)	17,600.	0.			ADAPTIVE SPORTS
CONNECTICUT INSTITUTE FOR THE							
BLIND D/B/A OAK HILL - 120 HOLCOMB							
STREET - HARTFORD, CT 06112	06-0669111	501(C)(3)	15,506.	0.			ASSISTIVE TECHNOLOGY
·			·				
COURAGE KENNY FOUNDATION							
3915 GOLDEN VALLEY ROAD							
MINNEAPOLIS, MN 55422	41-1952989	501(C)(3)	23,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other		mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990) Pa	urt II.)	12 2555550 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABLED SPORTS USA - OR (OREGON							
ADAPTIVE SPORTS) - 63025 O.B.							
RILEY RD, SUITE 12 - BEND, OR							
97703	26-0076749	501(C)(3)	5,000.	0.			ADAPTIVE SPORTS
EASTER SEALS - AZ (EASTER SEALS							
SOUTHWEST HUMAN DEVELOPMENT) -							
2850 N. 24TH STREET - PHOENIX, AZ				_			
85008	86-0407179	501(C)(3)	5,587.	0.			ASSISTIVE TECHNOLOGY
FOOD UNITING NEIGHBORS							
3029 SYLVAN DRIVE							
FALLS CHURCH, VA 22042	83-3442020	501(C)(3)	9,776.	0.			ACCESSIBLE TRAIL
HIGH FIVES NON-PROFIT FOUNDATION							
10775 PIONEER TRAIL SUITE 108							
TRUCKEE, CA 96161	26-4275773	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ILLINOIS SPINA BIFIDA ASSOCIATION							
2211 N OAK PARK AVE							PEER MENTORING AND
CHICAGO, IL 60707	23-7062317	501(C)(3)	4,870.	0.			SUPPORT
INDEPENDENT LIVING CENTER OF THE							
HUDSON VALLEY (CIL) - 15-17 THIRD	22 2075011	E01/G)/2)	21 404				DIENNEGG AND HELLINGG
STREET - TROY, NY 12180 JERSEY SHORE UNIVERSITY MEDICAL	22-2875911	DUI(C)(3)	21,494.	0.			FITNESS AND WELLNESS
CENTER FOUNDATION - 1340 CAMPUS							
PARKWAY, BUILDING C, UNIT 4 -	22-2342452	E01/C)/2)	24 003	0.			ASSISTIVE TECHNOLOGY
NEPTUNE, NJ 07753	22-2342452	501(C)(3)	24,003.	0.			ASSISTIVE TECHNOLOGY
LOGAN UNIVERSITY							
1851 SCHOETTLER ROAD							
CHESTERFIELD, MO 63017	43-0746185	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
——————————————————————————————————————	42 0140102	501(0)(3)	25,000.	0.			IDMITTED DIONID
MARIAN UNIVERSITY							
3200 COLD SPRING ROAD							FACILITY ACCESSIBILITY
INDIANAPOLIS, IN 46222	35-0868175	501(C)(3)	25,000.	0.			MODIFICATIONS

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY PARKS FOUNDATION							
2425 REEDIE DRIVE, 12TH FLOOR							FACILITY ACCESSIBILITY
WHEATON, MD 20902	52-1788782	501(C)(3)	9,308.	0.			MODIFICATIONS
MORE THAN WALKING INCORPORATED							
155 PEACE ACRE LANE							
STRATFORD, CT 06614	82-3271603	501(C)(3)	12,500.	0.			MEDIA DEVELOPMENT
NORTHERN VIRGINIA THERAPEUTIC							
RIDING PROGRAM - 6429 CLIFTON RD.							THERAPEUTIC HORSEBACK
- CLIFTON, VA 20124	54-1897241	501(C)(3)	9,147.	0.			RIDING
OGDEN VALLEY ADAPTIVE SPORTS							
P.O. BOX 1193							
EDEN, UT 84310	27-0650748	501(C)(3)	15,597.	0.			ADAPTIVE SPORTS
			,				
ORLANDO HEALTH INC.							
3160 SOUTHGATE COMMERCE BLVD, SUITE	•						
ORLANDO, FL 32806	59-1726273	501(C)(3)	16,771.	0.			DURABLE MEDICAL EQUIPMEN
PIERS PARK SAILING CENTER							
95 MARGINAL STREET							
EAST BOSTON, MA 02128	04-3411388	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
RAYTOWN CHAMBER OF COMMERCE							
BUILDING FOUNDATION - 5909 RAYTOWN							FACILITY ACCESSIBILITY
TRAFFICWAY - RAYTOWN, MO 64133	43-1503025	501(C)(3)	12,766.	0.			MODIFICATIONS
,							
SMOKY MOUNTAIN SERVICE DOGS							
110 TOOWEKA CIRCLE							
LOUDON, TN 37774	27-3365083	501(C)(3)	12,500.	0.			SERVICE ANIMAL PROGRAM
SOCIEDAD, EDUCACIN Y REHABILITACIN							
(SER) DE PUERTO RICO, INC 500							
CALLE BEZ URB. PREZ MORIS - SAN							
JUAN, PR 00917	66-0207947	501(C)(3)	13,600.	0.			DURABLE MEDICAL EQUIPMEN

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPORTABLE							
1365 OVERBROOK ROAD, ROOM 2							
RICHMOND, VA 23220	20-8924701	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
STABLESTRIDES							
13620 HALLELUIAH TRAIL							FACILITY ACCESSIBILITY
ELBERT, CO 80106	74-2232440	501(C)(3)	2,980.	0.			MODIFICATIONS
STONINGTON FREE LIBRARY							
PO BOX 232, 20 HIGH STREET							FACILITY ACCESSIBILITY
STONINGTON, CT 06378	06-0665194	501(C)(3)	2,800.	0.			MODIFICATIONS
			,				
TETON ADAPTIVE SPORTS							
7342 GRANITE LOOP ROAD, P.O. BOX 9	ф						
TETON VILLAGE, WY 83025	06-1741611	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
THE ALS ASSOCIATION NORTHERN OHIO							
CHAPTER - 6155 ROCKSIDE ROAD,							
SUITE 403 - INDEPENDENCE, OH 44131	34-1595148	501(C)(3)	18,474.	0.			DURABLE MEDICAL EQUIPMEN
THE UNIVERSITY OF MICHIGAN				- •			
3003 S. STATE STREET, ANN ARBOR,							
MI 48109-1274 - ANN ARBOR, MI							
48109	38-6006309	501(C)(3)	11,675.	0.			FITNESS AND WELLNESS
THE WILLIAM S BAER SCHOOL							
PARTNERSHIP BOARD INC 2001							
NORTH WARWICK AVENUE - BALTIMORE,							
MD 21216	52-1890556	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
TOY 0 DIVIN DIVIN 0							
TOMS RIVER FIELD OF DREAMS							
37 HARPERS FERRY RD	02 0006452	E01/G)/3)	20.005	_			AGGEGGTDIE DI AVGDOUNG
TOMS RIVER, NJ 08753	82-0886452	501(C)(3)	20,805.	0.			ACCESSIBLE PLAYGROUND
TOPFIELD EQUESTRIAN CENTER							
115 STONECROP LANE							THERAPEUTIC HORSEBACK
COLD SPRING, NY 10516	20-4432765	501(C)(3)	4,525.	0.			RIDING

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa I	rt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAIL ACCESS PROJECT							
8844 CORTILE DRIVE							
LAS VEGAS, NV 89134	81-2198398	501(C)(3)	21,287.	0.			ACCESSIBLE TRAIL
TRIBAL ADAPTIVE ORGANIZATION							
1718 MARIPOSA DR.	01 4076360	E01/Q\/3\	25 000	0			ETENEGO AND WELLNEGO
DURANGO, CO 81301	81-4076368	DUI(C)(3)	25,000.	0.			FITNESS AND WELLNESS
UNIVERSITY OF ILLINOIS AT							
URBANA-CHAMPAIGN - 1207 S. OAK							
ST., M/C 574 - CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	23,555.	0.			FITNESS AND WELLNESS
				- •			
WAHINE PROJECT							
PO BOX 791465							
PAIA, HI 96779	45-1154140	501(C)(3)	20,515.	0.			ADAPTIVE SPORTS
WINDSOR PUBLIC LIBRARY							
43 STATE ST							FACILITY ACCESSIBILITY
WINDSOR, VT 05089	03-0197037	501(C)(3)	25,000.	0.			MODIFICATIONS
MOUNTED MARRIOR PROJECT							
WOUNDED WARRIOR PROJECT							
4899 BELFORT ROAD, SUITE 300	20 2270024	E01/Q\/3\	25 000	0			CARECTUING
JACKSONVILLE, FL 32256	20-2370934	DUI(C)(3)	25,000.	0.			CAREGIVING
WRIGHT STATE UNIVERSITY FOUNDATION							
INC - FOUNDATION BUILDING, 3640							
COLONEL GLENN HIGHWAY - DAYTON, OH	22 7010700	E01/G)/3)	24 600				ADADMING GDODMG
15435	23-7019799	DUI(C)(3)	24,608.	0.			ADAPTIVE SPORTS
CT TECH ACT PROJECT							
55 FARMINGTON AVENUE, 12TH FLOOR							
HARTFORD, CT 06105	45-4078714	501(C)(3)	75,000.	0.			 HIIAT
HORACE MANN EDUCATIONAL ASSOCIATES	13 10,0,14		, , , , , , ,	<u> </u>			
DBA TECHACCESS OF RI - 161							
COMSTOCK PARKWAY - CRANSTON, RI							
02921	04-2300014	501(C)(3)	75,000.	0.			HIIAT

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Scho	edule I (Form 990), Pa	urt II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SC ASSISTIVE TECHNOLOGY PROGRAM							
JSC SCHOOL OF MEDICINE, CENTER FOR							
DISABILITY RESOURCES - COLUMBIA,							
SC 29208	57-6001153	501(C)(3)	74,542.	0.			HIIAT
WYOMING ASSISTIVE TECHNOLOGY							
RESOURCES - 1000 E. UNIVERSITY							
AVE., DEPT. 4928 - LARAMIE, WY							
82071	83-6000331	501(C)(3)	75,000.	0.			HIIAT
ACCESS II INDEPENDENT LIVING CENTER (CIL) - 101 INDUSTRIAL PARKWAY - GALLATIN, MO 64640	43-1721357	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
ADAPT ABILITY INC							
362 78TH STREET							
BROOKLYN, NY 11209	82-2916736	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
AFAR D/B/A THE ABILITY CENTER 10300 W. WISCONSIN AVENUE							ACCESSIBLE
WAUWATOSA, WI 53226	26-3510832	501(C)(3)	24,500.	0.			BEACH/DOCK/PIER
ALL MY FRIENDS INC W74 N1060 MONTGOMERY AVE CEDARBURG, WI 53012	37-1645545	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND
AMVETS 4647 FORBES BLVD							
LANHAM, MD 20706	52-0970963	501(C)(3)	20,000.	0.			CAREGIVING
BEAMAN MEMORIAL PUBLIC LIBRARY 8 NEWTON STREET WEST BOYLSTON, MA 01583	04-6001348	501(C)(3)	4,385.	0.			FACILITY ACCESSIBILIT
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10595	13-1739922	501(C)(3)	25,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other		omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	Z Z J J J J J J J J J J J J J J J J J J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAIN INJURY ASSOCIATION OF							
GEORGIA - P.O. BOX 2817 -							
WOODSTOCK, GA 30188	58-1497137	501(C)(3)	7,400.	0.			CAMP
BRIDGING VOICE							
2132 84TH ST							
BROOKLYN, NY 11214	83-3669089	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
CANINE ASSISTANTS							
3160 FRANCIS ROAD							
	58-1974410	501(C)(3)	20,500.	0.			SERVICE ANIMAL PROGRAM
MILTON, GA 30004	38-19/4410	501(C)(3)	20,500.	0.			SERVICE ANIMAL PROGRAM
CANINE COMPANIONS FOR INDEPENDENCE							
286 MIDDLE ISLAND ROAD							
MEDFORD, NY 11763	94-2494324	501(C)(3)	8,613.	0.			SERVICE ANIMAL PROGRAM
CHESAPEAKE REGION ACCESSIBLE	31 2131321	501(0)(3)	0,013.	<u> </u>			PERVIOL INVINE INSCIENT
BOATING (CRAB) - 177 DEFENSE							
HIGHWAY SUITE 9 - ANNAPOLIS, MD							ACCESSIBLE
21401	35-2188410	501(C)(3)	15,870.	0.			BEACH/DOCK/PIER
21401	33-2100410	501(0/(3/	15,670.	0.			BEACH/ DOCK/ FIER
CLEVELAND METROPARKS							
4101 FULTON PARKWAY							
CLEVELAND, OH 44144	34-6000704	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
			, ,	<u> </u>			
CROTCHED MOUNTAIN FOUNDATION							
1 VERNEY DRIVE							
GREENFIELD, NH 03047	02-0222168	501(C)(3)	24,575.	0.			ADAPTIVE SPORTS
·			<u> </u>				
DALLAS SCI RECOVERY, INC. (DBA:							
REACT) - 15046 BELTWAY DRIVE -							
ADDISON, TX 75001	45-3060615	501(C)(3)	14,203.	0.			FITNESS AND WELLNESS
-							
DES MOINES ROWING CLUB							
3017 FOX RUN							
DES MOINES, IA 50321	42-1220527	501(C)(3)	24,784.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other		omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM ADAPTIVE RECREATION							
PO BOX 4084							
WHITEFISH, MT 59937	36-3416198	501(C)(3)	23,830.	0.			ADAPTIVE SPORTS
EXTRA SPECIAL PEOPLE, INC.							
194 VFW DR.							FACILITY ACCESSIBILITY
WATKINSVILLE, GA 30601	58-1710803	501(C)(3)	25,000.	0.			MODIFICATIONS
FLORIDA INTERNATIONAL UNIVERSITY							
FOUNDATION INC 11200 SW 8TH							
STREET, AHC2 , ROOM 693 - MIAMI, ,							
FL 33199	23-7047106	501(C)(3)	22,753.	0.			HEALTHCARE
FLYNN CENTER FOR PERFORMING ARTS							
153 MAIN STREET	02 0277052	E01/G)/2)	0.204				FACILITY ACCESSIBILITY
BURLINGTON, VT 05401	03-0277052	DUI(C)(3)	9,204.	0.			MODIFICATIONS
FRIENDS' HEALTH CONNECTION							
54 HUDSON ST., SUITE 203B							
FREEHOLD, NJ 07728	22-3095641	501(C)(3)	5,000.	0.			EDUCATION
			-,				
GAYLORD HOSPITAL							
50 GAYLORD FARM ROAD, P.O. BOX 400							
WALLINGFORD, CT 06492	06-0646649	501(C)(3)	23,900.	0.			FITNESS AND WELLNESS
GREATER PROVIDENCE YMCA - NEWMAN							
BRANCH - 472 TAUNTON AVENUE -							
SEEKONK, MA 02771	05-0258878	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
HANDS AND HEADES FOR HORSES							
HANDS AND HEARTS FOR HORSES							MILED A DELIMIT G. HOD GED 3 GW
3828 LOWER CAIRO RD	58-2580985	E01/G)/3)	7 000	_			THERAPEUTIC HORSEBACK RIDING
THOMASVILLE, GA 31792	30-2380985	501(C)(3)	7,980.	0.			KIDING
HEARTLAND EQUINE THERAPEUTIC							
RIDING ACADEMY - 10130 S 222ND							THERAPEUTIC HORSEBACK
STREET - GRETNA, NE 68028	36-3713040	501(C)(3)	4,605.	0.			RIDING

RIDING

RIDING

FITNESS AND WELLNESS

FITNESS AND WELLNESS

FITNESS AND WELLNESS

ADAPTIVE SPORTS

(g) Description of

non-cash assistance

(f) Method of

valuation

(book, FMV.

appraisal, other)

(b) EIN

54-2037302

45-0425106

25-1382415

88-0419196

64-6000819

26-3221944

75-2789496

04-6144180

82-4195962

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

if applicable

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

501(C)(3)

(d) Amount of

cash grant

10,616

15,000

16,613

17,373

17,733

25,000

25 000

24,262

20,530

(e) Amount of

non-cash

assistance

0

0

0

0

0

0

0

0

0

HEARTLAND HORSE HEROES 16680 W JAMES ANDERSON HWY

810 4TH AVE S. SUITE 140 MOORHEAD, MN 56560

JEFFERSON COUNTY HISTORICAL SOCIETY - 172-176 MAIN ST. P.O. BOX 51 - BROOKVILLE, PA 15825

MISSISSIPPI STATE UNIVERSITY -T.K. MARTIN CENTER FOR TECHNOLOGY & DISABILI - 129 ETHEREDGE HALL 449 HARDY ROAD - MISSISSIPPI

BUCKINGHAM, VA 23921

KIDS & HORSES, INC. 2869 ESAW STREET

866 EAST 78TH AVENUE

NEURO FITNESS FOUNDATION 1500 WESTPARK WAY

DENVER, CO 80229

EULESS, TX 76040

NEXTSTEP RALEIGH

RALEIGH, NC 27606

6601 HILLSBOROUGH STREET, SUITE 113

NEW ENGLAND VILLAGE 664 SCHOOL STREET PEMBROKE, MA 02359

MINDEN, NV 89423

NEUABILITY

HOPE, INC.

(a) Name and address of

organization or government

Page 1 (h) Purpose of grant or assistance THERAPEUTIC HORSEBACK ADAPTIVE SPORTS ACCESSIBLE TRAIL THERAPEUTIC HORSEBACK ASSISTIVE TECHNOLOGY

Schedule I (Form 990)

22-2939536 CHRISTOPHER REEVE FOUNDATION Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) NEXTSTEPS CHICAGO 8434 S. CORCORAN RD. WILLOW SPRINGS, IL , IL 60480 36-4409382 501(C)(3) 24,016 0 FITNESS AND WELLNESS NORTHERN CALIFORNIA SPINAL CORD INJURY FOUNDATION (NORCAL SCI) -696 NORTH SANTA CRUZ AVE. - LOS GATOS, CA 95030 82-2423561 501(C)(3) 24,540 0 FITNESS AND WELLNESS NORTHWEST COLORADO CENTER FOR INDEPENDENCE - 1855 SHIELD DR. UNIT #300 - STEAMBOAT SPRINGS, CO TRANSITION FROM 80487 84-1473968 501(C)(3) 25,000 0 INSTITUTION TO HOME NORTHWEST SUBURBAN SPECIAL EDUCATION ORGANIZATION - 799 W. KENSINGTON RD. - MT. PROSPECT, IL 60056 36-3237600 501(C)(3) 25,000 0 TRANSPORTATION OHIO BIRD SANCTUARY 3774 ORWEILER ROAD FACILITY ACCESSIBILITY MANSFIELD, OH 44903 34-1691325 0 MODIFICATIONS 501(C)(3) 3,000 OPPORTUNITIES INC 200 EAST CRAMER ST FORT ATKINSON, WI 53538 39-1078133 501(C)(3) TRANSPORTATION 20,101 0 PORTSMOUTH POLICE RI 2270 EAST MAIN ROAD FACILITY ACCESSIBILITY PORTSMOUTH, RI 02871 MODIFICATIONS 14-0499170 501(C)(3) 5 530 0 SEMPER FI & AMERICA'S FUND 825 COLLEGE BOULEVARD, SUITE 102, OCEANSIDE, CA 92057 26-0086305 501(C)(3) 25,000 0 CAREGIVING THE ABILITY CENTER OF GREATER TOLEDO (CIL) - 5605 MONROE ST -

ASSISTIVE TECHNOLOGY

SYLVANIA, OH 43560

34-4428597

501(C)(3)

6 058

0

(a) Name and address of	(b) [IN]	(a) IDC postion	(d) Amount of	(a) Amount of	(f) Mothad of	(m) Description of	(h) Durnage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARIZONA SPINAL CORD INJURY							
ASSOCIATION - 5025 E. WASHINGTON							
ST STE #110 - PHOENIX, AZ 85034	86-0953423	501(C)(3)	22,500.	0.			CONSUMER EDUCATION
THE LOCKWOOD FOUNDATION							
917 S CAMINO DE BRAVO							
PUEBLO WEST, CO 81007	37-1881911	501(C)(3)	8,225.	0.			ACCESSIBLE TRAIL
THE MICHIGAN STATE UNIVERSITY							
DEPARTMENT OF KINESIOLOGY - 426							
AUDITORIUM ROAD, ROOM 2 - EAST							
LANSING, MI 48824	38-6005984	501(C)(3)	24,611.	0.			ADAPTIVE SPORTS
MILE MONMER TED EQUINDAMION							
THE MONTPELIER FOUNDATION PO BOX 911							FACILITY ACCESSIBILITY
ORANGE, VA 22960	31-1620682	501(C)(3)	25,000.	0.			MODIFICATIONS
oldinoli, vii 22300	31 1020002	501(0)(3)	23,000.	<u> </u>			HODII ICHIIOND
THE VISCARDI CENTER							
201 I.U. WILLETS ROAD							FACILITY ACCESSIBILITY
ALBERTSON, NY 11507	11-1814883	501(C)(3)	10,656.	0.			MODIFICATIONS
THREE RIVERS LAND TRUST							
P.O. BOX 295							
ALFRED, ME 04002	01-0539771	501(C)(3)	10,000.	0.			ACCESSIBLE TRAIL
MOUTHO THETHWARK BOUNDAMION							
TOURO INFIRMARY FOUNDATION 1401 FOUCHER STREET							
NEW ORLEANS, LA 70115	72-1169939	501(C)(3)	20,202.	0.			TRANSPORTATION
NEW ORDEANS, DA 70113	72 1103333	501(0)(3)	20,202.	٠.			INAMBIONIATION
UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - 1200 10TH AVE SOUTH -							
BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	24,575.	0.			ARTS
WASHINGTON STATE UNIVERSITY (WSU)			,				
LIGHTY STUDENT SERVICES BLDG,							
ROOM 280, P.O. BOX 641060 -							
PULLMAN, WA 99164	91-6001108	501(C)(3)	9,740.	0.			CONSUMER EDUCATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
WATERFORD RECREATION AND PARKS							
15 ROPE FERRY ROAD							ACCESSIBLE
WATERFORD, CT 06385	06-6002121	501(C)(3)	10,000.	0.			BEACH/DOCK/PIER
WINGS OF EAGLES RANCH							
4800 FAITH TRAILS							FACILITY ACCESSIBILITY
CONCORD, NC 28025	56-2100632	501(C)(3)	8,777.	0.			MODIFICATIONS
ADAPTIVE SPORTS PROGRAM OF OHIO							
100 KURZEN ROAD NORTH, SUITE B							
DALTON, OH 44618	27-1144442	501(C)(3)	100,000.	0.			ADAPTIVE SPORTS
DALION, ON 44010	27-114442	501(0)(3)	100,000.	0.			ADAPTIVE SPORTS
DISABILITY ACTION CENTER - NW							
(CIL) - 505 N MAIN ST - MOSCOW, ID							
83843	82-0458076	501(C)(3)	94,458.	0.			ASSISTIVE TECHNOLOGY
LOUISIANA ASSISTIVE TECHNOLOGY			, , , , ,	. •			
ACCESS NETWORK (LATAN) - 3042 OLD							
FORGE DRIVE, STE. D - BATON ROUGE,							
LA 70808	72-1281065	501(C)(3)	100,000.	0.			ASSISTIVE TECHNOLOGY
			,	-			
ICAHN SCHOOL OF MEDICINE AT MOUNT							
SINAI - 3 EAST 101ST STREET - NEW							
YORK, NY 10029	13-6171197	501(C)(3)	99,961.	0.			SPECIAL EMERGENCY GRAN
THE METHODIST HOSPITAL RESEARCH							
INSTITUTE - PO BOX 4805 - HOUSTON,							
TX 77210	87-0721923	501(C)(3)	150,000.	0.			NACTN
UNIVERSITY OF MIAMI							
SPONSORED PROGRAMS PO BOX 025405							
MIAMI, FL 33102-5405	59-0624458	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH							
FOUNDATION - 217 SERVICE COMPLEX,							
BELKNAP CAMPUS - LOUISVILLE, KY							
40292	61-1029626	501(C)(3)	45,000.	0.			NACTN

22-2939536 CHRISTOPHER REEVE FOUNDATION Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET, SHERIDAN BUILDING, 2ND FL - PHILADELPHIA, PA 19107 23-1352651 501(C)(3) 37,500 0 NACTN DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, SUITE 900 DURHAM, NC 27705 56-0532129 501(C)(3) 50,000 0 NACTN THE MEDICAL COLLEGE OF WISCONSIN INC. - 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226 39-0806261 501(C)(3) 37,500 0 NACTN UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - PO BOX 301418 - HOUSTON, TX 75303-1418 74-1761309 501(C)(3) 50,000 0 NACTN UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE, DAVIS 5 ROOM 5293, PO BOX 800793 -CHARLOTTESVILLE, VA 2 54-6001796 NACTN 501(C)(3) 37,500 0 UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001-0988 74-6001399 501(C)(3) NACTN 50,000 0 UNIV OF WASHINGTON DEPT. REHAB MEDICINE BOX 356490 RESEARCH SEATTLE WA 98195 91-6001537 501(C)(3) 100 000 0 MAROUETTE UNIVERSITY ATTN KATHLEEN LUDINGTON ZILBER HALL 321 PO BOX 1881 - MILWAUKEE WI 53201 39-0806251 501(C)(3) 100,000 0 RESEARCH UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 217 SERVICE COMPLEX BELKNAP CAMPUS - LOUISVILLE, KY

BIG IDEA

40292

0

1 058 198

61-1029626

501(C)(3)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NRY M JACKSON FOUNDATION FOR THE VANCEMENT OF MILITARY MEDICINE,							
C 6720-A ROCKLEDGE DRIVE,							
ITE 100 - BETHESDA, MD 20817	52-1317896	501(C)(3)	65,000.	0.			NACTN

Part III can be duplicated if additional space is needed. Figure 1. Support												
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance							
Part IV Supplemental Information. Provide the information red	ruired in Part Llin	o 2: Dort III. oolumr	(b); and any other of	dditional information								
	quileu iii Fait i, iiii	e z, Fait III, Colum	r (b), and any other a	uditional imormation.								
PART I, LINE 2:												
GRANT AWARDS ARE ADMINISTERED VIA	A CONTRA	CT BETWEEN	THE FOUND	ATION AND THE								
GRANTEE. QUALITY OF LIFE GRANTS A	RE AWARDE	D THROUGH	THE FOUNDA	TION'S								
QUALITY OF LIFE DEPARTMENT. ALL RI	CTPTENTS	ARE REOUT	RED TO SUB	MTT REPORTS								
-												
AT LEAST ONCE A YEAR AND A FINAL I	REPORT WH	EN THE PRO	DJECT IS CO	MPLETED. THE								
FINAL REPORT MUST DETAIL THE OUTCO	OMES OF T	HE PROJECT	AND WHETH	ER 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												
NCOMMITTED FUNDS AT THE TERMINATION OF THE AGREEMENT REVERT BACK TO THE												

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

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
-				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
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
Ī	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The state of the s			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
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			v
-	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			v
_	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		i

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

Schedule J (Form 990) 2020

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) PETER WILDEROTTER	(i)	413,006.	0.	0.	16,680.	15,892.	445,578.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN BROWN	(i)	155,220.	0.	0.	7,212.	22,062.	184,494.	0.
DIRECTOR OF PUBLIC IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE LOIACONO	(i)	161,244.	0.	0.	7,515.	6,179.		0.
VP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AIMEE HUNNEWELL	(i)	185,164.	0.	0.	8,412.	10,409.	203,985.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET GOLDBERG	(i)	250,477.	0.	0.	11,631.	28,497.	290,605.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	86,017.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ()							
25 26	`							
27	Other () Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	n the tax vear for o	contributions				
	for which the organization completed Form 82							
	3	, ,	•	,			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
					Cabadula N			

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

Schedule M (Form 990) 2020

032142 11-23-20 Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ Go to www.irs.gov/Form990 for 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, PART I, DOING BUSINESS AS: CHRISTOPHER & DANA REEVE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 2. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE. THE BIG IDEA IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS THE AFORE-MENTIONED SECONDARY FUNCTIONS. FORM 990, PART VI, SECTION A, LINE 2: THERE IS A FAMILY RELATIONSHIP BETWEEN THREE BOARD OF DIRECTORS MEMBERS. FORM 990, PART VI, SECTION A, LINE 3: THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORMED BY AN OUTSIDE

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

PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINANCE COMMITTEE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

CONSULTANT.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** CHRISTOPHER REEVE FOUNDATION 22-2939536 AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. KEY EMPLOYEES ARE ALSO REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST STATEMENTS. POSSIBLE CONFLICTS SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS AND PRESIDENT AND SUCH PERSONS, IF A DIRECTOR, SHALL ABSTAIN FROM VOTING ON ALL MATTERS RELATED TO SUCH POSSIBLE CONFLICT OF INTEREST AND SHALL RECUSE HIMSELF/HERSELF FROM ANY PORTION OF ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS DISCUSSED AND/OR VOTED UPON. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT: THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY. THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON. AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE. COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES: THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & THE

032212 11-20-20

COMPENSATION COMMITTEE BASED ON WRITTEN PERFORMANCE EVALUATIONS AND OTHER

BUDGET CONSIDERATIONS.

Name of the organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
KEY EMPLOYEES HAVE ANNUAL PERFORMANCE EVALUATIONS AFTER W	HICH COMPENSATION
IS DETERMINED. WHEN CONSIDERED NECESSARY, THE COMPENSATION	N COMMITTEE WILL
MAKE COMPARISONS WITH OTHER SIMILAR ORGANIZATIONS BY REVI	EWING OTHERS'
COMPENSATION AS DISCLOSED IN THEIR RESPECTIVE FORM 990S A	ND DOCUMENT ITS
EVALUATION PROCESS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK,AL,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,	NH, NJ, NM, NV, NY, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FORM 990, ANNUAL REPORT, CONFLICT OF INTEREST POLICY,	AND 501(C)(3)
INTERNAL REVENUE SERVICE DETERMINATION LETTER ARE POSTED	ON THE
FOUNDATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAIL	ABLE ON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR T	HE YEAR ENDED
DECEMBER 31, 2020, THE ORGANIZATION DID NOT CHANGE ITS PR	OCESSES FROM
THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2020 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

22-2939536 CHRISTOPHER REEVE FOUNDATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Direct controlling Primary activity Total income End-of-year assets of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	()	i)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	anocations?		end-of-year allocations? 20 of Sche		Code V-UBI amount in box 20 of Schedule	mana	aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
	INVEST IN THE													
NRT HOLDINGS LLC - 84-2875859	NEURORECOVERY													
2181 GREENWICH STREET	TECHNOLOGIES,													
SAN FRANCISCO, CA 94123	INC. TO FIND A	CA		RELATED	-8,840.	1,726,981.		X	N/A		X	16.16%		
												_		
	1													
	1													
	•	•							•	•				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		Country)		·				Yes	No
									
		7.0							

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						X
b	Gift, grant, or capital contribution to related organization(s)						
С	Gift, grant, or capital contribution from related organization(s)						
d	d Loans or loan guarantees to or for related organization(s)						
e Loans or loan guarantees by related organization(s)							X
	, , , , , , , , , , , , , , , , , , , ,						
f Dividends from related organization(s)							Х
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
_	•						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organization	ı(s)			11		X
	n Performance of services or membership or fundraising solicitations by related organization(1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
_							
n	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1a		X
ч	Thombardonion paid by rolated organization(b) for expenses				19		
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must						
_							
	Name of related organization Tran	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
2)							
3)							
4)							
5)							
6)							
3216	63 10-28-20	71		Schedule F	(Forn	n 990)	2020

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
	1											
	1											
	1											
							1			\vdash		
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Provide additional information on Schedule R. See instructions.
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
NRT HOLDINGS LLC
EIN: 84-2875859
2181 GREENWICH STREET
SAN FRANCISCO, CA 94123
PRIMARY ACTIVITY: INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A
CURE FOR PARALYSIS
DIRECT CONTROLLING ENTITY:

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

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	CHRISTOPHER REEVE FOUNDATION 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078
Prepared by	SMOLIN, LUPIN & CO., P.A. 331 NEWMAN SPRINGS RD - SUITE 145 RED BANK, NJ 07701
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THE NEW JERSEY FORM CRI-300R SHOULD BE FILED VIA THE WEB AT: HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/
Return must be mailed on or before	DECEMBER 31, 2021
Special Instructions	

New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

ate fiscal year ends: $\frac{12/31/20}{}$ Date of this application: _	N.J. Charities Registration Number: CH-
harity's Full Legal Name: CHRISTOPHER REEVE FO	UNDATION
ther Names Used (d.b.a.)	
lailing Address:	
636 MORRIS TURNPIKE, SUITE 3A, SHO	
In care of: Address	City State ZIP Code
treet Address:	
Street Address	City State ZIP Code
Check this box to flag a change of ac	ddress or other vital information.
contact Person:	Phone Number:(include area code)
-mail: MBURKE@CHRISTOPHERREEVE.ORG	Federal Tax ID (EIN): 22-2939536
/eb site: WWW.CHRISTOPHERREEVE.ORG	Fax Number:(include area code)
	inancial Report(s), for the fiscal year-end shown above, is hereby requested f

090381

Form CRI-400

2.	Has the organization filed all renewal registration stateme application?	ents for years prior to the fiscal year ending on the date	e shown on the first page of this Yes X No
	If "No," please stop: if any prior years' filings are delinque for all previous years up to date before submitting a reque	•	
3.	Has the organization submitted all previous years' registr of Consumer Affairs?	ration fees and/or penalties owed to the Charities Regis	stration Section of the Division Yes X No
4.	Has the organization previously filed an initial registration If "No," please stop: You must immediately file an initial re		Yes X No be granted.
5.	Final Check List - please review and check off each of the	e five items below as they are confirmed and accomplis	shed.
	All of the questions on this application have been The charity has filed all previous renewal registrati The charity has paid all previous years' fees and p	ions and required documents. penalties owed to the Division. rear being requested on this application is enclosed an	nd has been made payable
and p	penalties owed to the Division, and that this extension requ		
	ments are willfully false, we are subject to punishment.		
Signa	tture	Title COO	Date
Signa	tture	Title TREASURER	Date
	This form must be s	signed by at least one (1) officer of the charity.	

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7th Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

RETURN MUST BE FILED ONLINE.

This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

state	ements, documents to be attached, and other requirements for registration.
1.	This statement contains the facts and financial information for the fiscal year ending: 12/31/2020 month day year
2.	Federal ID Number (EIN) 22-2939536 2a. N.J. Charities Registration Number: CH- 0343800
3.	Full legal name of the registering organization: CHRISTOPHER REEVE FOUNDATION In care of: (if necessary, otherwise leave this line blank)
4	Mailing Address: 636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 0 Change of Address
	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization Street Address City State ZIP Code
6.	Does the organization have any offices in New Jersey in addition to the one listed above? Yes X No If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
	Contact person Street address City State ZIP Code
	Telephone number (include area code) Fax number (include area code)
7.	Organization's contact information: 973-379-2690 Telephone number (include area code) Fax number (include area code)
	MBURKE@CHRISTOPHERREEVE.ORG E-mail address WWW.CHRISTOPHERREEVE.ORG Web site
8.	Type of organization (check one):
	X Nonprofit corporation

09030

Form CRI-300R

Page 1

9.	Where and when was the organization legally established? Date: 05/11/1988 State: Note: 18 State: 18 State: 19 State	nd instrument	
	constitution) only if the document has been issued or amended during the fiscal year being reported.	rument of true	it, 01
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used: CHRISTOPHER & DANA REEVE FOUNDATION	X Yes	□ No
11.	Does the organization intend to solicit contributions from the general public?	X Yes	☐ No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	X Yes	□ No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each	Yes ch one.	X No
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate staregistration.	atement to this	S
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program, state which is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration ALREADY EXISTS-FORM 990, PAGE 2, PART III, LINE 4A		dy exists or
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full addrenumber, registration number in New Jersey, and a contact person's name.	Yes ess, telephone	X No number, fax
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's fu	nds?	X No
	If "Yes," please describe the situation.		
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venture end being reported? If "Yes," please explain:	er during the fi	scal year- X No
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? a. If "No," has an application been filed which is still pending? If so, please attach a copy of the	X Yes	□ No
	I.R.S. 1023 form filed. b. Has a tax exemption been granted under another I.R.S. code?	Yes Yes	X No
	If "Yes," advise which one: c. Has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination	Yes on letter of noti	X No
	and provide a detailed explanation of the circumstances on a separate sheet of paper.		

090302

18.	Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.								
19.	Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No If "Yes," please attach to this registration the relevant document.								
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.								
21.	Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.								
22.	. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. [In Yes, In identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.								
23.	Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:								
	Name Business address Telephone number Title Salary SEE STATEMENT 1								

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

Full legal name and	d street addi	ress of the organization		
-ull legal name: C	CHRISTO	OPHER REEVE FOUNDATION		
Fiscal year-end be	ing reported	i: 12/31/2020 Federal ID Number (EIN) 22-29	3953	<u>36</u>
Mailing address: 636 MORRI	S TURN	NPIKE, SUITE 3A, SHORT HILLS, NJ	070)78 State ZIP Code
			o,	
Street address of t	the registerii	ng organization: Street Address	City	State ZIP Code
Now Jorsov Charit	ioe Pogietra	tion number: CH 0343800	00	Telephone number: 973-379-2690
vew dersey Oriani	ies riegistia	tion number. On		(include area code)
\$500,000. Note: I president or othe	If the organian authorized ompleting the	nual financial report included an audited financial statement, or if zation received gross revenue of less than \$500,000, the financial officer of the organization's board. The CRI-300R Financial Statement pages, attached please find a content of the content o	al reports	s must be certified by the organization's
A. Receipts				
Line A1a.	Direct Publ	ic Support received from the following sources:		4 262 516
	(1)	Direct mail		
	(2)	Telephone solicitation		
	(3)	Commercial co-venture		
	(4)	Gross receipts from fund-raising events		
	(5)	Canisters, counter cards, door to door etc		
	(6)	Corporations and other businesses		
	(7)	Foundations and trusts	····· –	0.
	(8)	Donated land, buildings, property, equipment		0
		and materials		^
	(9)	Legacies and bequests	····· <u> </u>	0.
	(10)	Membership dues solely resulting from		2
		solicitations	· · · · · · · · · · · · · · · · · · ·	^
	(11)	Other support (specify)	····· _	0.
Line A1b.	Total Direct	t Public Support (add lines A1a(1) through A1a(11))		5,155,147.
Line A1c.		blic Support received from the following sources:		7 275
	(1)	Federated fund-raising organization		^
	(2)	From an affiliated organization		
	(3)	From another fund-raising organization	·····- –	<u> </u>
Line A1d.	Total Indire	ect Public Support (add lines A1c(1) thru A1c(3))	······ –	7,375.
Line A1e.	Total Gros	s Contributions (add lines A1b and A1d)		5,162,522.

Form CRI-300R Page 4

090304 04-01-20

		Government grants including purchase of service contracts (specify agency) a. GOVERNMENT GRANTS - CONTRIBUTIONS b	0. 0. 0.
	Line A3.	Other Support	
		a. Bona fide membership b. Program service revenue	0.
		c. Professional services rendered by volunteers d. Miscellaneous income (specify) SEE STATEMENT 3	
		d. Miscellaneous income (specify)	121,711.
	Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	-121,711.
	Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	14,446,353.
В. І	Expenses		
	Line B1.	Program expenses	12,049,580.
	Line B2.	Management and general expenses	4 555 000
	Line B3.	Fund-raising expenses	
	Line B4.	Payments to state/national affiliates (if applicable)	
	Line B5.	Total Expenses (add the totals of line B1 thru B4)	14,104,300.
C . 1	Excess or	Deficit	
I	For the fiscal	year-end (subtract line B5 from line A4)	341,973.
D .	Fund Bala		
	Line D1.	Net assets or fund balances at beginning of year	3,900,606.
	Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 2	-20,318.
	Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	4,222,261.

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our

Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

	\neg						
Organization's Name: CHRISTOPHER REEVE FOUNDATION							
N.J. Charities Registration Number: CH- 034380000 Federal ID Number (EIN) 22-2939536							
scal Year-End being reported: 12/31/2020 month day year							
4. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:							
 a. each other? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes X No c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? G. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. 	4						
5. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.							
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.							
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.							
ignature Name MARGARET GOLDBERG Title COO Date Date							
ignatureName TANIA LYNN TAYLOR Title TREASURER Date							
This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.							

Note: Form CRI-300RC must be filed with Form CRI-300R.

Form CRI-300R

Page 6

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES 1 STATEMENT AND FIVE MOST HIGHLY PAID EMPLOYEES NAME OF INDIVIDUAL TELEPHONE NO. TITLE ALAN BROWN DIRECTOR OF PUBLIC IMPACT **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE ANGELA CANTILLON DIRECTOR, PARALYSIS RESOURCE C **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. WILLIAM CAWLEY DIRECTOR, PEER AND FAMILY SUPP **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARK BOGOSIAN

DIRECTOR, QUALITY OF LIFE GRAN

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

TITLE

TELEPHONE NO.

KIMBERLY BEER

NAME OF INDIVIDUAL

DIRECTOR, PUBLIC

POLICY

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

PETER WILDEROTTER

PRESIDENT AND CEO

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

NAME OF INDIVIDUAL

TITLE

COO

TELEPHONE NO.

MARGARET GOLDBERG

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

TITLE

TELEPHONE NO.

AIMEE HUNNEWELL

NAME OF INDIVIDUAL

CHIEF DEVELOPMENT

OFFICER

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

TITLE

TELEPHONE NO.

MICHELE LOIACONO

NAME OF INDIVIDUAL

VP, OPERATIONS

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

12

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ETHAN PERLSTEIN

CHIEF SCIENTIFIC OFFICER

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

TITLE

TELEPHONE NO.

OLIVIA MULLANE

NAME OF INDIVIDUAL

VP, MARKETING AND COMMUNICATIO

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RICHARD SHERMAN

CFO

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

CHRISTOPHER REEVE FOUNDATION 22-2939536 NAME OF INDIVIDUAL TITLE TELEPHONE NO. JAY SHEPARD CHAIR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. JOHN M. HUGHES CHAIR EMERITUS **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. VICE CHAIR JOHN E. MCCONNELL ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE ALEXANDRA REEVE GIVENS, ESQ. VICE CHAIR ADDRESS

636 MORRIS TURNPIKE, SUITE 3A

SHORT HILLS, NJ 07078

SALARY

CHRISTOPHER REEVE FOUNDATION 22-2939536 NAME OF INDIVIDUAL TITLE TELEPHONE NO. VICE CHAIR MATTHEW REEVE ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. HENRY G. STIFELL, III VICE CHAIR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. TITLE NAME OF INDIVIDUAL TELEPHONE NO. TANIA LYNN TAYLOR TREASURER ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE JEFFREY P. CUNARD, ESQ. **SECRETARY**

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

CHRISTOPHER REEVE FOUNDATION 22-2939536 NAME OF INDIVIDUAL TITLE TELEPHONE NO. JAMES CALBI DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. IAN CURTIS DIRECTOR **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. DIRECTOR MICHAEL FORDYCE ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE TRACY J. FORST DIRECTOR

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

CHRISTOPHER REEVE FOUNDATION 22-2939536 NAME OF INDIVIDUAL TITLE TELEPHONE NO. SIMONE GEORGE DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. JACK HAGERTY, ESQ. DIRECTOR **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. KELLY ANNE HENEGHAN, ESO. DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE LISA HENRY HOLMES DIRECTOR

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

CHRISTOPHER REEVE FOUNDATION 22-2939536 NAME OF INDIVIDUAL TITLE TELEPHONE NO. ANITA MCGORTY DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. JULIE NEUSTADT DIRECTOR **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. RITESH PATEL DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE TIMOTHY PERNETTI DIRECTOR

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

CHRISTOPHER REEVE FOUNDATION 22-2939536 NAME OF INDIVIDUAL TITLE TELEPHONE NO. MARK POLLOCK DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. WILLIAM REEVE DIRECTOR **ADDRESS** 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TITLE TELEPHONE NO. CHRISTOPHER TAGATAC DIRECTOR ADDRESS 636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078 SALARY 0. NAME OF INDIVIDUAL TELEPHONE NO. TITLE

PATRICIA J. VOLLAND

DIRECTOR

ADDRESS

636 MORRIS TURNPIKE, SUITE 3A SHORT HILLS, NJ 07078

SALARY

FORM CRI-300 OTHER CHANGES IN NET ASSETS OR FUND BALANCI	ES STATEMENT 2
DESCRIPTION	AMOUNT
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	-20,318.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2	-20,318.
FORM CRI-300 MISCELLANEOUS INCOME	STATEMENT 3
DESCRIPTION	AMOUNT
INVESTMENT INCOME GAIN/LOSS ON SALE OF ASSET(S) OTHER THAN INVENTORY DIRECT EXPENSES FOR FUNDRAISING EVENTS OTHER INCOME	6,334. -293. -144,824. 17,072.
TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D	-121,711.

FORM CRI-300RC

EXPLANATION OF RELATIONSHIP PAGE 6, LINE 24

STATEMENT

BOARD MEMBERS ALEXANDRA REEVE GIVENS, MATTHEW REEVE AND WILL REEVE ARE BROTHERS/SISTERS.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:			
I understand that this registi	ration is being issued at the discretion of t	he New Jersey Division of	
Consumer Affairs and agree	e that employees of the Division may inspe	ct the records in the possessio	on of
this organization in order to	ascertain compliance with the statute and	all pertinent regulations. I also	1
understand that I may be re	quired to provide additional information if	requested.	
I hereby certify that the info	rmation contained in this registration and t	he attached financial schedule	(s)
and statement(s) are true. I a	am aware that if any of the above stateme	nts are willfully false, I am subje	ect
to punishment.			
Signatura	MARGARET Name GOLDBERG	Title COO	Date
Second Authorization:			
	ration is being issued at the discretion of t	he New Jersey Division of	
I understand that this registi	ration is being issued at the discretion of to that employees of the Division may inspe	•	on of
I understand that this registi Consumer Affairs and agree	· ·	ct the records in the possession	
I understand that this registi Consumer Affairs and agree this organization in order to	that employees of the Division may inspe	ct the records in the possessic all pertinent regulations. I also	
I understand that this registi Consumer Affairs and agree this organization in order to understand that I may be re	e that employees of the Division may inspe ascertain compliance with the statute and	ct the records in the possessic all pertinent regulations. I also requested.	•
I understand that this registi Consumer Affairs and agree this organization in order to understand that I may be re I hereby certify that the infol	e that employees of the Division may inspe ascertain compliance with the statute and quired to provide additional information if	ct the records in the possessic all pertinent regulations. I also requested. the attached financial schedule	(s)
I understand that this registice Consumer Affairs and agree this organization in order to understand that I may be reliated the information of the the information of the statement (s) are true. I amount in the information of the statement in the statement	e that employees of the Division may insperance ascertain compliance with the statute and quired to provide additional information if the contained in this registration and the status of the contained in this registration.	ct the records in the possessic all pertinent regulations. I also requested. the attached financial schedule	(s)
Consumer Affairs and agree this organization in order to understand that I may be re I hereby certify that the info	e that employees of the Division may insperance ascertain compliance with the statute and quired to provide additional information if the contained in this registration and the status of the contained in this registration.	ct the records in the possessic all pertinent regulations. I also requested. the attached financial schedule	(s)

Form **990**

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

					_		
В	Check if applicab	C Name of organization			D Employer	identifi	cation number
	Addre	CHRISTOPHER REEVE FOUN	DATTON				
F	chang Name chang	- · · · CIID T CMODILED	& DANA REEVE FO	OUNDA	22-2	9395	36
F	Initial returr	Number and street (or P.0. box if mail is not del		Room/suite	+		
F	Final	636 MORRIS TITRMDTKE S	,	1100111/3uitt	973-		
	termi ated				G Gross receipts		14,798,590.
	Amer	ded CHODT HILLS NIT 07078	Zii or lordigii pootai oodo		H(a) Is this a		
Ē	Appli	-	GARET GOLDBERG		for subo		
	pend	SAME AS C ABOVE					ncluded? Yes No
ī ·	Tax-ex	empt status: X 501(c)(3) 501(c) (◀ (insert no.) 4947(a)(1) (or 52	- ' '		list. See instructions
		te: WWW.CHRISTOPHERREEVE.O			H(c) Group e		
			sociation Other	L Year			1 State of legal domicile: NJ
	art I	Summary					<u> </u>
<u> </u>	1	Briefly describe the organization's mission or most	significant activities: THE	CHRIST	TOPHER A	ND D.	ANA REEVE
Governance		FOUNDATION IS DEDICATED TO	O CURING SPINAL	CORD	INJURY	BY A	DVANCING
r	2	Check this box if the organization discor	ntinued its operations or dispos	sed of mor	e than 25% of i	ts net as	ssets.
ove.	3	Number of voting members of the governing body	(C)			_	24
<u>ھ</u>	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	24
es 4	5	Total number of individuals employed in calendar y	ear 2020 (Part V, line 2a)			5	52
Ϋ́	6	Total number of volunteers (estimate if necessary)				6	75
Activities	7 a	Total unrelated business revenue from Part VIII, co					0.
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.
					Prior Year		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)			17,719,		14,568,064.
enr	9	Program service revenue (Part VIII, line 2g)			0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			530.	6,041.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		-612,		-127,752.
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		17,114,		14,446,353.
	13	Grants and similar amounts paid (Part IX, column (8,661,		5,641,493.
	14	Benefits paid to or for members (Part IX, column (A			4 000	0.	0.
Ses	15	Salaries, other compensation, employee benefits (I			4,982,		4,993,715.
Expenses		Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line			2 204	477	2 460 172
_	17	Other expenses (Part IX, column (A), lines 11a-11d			3,384,		
	18	Total expenses. Add lines 13-17 (must equal Part II			17,028,	$\frac{374.}{184.}$	14,104,380.
_ v		Revenue less expenses. Subtract line 18 from line	12				341,973.
Net Assets or Fund Balance:		Tatal accests (Dart V. Bas 40)			eginning of Curre 8,032,		End of Year 8,358,001.
ASSe Bala	20	, , , , , , , , , , , , , , , , , , , ,			4,131,		4,135,740.
	21	Total liabilities (Part X, line 26)	E 00		3,900,		4,222,261.
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	III le 20		3,300,	000.	1,222,2010
		alties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stater	nents and to the h	nest of my	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than office				-	, momoago ana sonon, icio
	,	L	.,,			9	
Sig	n	Signature of officer			Date		
Hei		MARGARET GOLDBERG, COO					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	[Date	Check	PTIN
Pai	d	LAURA DITOMMASO	1			if self-employe	P00055087
Pre	parer	Firm's name SMOLIN, LUPIN &	CO., P.A.		Firm's	EIN 🛌	22-2258733
	Only	Firm's address 331 NEWMAN SPRIN		45			
		RED BANK, NJ 077			Phone	e no. (7	32) 933-9300
Ma	v the I	RS discuss this return with the preparer shown abo			1	<u> </u>	Ves No

Form	1 990 (2020) CHRISTOPHER REEVE FOUNDATION	22-2939536	Page 2
Pai	rt 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 CHRISTOPPHER AND DANA REEVE FOUNDATION IS DEDICATED	TO CURING	
	SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND		
	QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED B		
	QUADITI OF HITE FOR INDIVIDUADS AND FAMILIES IMPACTED B	I LWIWIIDID.	
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	,,	
4a	0 400 000 2 200 012		,
4 a	THE FOUNDATION'S QUALITY OF LIFE GRANTS PROGRAM BEGAN I	N 1999 AND	 '
	EXPANDED IN 2001 WITH THE ESTABLISHMENT OF THE PARALYSI		
			OT
	CENTER FUNDED BY A FEDERAL GRANT FROM THE CENTERS FOR D		.ОГ
	AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE	•	
	APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT	, EFFECTIVE	JULY
	1, 2020 FOR \$8,700,000.		
	THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SE	RVICES TO TH	E
	PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWA	RD QUALITY O	F
	LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS WHOSE PROJECT	S AND	
	INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY		
	WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED		
	THE TROUBLES THE HELDINGS TON THOSE MITECIES	<u>DI IIIIIIIDID</u>	•
415	(Code:) (Expenses \$ 3,061,233. including grants of \$ 2,268,780.) (Rever		
4D	(Code:)(Expenses \$3, U61, 233. including grants of \$2, 268, 780.) (Rever THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS		·
	DOLLARS AMONG TWO INITATIVES COVERING THE FULL BENCH-TO	-REDSIDE	
	CONTINUUM.		
			_
	1. THE MISSION OF THE CHRISTOPHER REEVE FOUNDATION'S NO		
	CLINICAL TRIALS NETWORK (NACTN) IS TO ADVANCE THE QUALI		
	LIFE FOR PEOPLE WITH SPINAL CORD INJURY (SCI) THROUGH C		LS
	OF NEW THERAPIES THAT PROVIDE STRONG EVIDENCE OF SAFETY	AND	
	EFFECTIVENESS. NACTN ALSO HAS THE OBJECTIVE OF CREATIN	G AND EVALUA	TING
	BEST CARE PRACTICES FOR ACUTE SCI. ITS RESEARCH HAS BE	EN SUPPORTED)
	HISTORICALLY BY MULTI-MILLION DEPARTMENT OF DEFENSE AWA		
4c	(Code:) (Expenses \$ 568, 260 • including grants of \$) (Rever		
70	PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE F		T
	MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. SPEAKI		
	EDUCATING THE PUBLIC AND LEGISLATORS ON BEHALF OF THE P		
	COMMUNITY. COMMUNITY OUTREACH THROUGH ITS WEBSITE ENABL		
	FOUNDATION TO EDUCATE THE PUBLIC ON RESEARCH INITIATIVE	S CURRENTLY	
	UNDERWAY.		
4d	,		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 12,049,580.		

Part IV Checklist of Required Schedules

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

	1 990 (2020) CHRISTOPHER REEVE FOUNDATION 22-29	39536	F	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	; d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	ı		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	···· 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	1 122 21 1122 22 27 7 7 7 7 7 7 7 7 7 7		Yes	No
4.	Enter the number reported in Poy 2 of Form 1006 Enter 0 if not applicable	65	1.55	

					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	65				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?			1c	X		

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

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	_{2a} 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	3?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots	1	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			v
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	oo provided to the pover		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ľ	70	21	
C		•	7c		Х
d	I	7d	70		
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	· ·			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b			
11	Section 501(c)(12) organizations. Enter:				
а		1a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
	•	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	an			
^		3b 3c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
				200	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
·	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۰		
1 a		7a		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
D		76		x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK , AL , CA , CO , 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			
	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, ar	d fina	ncial	
19	statements available to the public during the tax year.	u iiiidi	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RICHARD SHERMAN, CFO - 973-379-2690			
	636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078			
	SEE SCHEDIILE O FOR FILL LIST OF STATES	Form	000	(2020)

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle cer an	Pos heck ss pe	ition more	than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAY SHEPARD	5.00	ļ.,		,,					0	0
CHAIR	F 00	Х		Х				0.	0.	0.
(2) JOHN M. HUGHES	5.00	,,		,,					0	0
CHAIR EMERITUS		Х		Х				0.	0.	0.
(3) JOHN E. MCCONNELL VICE CHAIR	5.00	x		x				0.	0.	0.
(4) ALEXANDRA REEVE GIVENS, ESQ.	5.00	^		^				0.	0.	<u> </u>
VICE CHAIR	3.00	X		x				0.	0.	0.
(5) MATTHEW REEVE	5.00			<u> </u>				0.	0.	
VICE CHAIR	3.00	x		x				0.	0.	0.
(6) HENRY G. STIFELL, III	5.00	 								
VICE CHAIR		x		x				0.	0.	0.
(7) TANIA LYNN TAYLOR	5.00									
TREASURER		Х		х				0.	0.	0.
(8) JEFFREY P. CUNARD, ESQ.	5.00									
SECRETARY		Х		Х				0.	0.	0.
(9) JAMES CALBI	2.50									
DIRECTOR		Х						0.	0.	0.
(10) IAN CURTIS	2.50									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL FORDYCE	2.50									
DIRECTOR		Х						0.	0.	0.
(12) TRACY J. FORST	2.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(13) SIMONE GEORGE	2.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(14) JACK HAGERTY, ESQ.	2.50									
DIRECTOR		Х						0.	0.	0.
(15) KELLY ANNE HENEGHAN, ESQ.	2.50								0	•
DIRECTOR	1 2 52	Х				_		0.	0.	0.
(16) LISA HENRY HOLMES	2.50	Ψ,								_
DIRECTOR	2 50	Х			_			0.	0.	0.
(17) ANITA MCGORTY	2.50	X						0.	0.	0.
DIRECTOR	1	Δ			<u> </u>			1 0.	0.	Form 990 (2020)

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Form 990 (2020) CRISIOP.	UEK KEE	<u>/ C-</u>	r	JUI	עעוי	-7 T T	LOI	N	44-4939	Page 6
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(A) (B) (C) (D) (E)									(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JULIE NEUSTADT	2.50									
DIRECTOR		Х						0.	0.	0.
(19) RITESH PATEL	2.50									
DIRECTOR		Х						0.	0.	0.
(20) TIMOTHY PERNETTI	2.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(21) MARK POLLOCK	2.50									
DIRECTOR		Х						0.	0.	0.
(22) WILLIAM REEVE	2.50	X						0.	0.	0.
DIRECTOR TO THE TOTAL OF T	2.50	Δ						0.	0.	<u> </u>
(23) CHRISTOPHER TAGATAC DIRECTOR	2.50	Х						0.	0.	0.
(24) PATRICIA J. VOLLAND	2.50							•		
DIRECTOR		х						0.	0.	0.
(25) PETER WILDEROTTER	40.00									
PRESIDENT AND CEO				Х				413,006.	0.	32,572.
(26) RICHARD SHERMAN	40.00									
CFO				Х				92,788.	0.	0.
1b Subtotal							<u>►</u>	505,794.	0.	32,572.
c Total from continuation sheets to Part V	II, Section A							1,683,562.	0.	264,783.
d Total (add lines 1b and 1c)								2,189,356.	0.	297,355.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable										

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

Per No

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

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

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

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HORIZON BCBS OF NJ		
PO BOX 10130, NEWARK, NJ 07101	HEALTH INSURANCE	662,500.
SHORT HILLS PLAZA, LLC, 636 MORRIS		
TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	354,722.
AMERICAN EXPRESS	MISCELLANEOUS TRAVEL	,
PO BOX 1270, NEWARK, NJ 07101	BUSINESS MEALS, SU	317,673.
WAXMAN STRATEGIES, 1150 CONNECTICUT AVENUE		
NW SUITE 800, WASHINGTON, DC 20036	ADVOCACY CONSULTANTS	180,000.
AO SPINE NORTH AMERICA		
1700 RUSSELL ROAD, PAOLI, PA 19301	NACTN	150,000.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	уее	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		_		C)			(D)	(E)	(F)
Name and title	Average	·				Reportable	Reportable	Estimated		
Tianno anta titto	hours	(cl				Ill that apply)		compensation	compensation	amount of
	per	Ť				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				oldwa		organization	(W-2/1099-MISC)	from the
	hours for	or dir	g.			ated 6		(W-2/1099-MISC)		organization
	related	ıstee	truste		gg.	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below line)	divid	stitut	Officer	ey em	ighes	Former			
(00) 01 7777 7777 7777	40.00	드	드	0	¥	エ	Ω.			
(27) OLIVIA MULLANE	40.00			х				111 246	0.	2 624
VP, MARKETING AND COMMUNICATIONS	40.00			Λ				111,346.	0.	3,624.
(28) ALAN BROWN	40.00					х		155 220	0.	20 274
DIRECTOR OF PUBLIC IMPACT	40 00					^		155,220.	0.	29,274.
(29) ETHAN PERLSTEIN	40.00			,,				110 500	0	7 005
CHIEF SCIENTIFIC OFFICER	40.00			Х				118,599.	0.	7,985.
(30) JEANNINE MAROTTA	40.00					l		440 536		44 544
DIRECTOR OF SPECIAL GIFTS	1000					Х		118,736.	0.	14,544.
(31) MICHELE LOIACONO	40.00			l				161 044	•	12 604
VP, OPERATIONS	40.00			Х				161,244.	0.	13,694.
(32) AIMEE HUNNEWELL	40.00							105.161		10 001
CHIEF DEVELOPMENT OFFICER				Х				185,164.	0.	18,821.
(33) MARGARET GOLDBERG	40.00								_	
C00				Х				250,477.	0.	40,128.
(34) KIMBERLY BEER	40.00									
DIRECTOR, PUBLIC POLICY						Х		124,897.	0.	15,355.
(35) WILLIAM CAWLEY	40.00									
DIRECTOR, PEER AND FAMILY SUPPORT PR						Х		108,506.	0.	37,572.
(36) MARK BOGOSIAN	40.00									
DIRECTOR, QUALITY OF LIFE GRANTS PRO						Х		112,979.	0.	32,959.
(37) ANGELA CANTILLON	40.00									
DIRECTOR, PARALYSIS RESOURCE CENTER						Х		114,369.	0.	34,594.
(38) SHEILA FITZGIBBON	40.00									
SENIOR DIRECTOR, PRC						Х		122,025.	0.	16,233.
·										-
		l					ĺ			
						\vdash				
		1					ĺ			
		\vdash	\vdash	\vdash	\vdash	\vdash	\vdash			
		ł								
					<u> </u>					
Total to Dort VIII. Continue A. Bing 4								1,683,562.		264,783.
Total to Part VII, Section A, line 1c								1,000,002.		404,103.

Form 990 (2020) CHRISTO

			Check if Schedule O	contains	a response	e or note to any lin	e in this Part VIII			
			Chicarn Concado C	oor itali io	атоороно	or moto to any iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
S S	-1	_	Federated campaigns		1a					
Grant										
			Membership dues			792,631.				
r A			Fundraising events			7,375.				
ig je			Related organizations			9,405,542.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contr			9,405,542.				
		T	All other contributions, gifts,			4 363 516				
			similar amounts not included		•	4,362,516.				
			Noncash contributions included in			86,017.	14 560 064			
		h	Total. Add lines 1a-1f			14,568,064.				
Program Service Revenue						Business Code				
	2	а								
		b								
n S		С								
Jrar Rev		d								
Pog F		е								
-			All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (include							
			other similar amounts)			▶	6,334.			6,334.
	4		Income from investment of	of tax-ex	empt bond	proceeds >				
	5		Royalties			>				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6с						
		d	Net rental income or (loss)		>				
	7	а	Gross amount from sales of	(i)	Securities	(ii) Other				
			assets other than inventory	7a	207,120					
		b	Less: cost or other basis							
ne ne			and sales expenses	7b	207,413					
Revenue		С	Gain or (loss)	7c	-293					
Re			Net gain or (loss)			>	-293.			-293.
her			Gross income from fundraising							
₹			including \$	792,63	1. of					
			contributions reported on	line 1c).	See					
			Part IV, line 18			a 0.				
		b	Less: direct expenses			144,824.				
			Net income or (loss) from				-144,824.			-144,824.
	9	а	Gross income from gamin	g activit	ies. See					
			Part IV, line 19			a				
		b	Less: direct expenses			0				
			Net income or (loss) from							
			Gross sales of inventory, I							
			and allowances)a				
		b	Less: cost of goods sold							
			Net income or (loss) from			'				
Miscellaneous Revenue		_			551	Business Code				
	11	а	OTHER INCOME			900099	17,072.			17,072.
		b					,			,,
elle eve		c								
Si R			All other revenue							
≥			Total. Add lines 11a-11d				17,072.			
	12	_	Total revenue. See instruction				14,446,353.	0.	0.	-121,711.
							,,			,

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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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	-		impiete columni (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,603,993.	5,603,993.		
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	25 500	25 500		
	individuals. See Part IV, lines 15 and 16	37,500.	37,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 440 450	1 046 963	72 060	220 710
_	trustees, and key employees	1,449,450.	1,046,863.	72,868.	329,719
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,660,551.	1,895,724.	136,221.	628,606
7	Other salaries and wages	4,000,331.	1,033,144.	130,221.	020,000
8	Pension plan accruals and contributions (include	71,019.	58,022.	3,668.	9 320
9	section 401(k) and 403(b) employer contributions)	525,806.	451,948.	10,558.	9,329 63,300
	Other employee benefits	286,889.	232,635.	9,623.	44,631
10 11	Payroll taxes Fees for services (nonemployees):	200,000.	252,055	5,025.	44,UJI
''	Management				
	Legal	24,439.	2,583.	21,856.	
	Accounting	118,533.	21,290.	97,243.	
	Lobbying			J. / = 10 t	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	150.		150.	
g					
J	column (A) amount, list line 11g expenses on Sch O.)	1,165,447.	1,015,090.	45,311.	105,046
12	Advertising and promotion	111,682.	105,181.		6,501
13	Office expenses	140,122.	121,093.	3,375.	15,654
14	Information technology				
15	Royalties				
16	Occupancy	347,992.	282,218.	11,666.	54,108
17	Travel	92,775.	57,243.	24,558.	10,974
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	401,174.	398,962.	2,212.	
20	Interest				
21	Payments to affiliates	14 = 22	00 = 00		44.5=:
22	Depreciation, depletion, and amortization	41,789.	23,736.	3,202.	14,851
23	Insurance	99,624.	74,718.	24,906.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	271 260	254 704	0 000	0.000
a	MISCELLANEOUS	271,368.	254,794. 194,901.	8,288.	8,286
b	INTERNET COMMUNICATIONS	211,071.	41,406.	2,695.	13,475
С	DIRECT MAIL TEAMS	138,021. 123,615.	41,406.	0.	96,615 123,615
d		181,370.	129,680.	19,397.	32,293
	All other expenses	14,104,380.	12,049,580.	497,797.	1,557,003
25	Total functional expenses. Add lines 1 through 24e	14,104,300.	14,043,300.	431,131•	Ι, 331,003
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	282,846.	84,854.	0.	197,992
	The Chiefe Transport of the Ch	404,040.	04,034.	<u> </u>	191,334

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Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,716,227.	1	1,917,105.
	2	Savings and temporary cash investments	649,644.	2	1,517,083.
	3	Pledges and grants receivable, net	2,973,201.	3	2,995,491.
	4	Accounts receivable, net		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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	42,582.	9	149,765.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,225,141. Less: accumulated depreciation 10b 1,210,395.			
	b	Less: accumulated depreciation 10b 1,210,395.	16,359.	10c	14,746. 1,055.
	11	Investments - publicly traded securities	141,393.	11	1,055.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,444,060.	13	1,742,010.
	14	Intangible assets	35,343.	14	7,083.
	15	Other assets. See Part IV, line 11	13,663.	15	13,663.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,032,472.	16	8,358,001.
	17	Accounts payable and accrued expenses	454,215.	17	573,449.
	18	Grants payable	3,567,067.	18	3,263,830.
	19	Deferred revenue	110,584.	19	148,461.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	150 000
_	23	Secured mortgages and notes payable to unrelated third parties		23	150,000.
	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	4,131,866.	25	4,135,740.
	26	Total liabilities. Add lines 17 through 25	4,131,000.	26	4,133,740.
8		Organizations that follow FASB ASC 958, check here			
Š	07	and complete lines 27, 28, 32, and 33.	3,900,606.	27	4,222,261.
3ale	27	Net assets without donor restrictions	3,300,000.	28	4,222,201.
βE	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here		20	
Ξ					
ō	20	and complete lines 29 through 33.		29	
ets	29	Capital stock or trust principal, or current funds		30	
٨ss	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	3,900,606.	32	4,222,261.
Z	32	Total lie bilities and not assets (fund balances	8,032,472.	33	8,358,001.
	33	Total liabilities and net assets/fund balances	0,032,412.	აა	0,330,001.

Form **990** (2020)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		4,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	4,10		
3	Revenue less expenses. Subtract line 2 from line 1	3			73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,90		
5	Net unrealized gains (losses) on investments	5	-2	<u>0,3</u>	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,22	2,2	<u>61.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

3b X Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

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

Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(I)(A)(i).	
2		A school described in secti					- N-7-	
3	\Box	A hospital or a cooperative		•			;;\	
	\vdash						-	the characterite in a second
4		A medical research organiz	ation operated in co	njunction with a nospita	described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6	Ш	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support t	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in coniu	inction with a land-grant	college
		or university or a non-land-g				-		-
		university:	, and conlege of agric		Lintor tiro	riarrio, ori	,, and state of the coneg	0 01
10		An organization that norma	lly receives (1) more	than 33 1/30% of its sun	nort from (contributio	one momborship foos a	ad gross receipts from
10								
		activities related to its exen	•	·				-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ilred by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	• ,					
11	Н	An organization organized a	•	•	-			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	•					-
		organization(s). You mus					····· -· ··· ·························	
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
Ŭ		its supported organization	-				• •	od with,
d		Type III non-functionally		•				zation(s)
u			=					
		that is not functionally int	-	-	-		-	iveriess
		requirement (see instructi	•					
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
_		functionally integrated, or	• •	nally integrated support	ing organiz	zation.		
t		er the number of supported of						
g		vide the following information			(iv) Is the orga	nization listed	(a) Amount of monotonic	(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		àbove (see instructions))	Yes	No	support (see instructions)	support (see instructions)
r _{at} ,								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 2 2 6 1 2 2 6	12005204	10600610	4 5 5 4 4 4 4 4 4	1.45.600.64	E0554040
4	Total. Add lines 1 through 3	13861926.	13985304.	12639619.	17719929.	14568064.	72774842.
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)						70774040
6	Public support. Subtract line 5 from line 4.						72774842.
	etion B. Total Support	() 0040	#1.0047	() 0040	(), 0040	() 0000	(0 T)
	ndar year (or fiscal year beginning in)		(b) 2017	(c) 2018	(d) 2019 17719929.	(e) 2020	(f) Total 72774842.
	Amounts from line 4	13001920.	13903304.	12039019.	11113323.	14300004.	12114042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	63,928.	67,983.	25,623.	14,022.	6,334.	177,890.
_	and income from similar sources	03,920.	07,303.	23,023.	14,022.	0,334.	177,090.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part VI.)						72952732.
11 12	Gross receipts from related activities	etc (see instructi	one)			12	485,800.
13	First 5 years. If the Form 990 is for the			fourth or fifth tax			200,0001
.0	organization, check this box and sto			•		. , . ,	
Sec	etion C. Computation of Publ						
	Public support percentage for 2020 (column (f))		14	99.76 %
15	Public support percentage from 2019					15	98.59 %
16a							ox and
	16a 33 1/3 % support test - 2020. 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 ▶ X						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	eck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	ualifies as a publicl	y supported organ	nization	▶□
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	clow, picase com	picte r art ii.j				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	\	, ,	1	` ` `
	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						
J	are not an unrelated trade or bus- iness under section 513						
4							
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5					1	
/ 6	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		<u>~</u> _			11	
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio						N

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations					
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 (B) Curre (option								
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	anization (see				

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D -	Distributions		Current Year		
1	Amou	ints paid to supported organizations to accomplish exe		1		
2	Amou	ints paid to perform activity that directly furthers exemp				
	organ	izations, in excess of income from activity			2	
3	Admii	nistrative expenses paid to accomplish exempt purpose	าร	3		
4	Amou	ints paid to acquire exempt-use assets			4	
5		ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.	,		6	
7		annual distributions. Add lines 1 through 6.			7	
8		outions to attentive supported organizations to which the	ne organization is responsive	e		
_		de details in Part VI). See instructions.	g	_	8	
9	•	outable amount for 2020 from Section C, line 6			9	
10		B amount divided by line 9 amount			10	
	<u></u>	amount awass by line o amount	(i)	(ii)		(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distril	outable amount for 2020 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2020 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2020				
а	From	2015				
b	From	2016				
С	From	2017				
d	d From 2018					
е	From	2019				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
		ed to 2020 distributable amount				
		over from 2015 not applied (see instructions)				
ī		inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4		outions for 2020 from Section D,				
-	line 7	. '				
		ed to underdistributions of prior years				
		ed to 2020 distributable amount				
		under. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2020, if				
•		Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in Part VI. See instructions.				
6		ining underdistributions for 2020. Subtract lines 3h				
·		b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2021. Add lines 3j				
•	and 4					
8		cdown of line 7:				
		ss from 2016				
		ss from 2017				
		ss from 2018				
a	Exces	ss from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

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

22-2939536

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General l	Rule						
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
;	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , 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; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
,	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 7,945,659.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$		caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

		Collections of A				or Otho	r Cimile	. A a a a	±0//:		aye Z
	gameatrone manntaning s									iuea)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	it make si	ignificant i	use of its			
	collection items (check all that apply):										
а	Public exhibition	C			hange progra	am					
b	Scholarly research	e	• L C	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit of								7	_	7
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the o	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or	•	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	s or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatior	n has been	provided on	Part XIII					
Pai	t V Endowment Funds. Complete i	f the organization ar	nswered "	Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pri	or year	(c) Two year	s back (d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g	, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	red for th	ne organiz	ation	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment fu	ınds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			1,22	5,141.	1,2	10,39	95.	1	4,7	46.
	Other										

Schedule D (Form 990) 2020

14,746.

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

Schedule D (Form 990) 2020 CHRISTOPHER	REEVE FOUNDA	TION	22-2939536 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) NRT HOLDINGS, LLC	1,742,010.	COST	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1,742,010.		
Part IX Other Assets.			
Complete if the organization answered "Yes"		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, col. (B) line	9 15.)		.▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	ie 25.

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

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

Schedule D (Form 990) 2020

(Form 990) 2020 Reconciliation of	Revenue per Aud	ited Fina	ncial Statements	With Revenue per Return.	·
l	zation answered "Yes" o				
				1, 11/ 570	

1	Total revenue, gains, and other support per audited financial statements			1	14,570,709.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-20,318.		
b	Donated services and use of facilities				
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	144,824.		
е	Add lines 2a through 2d	2e	124,506.		
3	Subtract line 2e from line 1			3	14,446,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	150.
5	Total revenue Add lines 3 and 4c (This must equal Form 990 Part I line 12)			5	14.446.353.

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				14,249,054.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d	144,824.		
е	Add lines 2a through 2d			2e	144,824.
3	Subtract line 2e from line 1			3	14,104,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	150.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,104,380.

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.

032054 12-01-20

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED DECEMBER 31, 2020 AND 2019. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017 AND 2016, FOR THE STATE OF NEW JERSEY, RESPECTIVELY. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 144,824. PART XII, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES 144,824.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

	RISTOPHER REE					22-293953	
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes L No
_	F	other to Deat Vale				U	tal a ala a
2	United States.	ribe in Part v the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance outs	ade the
3		ho following Part	I lino 3 tablo co	an be duplicated if additional space is r	acodod)		
	(a) Region	(b) Number of		(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
					SCIENTIFIC	RESEARCH	
					RELATING TO	SPINAL CORD	
				RESEARCH GRANTS TO	INJURY INCL	UDING TISSUE	
IOR1	TH AMERICA	0	0	ORGANIZATIONS	REPAIR, NEU	RON	37,500.
3 a	Subtotal	0	0				37,500.
	Total from continuation						
	sheets to Part I	0	0				0.
_	Totals (add lines 3a						

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2020

37,500.

and 3b)

		=	cated if additional space is ne		rganization answered	a res" on Form	990, Paπ IV, line 15, for	any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SCIENCE RESEARCH	37,500.	CHECKS	0.		

2	Enter total number of re	ecipient organizatio	ns listed above that are r	ecognized as charities by the	foreign country,	recognized as a tax		
	exempt 501(c)(3) organ	nization by the IRS,	or for which the grantee	or counsel has provided a sec	tion 501(c)(3) eq	uivalency letter	 	
3	Enter total number of o	ther organizations of	or entities					

Part III Grants and Other Assistance Part III can be duplicated if ac			ates. Complete II	THE OF GATHZALION ANSWERED TES	on roini 990, Part	iv, mic io.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, othe

Page 4

Schedule F (Form 990) 2020 Part IV Foreign Forms CHRISTOPHER REEVE FOUNDATION

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

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 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.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-Ez	Z filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individua eart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (incluence)	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have co or cor contrib	ustoay	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	. \ outions	s or has been notified	d it is exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	E Z . 9	Schedule G (Form 9	90 or 990-EZ) 2020

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through AME TEAM REEVE col. (c)) (event type) (event type) (total number) Revenue 426,535 792,631. 1 Gross receipts 340,320. 25,776. 25,776. 792,631. 426,535 340,320. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 39,131. 30,363. 9 Other direct expenses 75,330. 144,824. 144,824 10 Direct expense summary. Add lines 4 through 9 in column (d) -144,824 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 CHRISTOPHER REEVE FOUNDATION 22-2	939	536	Page 3
11	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	
40	to administer charitable gaming?	ш	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	۔ مدا	ı	07
	a The organization's facility			<u>%</u> %
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	เงม		70
14	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\Bigs\\$			
	If "Yes," enter name and address of the third party:			
	Name ▶			
16	Address Gaming manager information:			
10				
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	\Box	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization CHRISTOPHER REEVE FOUNDATION

CHRISTOPH	HER REEVE	FOUNDATION					22-2939536
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	=				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	1 '	1 ' 1		(f) Method of		1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF ALABAMA							COVID-19: ADDRESSING
BIRMINGHAM, AL 35233	63-0307306	501(C)(3)	13,010.	0.			SOCIAL ISOLATION
CLEMSON UNIVERSITY 230 KAPPA STREET, SUITE 200 CLEMSON, SC 29634-5702	57-0426335	501(C)(3)	42,604.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
DISABILITY PARTNERSHIP PROJECT 14103 STANWOOD TERRACE, 103 ROCKVILLE, MD 20850	47-2647318	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	22,490.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
PARALYZED VETERANS OF AMERICA - NATIONAL HQ - 801 EIGHTEENTH STREET NW - WASHINGTON, DC 20006	13-1946868	501(C)(3)	25,000.	0.			COVID-19: ADDRESSING SOCIAL ISOLATION
ROCHESTER SPINAL ASSOCIATION 3380 MONROE AVENUE, SUITE 102 ROCHESTER, NY 14618	1	501(C)(3)	22,715.	0.			covid-19: addressing social isolation
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ie iine i tadie				152

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

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

Schedule I (Form 990) 2020

Tomosauro r (r omir oco)		mostic Organization	o and Domostic C	overnmente (Seb	odulo I (Form 000) Do	o+ II \	Z ZJJJJJU Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	is and Domestic G	overnments (Sch	edule i (Form 990), Pa 	irt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN MS CENTER							
8845 WAGNER STREET							COVID-19: ADDRESSING
WESTMINSTER, CO 80031	84-0795455	501(C)(3)	25,000.	0.			SOCIAL ISOLATION
SISTEMA INFANTIL TELETON USA							
10839 QUARRY PARK							COVID-19: ADDRESSING
SAN ANTONIO, TX 78233	46-4845389	501(C)(3)	25,000.	0.			SOCIAL ISOLATION
SPINA BIFIDA ASSOCIATION OF				- •			
GREATER NEW ENGLAND - 219 E. MAIN							
STREET, SUITE 100B - MILFORD, MA							COVID-19: ADDRESSING
01757	23-7305430	501(C)(3)	19,500.	0.			SOCIAL ISOLATION
UNIVERSITY OF KENTUCKY RESEARCH							
FOUNDATION - 109 KINKEAD HALL -							COVID-19: ADDRESSING
LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	50,000.	0.			SOCIAL ISOLATION
UNIVERSITY OF MIAMI - MIAMI							
PROJECT - 1320 S. DIXIE HIGHWAY,							COVID-19: ADDRESSING
SUITE 650 - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	43,881.	0.			SOCIAL ISOLATION
,			, , , , , , , , , , , , , , , , , , ,				
ABLE SOUTH CAROLINA (CIL)							
720 GRACERN ROAD, SUITE 106							
COLUMBIA, SC 29210	58-2336332	501(C)(3)	50,000.	0.			EMPLOYMENT
ALS ASSOCIATION GOLDEN WEST							
CHAPTER - P.O. BOX 565 - AGOURA	05 4163330	E01/Q\/3\	20.000	0			DEGDIME /GADEGIVING
HILLS, CA 91376-0565	95-4163338	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
CENTER FOR PEOPLE WITH							
DISABILITIES - 1675 RANGE STREET -							
BOULDER, CO 80301	84-0732497	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
<u> </u>			<u> </u>				
EOD WARRIOR FOUNDATION							
716 CRESTVIEW AVE							
NICEVILLE, FL 32578	20-8618412	501(C)(3)	15,000.	0.			RESPITE/CAREGIVING

Part II Continuation of Grants and Other		meetic Organization	e and Domostic C	overnments (Sch	edule I (Form 000) Do	rt II \	Z Z J J J J J J J J J J J J J J J J J J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	94-3255845	501(C)(3)	27,655.	0.			RESPITE/CAREGIVING
HANDI-WHEELS TRANSPORTATION 2525 BROADWAY N. , UNIT 002 FARGO, ND 58102	45-0348910	501(C)(3)	30,000.	0.			TRANSPORTATION
HOPE NETWORK 3075 ORCHARD VISTA DRIVE SE GRAND RAPIDS, MI 49546	38-2731395	501(C)(3)	50,000.	0.			EMPLOYMENT
INDEPENDENCEFIRST (CIL) 540 SOUTH 1ST STREET MILWAUKEE, WI 53204	39-1343425	501(C)(3)	40,000.	0.			NURSING HOME TRANSITION
ON MY OWN, INC 428 E. HIGHLAND AVE. NEVADA, MO 64772	43-1759551	501(C)(3)	50,000.	0.			EMPLOYMENT
RAMP - REGIONAL ACCESS & MOBILIZATION PROJECT (CIL) - 202 MARKET ST - ROCKFORD, IL 61107	36-3149827	501(C)(3)	24,989.	0.			EMPLOYMENT
RESOURCE CENTER FOR INDEPENDENT LIVING, INC. (CIL) - 131 GENESEE STREET, PO BOX 210 - UTICA, NY 13503-0210	22-2518284	501(C)(3)	30,000.	0.			DISASTER RESPONSE
SPECIAL KIDS SPECIAL FAMILIES 1915 AEROTECH DRIVE, SUITE 100 COLORADO SPRINGS, CO 80916	84-1476535	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
THE ALS ASSOCIATION OF GEORGIA 5881 GLENRIDGE DRIVE, SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)(3)	30,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALS ASSOCIATION, MINNESOTA,							
NORTH DAKOTA, SOUTH DAKOTA CHAPTER							
- 1919 UNIVERSITY AVE W, SUITE 175				_			
- ST. PAUL, MN 55104	41-1756085	501(C)(3)	30,000.	0.			RESPITE/CAREGIVING
ABINGTON MEMORIAL HOSPITAL							
1200 OLD YORK RD.							
ABINGTON, PA 19001	23-1352152	501(C)(3)	25,000.	0.			CAREGIVING
1 CV-TV-T T1 VOT							
ACHIEVE TAHOE							
PO BOX 8339	68-0024920	E01/Q\/3\	24 963	0			ADADMINE GDODMG
TRUCKEE, CA 96162 AGING, DISABILITY & TRANSIT	66-0024920	501(C)(3)	24,863.	0.			ADAPTIVE SPORTS
SERVICES OF ROCKINGHAM COUNTY - PO							
BOX 1915, 105 LAWSONVILLE AVE							
REIDSVILLE, NC 27323	56-1480312	501(C)(3)	962.	0.			FITNESS AND WELLNESS
REIDEVIELE, No 27323	30 1400312	501(0)(3)	302.	••			I IINDO IND WELLNESS
ARC OF MAUI COUNTY							
140 N. MARKET STREET, SUITE 202B							
WAILUKU, HI 96793	99-0109804	501(C)(3)	24,000.	0.			TRANSPORTATION
,							
CAMP TWIN LAKES							
1100 SPRING STREET, SUITE 406							
ATLANTA, GA 30309	58-1826782	501(C)(3)	24,200.	0.			САМР
ANNATUR ALTER TVA							
CHANGING GAITS INC.							
P.O. BOX 21		504 (5) (2)	04.505				THERAPEUTIC HORSEBACK
BROOK PARK, MN 55007	20-8039907	501(C)(3)	24,785.	0.			RIDING
CHARLES RIVER CENTER							
59 EAST MILITIA HEIGHTS DR.							FACILITY ACCESSIBILITY
NEEDHAM, MA 02492	04-2393108	501(C)(3)	25,000.	0.			MODIFICATIONS
•			,,,,,,,				
CHESHIRE HOME							
9 RIDGEDALE AVENUE							
FLORHAM PARK, NJ 07932	22-1936587	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF AURORA, IL							
44 E. DOWNER PLACE							
AURORA, IL 60507-2067	36-6005778	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
CITY OF LEITCHFIELD							
314 W WHITE OAK STREET							
LEITCHFIELD, KY 42754	61-6001857	501(C)(3)	24,995.	0.			ACCESSIBLE PLAYGROUND
CITY OF MARINE CITY							
303 S. WATER STREET							ACCESSIBLE
MARINE CITY, MI 48039	38-6004573	501(C)(3)	24,706.	0.			BEACH/DOCK/PIER
,			, -	-			
CITY OF PALO ALTO							
1451 MIDDLEFIELD ROAD							FACILITY ACCESSIBILITY
PALO ALTO, CA 94301	94-6000389	501(C)(3)	14,325.	0.			MODIFICATIONS
CIVITAN FOUNDATION, INC. 12635 N 42ND ST							
PHOENIX, AZ 85032	23-7036797	501/0\/3\	15,000.	0.			ADAPTIVE SPORTS
PROENTA, AZ 05032	23-7030797	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
COASTAL HORIZONS CENTER							
615 SHIPYARD BLVD							
WILMINGTON, NC 28412	56-0950370	501(C)(3)	22,407.	0.			ACCESSIBLE PLAYGROUND
COMMON GROUND OUTDOOR ADVENTURES							
335 N. 100 E.	04 1205101	E01/G)/3)	17 600	0.			ADADMIKE GDODMG
LOGAN, UT 84321	84-1385181	501(C)(3)	17,600.	0.			ADAPTIVE SPORTS
CONNECTICUT INSTITUTE FOR THE							
BLIND D/B/A OAK HILL - 120 HOLCOMB							
STREET - HARTFORD, CT 06112	06-0669111	501(C)(3)	15,506.	0.			ASSISTIVE TECHNOLOGY
COURAGE KENNY FOUNDATION							
3915 GOLDEN VALLEY ROAD	44 405000	501/62/22		_			
MINNEAPOLIS, MN 55422	41-1952989	pu1(C)(3)	23,000.	0.			TRANSPORTATION

Part II Continuation of Grants and Other			s and Domestic G	overnments (Scho	edule I (Form 990) Pa	rt II.)	Z Z J J J J J J J J J J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABLED SPORTS USA - OR (OREGON							
ADAPTIVE SPORTS) - 63025 O.B.							
RILEY RD, SUITE 12 - BEND, OR							
97703	26-0076749	501(C)(3)	5,000.	0.			ADAPTIVE SPORTS
EASTER SEALS - AZ (EASTER SEALS							
SOUTHWEST HUMAN DEVELOPMENT) -							
2850 N. 24TH STREET - PHOENIX, AZ				_			
85008	86-0407179	501(C)(3)	5,587.	0.			ASSISTIVE TECHNOLOGY
FOOD UNITING NEIGHBORS							
3029 SYLVAN DRIVE							
FALLS CHURCH, VA 22042	83-3442020	501(C)(3)	9,776.	0.			ACCESSIBLE TRAIL
HIGH FIVES NON-PROFIT FOUNDATION							
10775 PIONEER TRAIL SUITE 108							
TRUCKEE, CA 96161	26-4275773	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ILLINOIS SPINA BIFIDA ASSOCIATION							
2211 N OAK PARK AVE							PEER MENTORING AND
CHICAGO, IL 60707	23-7062317	501(C)(3)	4,870.	0.			SUPPORT
INDEPENDENT LIVING CENTER OF THE							
HUDSON VALLEY (CIL) - 15-17 THIRD	22 2075011	E01/G)/2)	21 404	0			DIMNING AND HILLIANGS
STREET - TROY, NY 12180	22-2875911	501(C)(3)	21,494.	0.			FITNESS AND WELLNESS
JERSEY SHORE UNIVERSITY MEDICAL							
CENTER FOUNDATION - 1340 CAMPUS							
PARKWAY, BUILDING C, UNIT 4 -	22 2242452	E01/G)/3)	24 003	0			
NEPTUNE, NJ 07753	22-2342452	DUI(C)(3)	24,003.	0.			ASSISTIVE TECHNOLOGY
LOGAN UNIVERSITY							
1851 SCHOETTLER ROAD							
	43-0746185	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CHESTERFIELD, MO 63017	42-0/40102	D01(C)(3)	25,000.	0.			WANTING SLOKIS
MARIAN UNIVERSITY							
3200 COLD SPRING ROAD							FACILITY ACCESSIBILITY
	l	1	1		l		[

	# N = N .	() 170			(0.14.11.1.5		435
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY PARKS FOUNDATION							
2425 REEDIE DRIVE, 12TH FLOOR							FACILITY ACCESSIBILITY
WHEATON, MD 20902	52-1788782	501(C)(3)	9,308.	0.			MODIFICATIONS
MORE THAN WALKING INCORPORATED							
155 PEACE ACRE LANE							
STRATFORD, CT 06614	82-3271603	501(C)(3)	12,500.	0.			MEDIA DEVELOPMENT
SIRATIOND, CT 00014	02 3271003	501(0/(3/	12,500.	٠.			MEDIA DEVELOTMENT
NORTHERN VIRGINIA THERAPEUTIC							
RIDING PROGRAM - 6429 CLIFTON RD.							THERAPEUTIC HORSEBACK
- CLIFTON, VA 20124	54-1897241	501(C)(3)	9,147.	0.			RIDING
OGDEN VALLEY ADAPTIVE SPORTS							
P.O. BOX 1193							
EDEN, UT 84310	27-0650748	501(C)(3)	15,597.	0.			ADAPTIVE SPORTS
ODLINDO UDILEU ING							
ORLANDO HEALTH INC.							
3160 SOUTHGATE COMMERCE BLVD, SUITE	59-1726273	E01/G)/2)	16 771	0			DIDABLE MEDICAL FOLLOWEN
ORLANDO, FL 32806	39-1/202/3	501(C)(3)	16,771.	0.			DURABLE MEDICAL EQUIPMEN
PIERS PARK SAILING CENTER							
95 MARGINAL STREET							
EAST BOSTON, MA 02128	04-3411388	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
			·				
RAYTOWN CHAMBER OF COMMERCE							
BUILDING FOUNDATION - 5909 RAYTOWN							FACILITY ACCESSIBILITY
TRAFFICWAY - RAYTOWN, MO 64133	43-1503025	501(C)(3)	12,766.	0.			MODIFICATIONS
SMOKY MOUNTAIN SERVICE DOGS							
110 TOOWEKA CIRCLE							
LOUDON, TN 37774	27-3365083	501(C)(3)	12,500.	0.			SERVICE ANIMAL PROGRAM
SOCIEDAD, EDUCACIN Y REHABILITACIN							
(SER) DE PUERTO RICO, INC 500							
CALLE BEZ URB. PREZ MORIS - SAN							
JUAN, PR 00917	66-0207947	501(C)(3)	13,600.	0.			DURABLE MEDICAL EQUIPMEN

Part II Continuation of Grants and Other		omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa		La apparation in age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPORTABLE							
1365 OVERBROOK ROAD, ROOM 2							
RICHMOND, VA 23220	20-8924701	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
STABLESTRIDES							
13620 HALLELUIAH TRAIL							FACILITY ACCESSIBILITY
ELBERT, CO 80106	74-2232440	501(C)(3)	2,980.	0.			MODIFICATIONS
STONINGTON FREE LIBRARY							
PO BOX 232, 20 HIGH STREET							FACILITY ACCESSIBILITY
STONINGTON, CT 06378	06-0665194	501(C)(3)	2,800.	0.			MODIFICATIONS
TETON ADAPTIVE SPORTS							
7342 GRANITE LOOP ROAD, P.O. BOX 90)						
TETON VILLAGE, WY 83025	06-1741611	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
THE ALS ASSOCIATION NORTHERN OHIO							
CHAPTER - 6155 ROCKSIDE ROAD,							L
SUITE 403 - INDEPENDENCE, OH 44131	34-1595148	501(C)(3)	18,474.	0.			DURABLE MEDICAL EQUIPMENT
THE UNIVERSITY OF MICHIGAN							
3003 S. STATE STREET, ANN ARBOR,							
MI 48109-1274 - ANN ARBOR, MI	20 6006200	E01/G)/2)	11 685				
48109	38-6006309	501(C)(3)	11,675.	0.			FITNESS AND WELLNESS
THE WILLIAM S BAER SCHOOL							
PARTNERSHIP BOARD INC 2001							
NORTH WARWICK AVENUE - BALTIMORE,	E2 1000EE6	E01/Q\/3\	25 000				A GOT OFFICE THE GUNDOL OOV
MD 21216	52-1890556	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
TOMS RIVER FIELD OF DREAMS							
37 HARPERS FERRY RD							
TOMS RIVER, NJ 08753	82-0886452	501(C)(3)	20,805.	0.			ACCESSIBLE PLAYGROUND
			20,303.	<u> </u>			
TOPFIELD EQUESTRIAN CENTER							
115 STONECROP LANE							THERAPEUTIC HORSEBACK
COLD SPRING, NY 10516	20-4432765	501(C)(3)	4,525.	0.			RIDING
	1		, , , ,		1	1	2

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAIL ACCESS PROJECT							
8844 CORTILE DRIVE							
LAS VEGAS, NV 89134	81-2198398	501(C)(3)	21,287.	0.			ACCESSIBLE TRAIL
MDIDNI ADADMINI ODGANIGAMION							
TRIBAL ADAPTIVE ORGANIZATION							
1718 MARIPOSA DR. DURANGO, CO 81301	81-4076368	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
DURANGO, CO 81301	81-40/6366	501(C)(3)	25,000.	0.			ELINESS WIND METITIVESS
UNIVERSITY OF ILLINOIS AT							
URBANA-CHAMPAIGN - 1207 S. OAK							
ST., M/C 574 - CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	23,555.	0.			FITNESS AND WELLNESS
· ,			,				
WAHINE PROJECT							
PO BOX 791465							
PAIA, HI 96779	45-1154140	501(C)(3)	20,515.	0.			ADAPTIVE SPORTS
WINDSOR PUBLIC LIBRARY							
43 STATE ST							FACILITY ACCESSIBILITY
WINDSOR, VT 05089	03-0197037	501(C)(3)	25,000.	0.			MODIFICATIONS
WOUNDED WARRIOR PROJECT							
4899 BELFORT ROAD, SUITE 300							
JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	25,000.	0.			CAREGIVING
WRIGHT STATE UNIVERSITY FOUNDATION		501(0)(3)	23,000.	•••			
INC - FOUNDATION BUILDING, 3640							
COLONEL GLENN HIGHWAY - DAYTON, OH							
45435	23-7019799	501(C)(3)	24,608.	0.			ADAPTIVE SPORTS
			,				
CT TECH ACT PROJECT							
55 FARMINGTON AVENUE, 12TH FLOOR							
HARTFORD, CT 06105	45-4078714	501(C)(3)	75,000.	0.			HIIAT
HORACE MANN EDUCATIONAL ASSOCIATES							
DBA TECHACCESS OF RI - 161							
COMSTOCK PARKWAY - CRANSTON, RI							
02921	04-2300014	501(C)(3)	75,000.	0.			HIIAT

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sche I	edule I (Form 990), Pa I	ırt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SC ASSISTIVE TECHNOLOGY PROGRAM							
USC SCHOOL OF MEDICINE, CENTER FOR							
DISABILITY RESOURCES - COLUMBIA,							
SC 29208	57-6001153	501(C)(3)	74,542.	0.			HIIAT
WYOMING ASSISTIVE TECHNOLOGY							
RESOURCES - 1000 E. UNIVERSITY							
AVE., DEPT. 4928 - LARAMIE, WY							
82071	83-6000331	501(C)(3)	75,000.	0.			HIIAT
ACCESS II INDEPENDENT LIVING CENTER (CIL) - 101 INDUSTRIAL							
PARKWAY - GALLATIN, MO 64640	43-1721357	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
ADAPT ABILITY INC 362 78TH STREET BROOKLYN, NY 11209	82-2916736	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
BROOKEIN, NI 11203	02 2310730	501(0)(3)	25,000.	••			I BIGHT
AFAR D/B/A THE ABILITY CENTER 10300 W. WISCONSIN AVENUE	26-3510832	E01/Q)/2)	24 500				ACCESSIBLE
WAUWATOSA, WI 53226	26-3510632	501(C)(3)	24,500.	0.			BEACH/DOCK/PIER
ALL MY FRIENDS INC W74 N1060 MONTGOMERY AVE CEDARBURG, WI 53012	37-1645545	501(C)(3)	5,000.	0.			ACCESSIBLE PLAYGROUND
AMVETS							
4647 FORBES BLVD	50 005000	504 (5) (0)					
LANHAM, MD 20706	52-0970963	501(C)(3)	20,000.	0.			CAREGIVING
BEAMAN MEMORIAL PUBLIC LIBRARY 8 NEWTON STREET							FACILITY ACCESSIBILITY
WEST BOYLSTON, MA 01583	04-6001348	501(C)(3)	4,385.	0.			MODIFICATIONS
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE							
VALHALLA, NY 10595	13-1739922	501(C)(3)	25,000.	0.			TRANSPORTATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BRAIN INJURY ASSOCIATION OF							
GEORGIA - P.O. BOX 2817 -							
WOODSTOCK, GA 30188	58-1497137	501(C)(3)	7,400.	0.			CAMP
BRIDGING VOICE							
2132 84TH ST							
BROOKLYN, NY 11214	83-3669089	501(C)(3)	25,000.	0.			ASSISTIVE TECHNOLOGY
CANINE ASSISTANTS							
3160 FRANCIS ROAD							
MILTON, GA 30004	58-1974410	501(C)(3)	20,500.	0.			SERVICE ANIMAL PROGRAM
CANINE COMPANIONS FOR INDEPENDENCE							
286 MIDDLE ISLAND ROAD							
MEDFORD, NY 11763	94-2494324	501(C)(3)	8,613.	0.			 SERVICE ANIMAL PROGRAM
CHESAPEAKE REGION ACCESSIBLE	71 2171921	001(0)(0)	3,020.				
BOATING (CRAB) - 177 DEFENSE							
HIGHWAY SUITE 9 - ANNAPOLIS, MD							ACCESSIBLE
21401	35-2188410	501(C)(3)	15,870.	0.			BEACH/DOCK/PIER
CLEVELAND METROPARKS							
4101 FULTON PARKWAY							
CLEVELAND, OH 44144	34-6000704	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
CROTCHED MOUNTAIN FOUNDATION							
1 VERNEY DRIVE							
GREENFIELD, NH 03047	02-0222168	501(C)(3)	24,575.	0.			ADAPTIVE SPORTS
·			,				
DALLAS SCI RECOVERY, INC. (DBA:							
REACT) - 15046 BELTWAY DRIVE -							
ADDISON, TX 75001	45-3060615	501(C)(3)	14,203.	0.			FITNESS AND WELLNESS
DES MOINES ROWING CLUB							
3017 FOX RUN							
DES MOINES, IA 50321	42-1220527	501(C)(3)	24,784.	0.			ADAPTIVE SPORTS

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM ADAPTIVE RECREATION							
PO BOX 4084							
WHITEFISH, MT 59937	36-3416198	501(C)(3)	23,830.	0.			ADAPTIVE SPORTS
EXTRA SPECIAL PEOPLE, INC.							
194 VFW DR.							FACILITY ACCESSIBILITY
WATKINSVILLE, GA 30601	58-1710803	501(C)(3)	25,000.	0.			MODIFICATIONS
FLORIDA INTERNATIONAL UNIVERSITY							
FOUNDATION INC 11200 SW 8TH							
STREET, AHC2 , ROOM 693 - MIAMI, ,							
FL 33199	23-7047106	501(C)(3)	22,753.	0.			HEALTHCARE
ELVANI GENMED BOD DEDBODATNO ADMO							
FLYNN CENTER FOR PERFORMING ARTS 153 MAIN STREET							FACILITY ACCESSIBILITY
BURLINGTON, VT 05401	03-0277052	501(C)(3)	9,204.	0.			MODIFICATIONS
BONZINGTON, VI COTOT	03 0277032	501(0)(3)	3,201.	•••			1021110112
FRIENDS' HEALTH CONNECTION							
54 HUDSON ST., SUITE 203B							
FREEHOLD, NJ 07728	22-3095641	501(C)(3)	5,000.	0.			EDUCATION
GAYLORD HOSPITAL							
50 GAYLORD FARM ROAD, P.O. BOX 400 $$							
WALLINGFORD, CT 06492	06-0646649	501(C)(3)	23,900.	0.			FITNESS AND WELLNESS
GREATER PROVIDENCE YMCA - NEWMAN							
BRANCH - 472 TAUNTON AVENUE -	05 0250070	E01/Q\/3\	25 000	0			ETENEGO AND MELINEGO
SEEKONK, MA 02771	05-0258878	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
HANDS AND HEARTS FOR HORSES							
3828 LOWER CAIRO RD							THERAPEUTIC HORSEBACK
THOMASVILLE, GA 31792	58-2580985	501(C)(3)	7,980.	0.			RIDING
HEARTLAND EQUINE THERAPEUTIC							
RIDING ACADEMY - 10130 S 222ND							THERAPEUTIC HORSEBACK
STREET - GRETNA, NE 68028	36-3713040	501(C)(3)	4,605.	0.			RIDING

Part II Continuation of Grants and Other			s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	Z Z J J J J J J J J J J
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTLAND HORSE HEROES							
.6680 W JAMES ANDERSON HWY							THERAPEUTIC HORSEBACK
UCKINGHAM, VA 23921	54-2037302	501(C)(3)	10,616.	0.			RIDING
, , , , , , , , , , , , , , , , , , , ,	01 200,002		10,020.	<u> </u>			
HOPE, INC.							
310 4TH AVE S, SUITE 140							
MOORHEAD, MN 56560	45-0425106	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
,			,				
JEFFERSON COUNTY HISTORICAL							
SOCIETY - 172-176 MAIN ST, P.O.							
BOX 51 - BROOKVILLE, PA 15825	25-1382415	501(C)(3)	16,613.	0.			ACCESSIBLE TRAIL
KIDS & HORSES, INC.							
2869 ESAW STREET							THERAPEUTIC HORSEBACK
MINDEN, NV 89423	88-0419196	501(C)(3)	17,373.	0.			RIDING
MISSISSIPPI STATE UNIVERSITY -							
T.K. MARTIN CENTER FOR TECHNOLOGY							
& DISABILI - 129 ETHEREDGE HALL,							
449 HARDY ROAD - MISSISSIPPI	64-6000819	501(C)(3)	17,733.	0.			ASSISTIVE TECHNOLOGY
NEUABILITY							
866 EAST 78TH AVENUE							
DENVER, CO 80229	26-3221944	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
NUMBER OF THE PROPERTY OF THE							
NEURO FITNESS FOUNDATION							
1500 WESTPARK WAY	75 2790406	E01/G)/3)	25 000	0			ETENEGO AND MELLMEGO
EULESS, TX 76040	75-2789496	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
NEW ENGLAND VILLAGE							
564 SCHOOL STREET							
PEMBROKE, MA 02359	04-6144180	501(C)(3)	24,262.	0.			ADAPTIVE SPORTS
EMDNORE, FIA 02333	04-0144100	001(0/(3/	24,202.	0.		1	DDULIIAE SLOKIS
NEXTSTEP RALEIGH							
6601 HILLSBOROUGH STREET, SUITE 113	8						
	82-4195962	L	20,530.	0.			FITNESS AND WELLNESS

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	Ι
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXTSTEPS CHICAGO							
8434 S. CORCORAN RD.							
WILLOW SPRINGS, IL , IL 60480	36-4409382	501(C)(3)	24,016.	0.			FITNESS AND WELLNESS
NORTHERN CALIFORNIA SPINAL CORD			<u>'</u>				
INJURY FOUNDATION (NORCAL SCI) -							
696 NORTH SANTA CRUZ AVE LOS							
GATOS, CA 95030	82-2423561	501(C)(3)	24,540.	0.			FITNESS AND WELLNESS
NORTHWEST COLORADO CENTER FOR			, -	-			
INDEPENDENCE - 1855 SHIELD DR.							
UNIT #300 - STEAMBOAT SPRINGS, CO							TRANSITION FROM
80487	84-1473968	501(C)(3)	25,000.	0.			INSTITUTION TO HOME
NORTHWEST SUBURBAN SPECIAL			, -	-			
EDUCATION ORGANIZATION - 799 W.							
KENSINGTON RD MT. PROSPECT, IL							
60056	36-3237600	501(C)(3)	25,000.	0.			TRANSPORTATION
			,				
OHIO BIRD SANCTUARY							
3774 ORWEILER ROAD							 FACILITY ACCESSIBILITY
MANSFIELD, OH 44903	34-1691325	501(C)(3)	3,000.	0.			MODIFICATIONS
OPPORTUNITIES INC							
200 EAST CRAMER ST							
FORT ATKINSON, WI 53538	39-1078133	501(C)(3)	20,101.	0.			TRANSPORTATION
PORTSMOUTH POLICE RI							
2270 EAST MAIN ROAD							FACILITY ACCESSIBILIT
PORTSMOUTH, RI 02871	14-0499170	501(C)(3)	5,530.	0.			MODIFICATIONS
SEMPER FI & AMERICA'S FUND							
825 COLLEGE BOULEVARD, SUITE 102,	P						
OCEANSIDE, CA 92057	26-0086305	501(C)(3)	25,000.	0.			CAREGIVING
THE ABILITY CENTER OF GREATER							
TOLEDO (CIL) - 5605 MONROE ST -							
SYLVANIA, OH 43560	34-4428597	501(C)(3)	6,058.	0.			ASSISTIVE TECHNOLOGY

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	-
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARIZONA SPINAL CORD INJURY							
ASSOCIATION - 5025 E. WASHINGTON							
ST STE #110 - PHOENIX, AZ 85034	86-0953423	501(C)(3)	22,500.	0.			CONSUMER EDUCATION
THE LOCKWOOD FOUNDATION							
917 S CAMINO DE BRAVO							
PUEBLO WEST, CO 81007	37-1881911	501(C)(3)	8,225.	0.			ACCESSIBLE TRAIL
THE MICHIGAN STATE UNIVERSITY			,== : :				
DEPARTMENT OF KINESIOLOGY - 426							
AUDITORIUM ROAD, ROOM 2 - EAST							
LANSING, MI 48824	38-6005984	501(C)(3)	24,611.	0.			ADAPTIVE SPORTS
THE MONTPELIER FOUNDATION							
PO BOX 911							FACILITY ACCESSIBILITY
ORANGE, VA 22960	31-1620682	501(C)(3)	25,000.	0.			MODIFICATIONS
MILE VICANDI GENMED							
THE VISCARDI CENTER							EAGILIMY AGGEGGEDILIMY
201 I.U. WILLETS ROAD	11-1814883	501(C)(3)	10,656.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ALBERTSON, NY 11507	11-1014003	501(C)(3)	10,656.	0.			MODIFICATIONS
THREE RIVERS LAND TRUST							
P.O. BOX 295							
ALFRED, ME 04002	01-0539771	501(C)(3)	10,000.	0.			ACCESSIBLE TRAIL
TOURO INFIRMARY FOUNDATION							
1401 FOUCHER STREET							
NEW ORLEANS, LA 70115	72-1169939	501(C)(3)	20,202.	0.			TRANSPORTATION
UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - 1200 10TH AVE SOUTH -							
BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	24,575.	0.			ARTS
WASHINGTON STATE UNIVERSITY (WSU)	03 0003390	501(0/(3/	24,3/3.	0.			THE STATE OF THE S
LIGHTY STUDENT SERVICES BLDG,							
ROOM 280, P.O. BOX 641060 -							
PULLMAN, WA 99164	91-6001108	501(C)(3)	9,740.	0.			CONSUMER EDUCATION

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERFORD RECREATION AND PARKS							
15 ROPE FERRY ROAD							ACCESSIBLE
WATERFORD, CT 06385	06-6002121	501(C)(3)	10,000.	0.			BEACH/DOCK/PIER
WINGS OF EAGLES RANCH							
4800 FAITH TRAILS							FACILITY ACCESSIBILITY
CONCORD, NC 28025	56-2100632	501(C)(3)	8,777.	0.			MODIFICATIONS
ADAPTIVE SPORTS PROGRAM OF OHIO							
100 KURZEN ROAD NORTH, SUITE B							
DALTON, OH 44618	27-1144442	501(C)(3)	100,000.	0.			ADAPTIVE SPORTS
DALION, OII 44010	27 114442	501(0)(3)	100,000.	<u> </u>			ADALITYE STORIS
DISABILITY ACTION CENTER - NW							
(CIL) - 505 N MAIN ST - MOSCOW, ID							
83843	82-0458076	501(C)(3)	94,458.	0.			ASSISTIVE TECHNOLOGY
LOUISIANA ASSISTIVE TECHNOLOGY			,				
ACCESS NETWORK (LATAN) - 3042 OLD							
FORGE DRIVE, STE. D - BATON ROUGE,							
LA 70808	72-1281065	501(C)(3)	100,000.	0.			ASSISTIVE TECHNOLOGY
ICAHN SCHOOL OF MEDICINE AT MOUNT							
SINAI - 3 EAST 101ST STREET - NEW							
YORK, NY 10029	13-6171197	501(C)(3)	99,961.	0.			SPECIAL EMERGENCY GRANT
THE METHODIST HOSPITAL RESEARCH							
INSTITUTE - PO BOX 4805 - HOUSTON,							
TX 77210	87-0721923	501(C)(3)	150,000.	0.			NACTN
	0, 0,22320		200,000.	•			
UNIVERSITY OF MIAMI							
SPONSORED PROGRAMS PO BOX 025405							
MIAMI, FL 33102-5405	59-0624458	501(C)(3)	50,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH			,				
FOUNDATION - 217 SERVICE COMPLEX,							
BELKNAP CAMPUS - LOUISVILLE, KY							
40292	61-1029626	501(C)(3)	45,000.	0.			NACTN

Part II Continuation of Grants and Other	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THOMAS JEFFERSON UNIVERSITY										
125 SOUTH 9TH STREET, SHERIDAN										
BUILDING, 2ND FL - PHILADELPHIA,										
PA 19107	23-1352651	501(C)(3)	37,500.	0.			NACTN			
DUKE UNIVERSITY SCHOOL OF MEDICINE										
2200 WEST MAIN STREET, SUITE 900										
DURHAM, NC 27705	56-0532129	501(C)(3)	50,000.	0.			NACTN			
Deliman, No 27700	30 0332123	301(0)(0)	30,000.	<u> </u>						
THE MEDICAL COLLEGE OF WISCONSIN,										
INC 8701 WATERTOWN PLANK ROAD -										
MILWAUKEE, WI 53226	39-0806261	501(C)(3)	37,500.	0.			NACTN			
·			,							
UNIVERSITY OF TEXAS HEALTH SCIENCE										
CENTER AT HOUSTON - PO BOX 301418										
- HOUSTON, TX 75303-1418	74-1761309	501(C)(3)	50,000.	0.			NACTN			
UNIVERSITY OF VIRGINIA										
101 HOSPITAL DRIVE, DAVIS 5 ROOM										
5293, PO BOX 800793 -										
CHARLOTTESVILLE, VA 2	54-6001796	501(C)(3)	37,500.	0.			NACTN			
UNIVERSITY OF HOUSTON										
PO BOX 988										
HOUSTON, TX 77001-0988	74-6001399	501(C)(3)	50,000.	0.			NACTN			
UNIV OF WASHINGTON										
DEPT. REHAB MEDICINE BOX 356490										
SEATTLE, WA 98195	91-6001537	501(C)(3)	100,000.	0.			RESEARCH			
MARQUETTE UNIVERSITY	22 0001007	552(5)(5)	100,000.	•••						
ATTN KATHLEEN LUDINGTON ZILBER										
HALL 321 PO BOX 1881 - MILWAUKEE,										
WI 53201	39-0806251	501(C)(3)	100,000.	0.			RESEARCH			
UNIVERSITY OF LOUISVILLE RESEARCH			200,000.							
FOUNDATION - 217 SERVICE COMPLEX,										
BELKNAP CAMPUS - LOUISVILLE, KY										
40292	61-1029626	501(C)(3)	1,058,198.	0.			BIG IDEA			
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rt II Continuation of Grants and Other		T		(=====		T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RY M JACKSON FOUNDATION FOR THE VANCEMENT OF MILITARY MEDICINE,							
6720-A ROCKLEDGE DRIVE,							
TE 100 - BETHESDA, MD 20817	52-1317896	501(C)(3)	65,000.	0.			NACTN

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	-						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.							
PART I, LINE 2:											
GRANT AWARDS ARE ADMINISTERED VIA	A CONTRA	CT BETWEEN	THE FOUND	ATION AND THE							
GRANTEE. QUALITY OF LIFE GRANTS AR	E AWARDE	D THROUGH	THE FOUNDA	TION'S							
QUALITY OF LIFE DEPARTMENT. ALL RE	CIPIENTS	ARE REQUI	RED TO SUB	MIT REPORTS							
AT LEAST ONCE A YEAR AND A FINAL R	EPORT WH	EN THE PRO	JECT IS CO	MPLETED. THE							
FINAL REPORT MUST DETAIL THE OUTCO	MES OF T	HE PROJECT	' AND WHETH	ER OR NOT THE							
ORIGINAL GOALS AND OBJECTIVES WERE	ACCOMPL	ISHED. IND	IRECT OVER	HEAD COSTS							
ARE LIMITED TO 10% OF THE DIRECT C	OSTS OF	ALL AGREEM	ENTS. UNEX	PENDED OR							
UNCOMMITTED FUNDS AT THE TERMINATI	ON OF TH	E AGREEMEN	T REVERT B	ACK TO THE							

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

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	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
С	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
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		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) PETER WILDEROTTER	(i)	413,006.	0.	0.	16,680.	15,892.	445,578.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALAN BROWN	(i)	155,220.	0.	0.	7,212.	22,062.	184,494.	0.
DIRECTOR OF PUBLIC IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE LOIACONO	(i)	161,244.	0.	0.	7,515.	6,179.	174,938.	0.
VP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AIMEE HUNNEWELL	(i)	185,164.	0.	0.	8,412.	10,409.	203,985.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARGARET GOLDBERG	(i)	250,477.	0.	0.	11,631.	28,497.		0.
<u>coo</u>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	("/							l

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

SCHEDULE M (Form 990)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Noncash Contributions

Attach to Form 990.

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

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

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	_	ınts
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	12	86,017.	FAIR MARKET	VALU	E
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ► (
29	Number of Forms 8283 received by the organiz		-				
	for which the organization completed Form 828	33, Part V, [onee Acknowledg	jement 29		1	1
				=		Ye	s No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						₩.
	exempt purposes for the entire holding period?	'				30a	X
	If "Yes," describe the arrangement in Part II.	p			0		v
31	Does the organization have a gift acceptance p		-	•		31	X
32a	Does the organization hire or use third parties of contributions?		_	• •		32a X	:
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
_	describe in Part II.			· · · · · · · · · · · · · · · · · · ·	· 		

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

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ Go to www.irs.gov/Form990 for 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, PART I, DOING BUSINESS AS: CHRISTOPHER & DANA REEVE FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: 2. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE. THE BIG IDEA IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS THE AFORE-MENTIONED SECONDARY FUNCTIONS. FORM 990, PART VI, SECTION A, LINE 2: THERE IS A FAMILY RELATIONSHIP BETWEEN THREE BOARD OF DIRECTORS MEMBERS. FORM 990, PART VI, SECTION A, LINE 3: THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORMED BY AN OUTSIDE

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

PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINANCE COMMITTEE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

CONSULTANT.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** CHRISTOPHER REEVE FOUNDATION 22-2939536 AND MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. KEY EMPLOYEES ARE ALSO REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST STATEMENTS. POSSIBLE CONFLICTS SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS AND PRESIDENT AND SUCH PERSONS, IF A DIRECTOR, SHALL ABSTAIN FROM VOTING ON ALL MATTERS RELATED TO SUCH POSSIBLE CONFLICT OF INTEREST AND SHALL RECUSE HIMSELF/HERSELF FROM ANY PORTION OF ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS DISCUSSED AND/OR VOTED UPON. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT: THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY. THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON. AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE. COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES:

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

032212 11-20-20

CHRISTOPHER R	EEVE FOUNDATION	22-2939536
KEY EMPLOYEES HAVE ANNUAL P	ERFORMANCE EVALUATIONS AFTER	R WHICH COMPENSATION
IS DETERMINED. WHEN CONSIDE	RED NECESSARY, THE COMPENSA	FION COMMITTEE WILL
MAKE COMPARISONS WITH OTHER	SIMILAR ORGANIZATIONS BY RE	EVIEWING OTHERS'
COMPENSATION AS DISCLOSED I	N THEIR RESPECTIVE FORM 9908	S AND DOCUMENT ITS
EVALUATION PROCESS.		
FORM 990, PART VI, LINE 17,	LIST OF STATES RECEIVING CO	OPY OF FORM 990:
AK, AL, CA, CO, CT, DC, FL, GA, IL,	KS, KY, MA, MD, ME, MI, MN, MS, NC, 1	ND, NH, NJ, MM, NV, NY, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA,	WI,WV	
FORM 990, PART VI, SECTION	C, LINE 19:	
THE FORM 990, ANNUAL REPORT	, CONFLICT OF INTEREST POLICE	CY, AND 501(C)(3)
INTERNAL REVENUE SERVICE DE	TERMINATION LETTER ARE POSTE	ED ON THE
FOUNDATION'S WEBSITE. OTHER	GOVERNING DOCUMENTS ARE AVA	AILABLE ON REQUEST.
FORM 990, PART XII, LINE 2C	:	
THE ORGANIZATION HAS A COMM	ITTEE THAT ASSUMES RESPONSIE	BILITY FOR
OVERSIGHT OF THE AUDIT OF I	TS FINANCIAL STATEMENTS. FOR	R THE YEAR ENDED
DECEMBER 31, 2020, THE ORGA	NIZATION DID NOT CHANGE ITS	PROCESSES FROM
THE PRIOR YEAR.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

2020 Open to Public Inspection

OMB No. 1545-0047

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

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	d EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets						g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	oecause it had one	e or more related tax-e	xempt	
(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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	1 20 of Schedule	managi partne	
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	INVEST IN THE										
NRT HOLDINGS LLC - 84-2875859	NEURORECOVERY										
2181 GREENWICH STREET	TECHNOLOGIES,										
SAN FRANCISCO, CA 94123	INC. TO FIND A	CA		RELATED	-8,840.	1,726,981.		X	N/A	X	16.16%
	1										
	1										
	1										
	1										
	1										
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		<u> </u>									

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	CIII	i) tion b)(13) rolled ity?

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with o	one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
1	Performance of services or membership or fundraising solicitations for related organization	n(s)			11		Х	
m	Performance of services or membership or fundraising solicitations by related organization	n(s)			1m		Х	
	I Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1n n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1r							
					10		Х	
р	Reimbursement paid to related organization(s) for expenses				1 p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on who mus							
	· · · · · · · · · · · · · · · · · · ·	(b) ansaction /pe (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved			
<u>(1)</u>								
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u>								
03216	3 10-28-20			Schedule F	(Forr	n 9901	2020	

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
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