

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

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



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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury Internal Revenue Service

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

Name of filer

CHRISTOPHER REEVE FOUNDATION

EIN or SSN

** - *** 9536

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

Part I Type of Return and Return Information

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

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

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[] I authorize _____ to enter my PIN [] Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

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

Date

Part III Certification and Authentication

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

22573396669

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

Date

ERO Must Retain This Form - See Instructions

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

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

Form 8879-TE (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

RICHARD SHERMAN, CFO

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

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

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER REEVE FOUNDATION		D Employer identification number ** - ***9536
	Doing business as CHRISTOPHER & DANA REEVE FOUNDAT		E Telephone number 973-379-2690
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 636 MORRIS TURNPIKE, SUITE 3A	G Gross receipts \$ 19,842,899.	
	City or town, state or province, country, and ZIP or foreign postal code SHORT HILLS, NJ 07078		
	F Name and address of principal officer: MARGARET GOLDBERG SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHRISTOPHERREEVE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1988
M State of legal domicile: NJ			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 21
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 56
	6 Total number of volunteers (estimate if necessary) 6 75
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 16,925,011. 15,074,497.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,117. 1,514,449.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -86,463. -425,936.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,839,665. 16,163,010.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,182,617. 5,400,501.	
16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 1,445,233.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,469,816. 4,696,295.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,374,503. 15,102,867.	
19 Revenue less expenses. Subtract line 18 from line 12 2,465,162. 1,060,143.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,265,891. 10,126,654.
	21 Total liabilities (Part X, line 26) 1,578,468. 2,197,573.
	22 Net assets or fund balances. Subtract line 21 from line 20 6,687,423. 7,929,081.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,025,573. including grants of \$ 3,636,507.) (Revenue \$) THE FOUNDATION'S QUALITY OF LIFE GRANTS PROGRAM BEGAN IN 1999 AND EXPANDED IN 2001 WITH THE ESTABLISHMENT OF THE PARALYSIS RESOURCE CENTER FUNDED BY A FEDERAL GRANT FROM THE CENTERS FOR DISEASE CONTROL AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING. SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JULY 1, 2023 FOR \$10,000,000. THE RESOURCE CENTER PROVIDES INTERACTIVE INFORMATION SERVICES TO THE PARALYSIS COMMUNITY AND THEIR CAREGIVERS. THEY ALSO AWARD QUALITY OF LIFE GRANTS TWICE A YEAR TO ORGANIZATIONS WHOSE PROJECTS AND INITIATIVES FOSTER INCLUSION, INVOLVEMENT AND COMMUNITY ENGAGEMENT, WHILE PROMOTING HEALTH AND WELLNESS FOR THOSE AFFECTED BY PARALYSIS.

4b (Code:) (Expenses \$ 2,019,099. including grants of \$ 1,369,564.) (Revenue \$) THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG TWO INITIATIVES 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 BEST CARE PRACTICES FOR ACUTE SCI. ITS RESEARCH HAS BEEN SUPPORTED HISTORICALLY BY MULTI-MILLION DEPARTMENT OF DEFENSE AWARDS.

4c (Code:) (Expenses \$ 824,474. including grants of \$) (Revenue \$) PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION. IT MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC. SPEAKING OUT AND EDUCATING THE PUBLIC AND LEGISLATORS ON BEHALF OF THE PARALYSIS COMMUNITY. COMMUNITY OUTREACH THROUGH ITS WEBSITE ENABLES THE FOUNDATION TO EDUCATE THE PUBLIC ON RESEARCH INITIATIVES CURRENTLY UNDERWAY.

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

4e Total program service expenses 12,869,146.

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET GOLDBERG PRESIDENT AND CEO	40.00			X			316,968.	0.	41,842.	
(2) MICHELE LOIACONO VP OPERATIONS	40.00			X			157,320.	0.	43,158.	
(3) ALAN BROWN DIRECTOR	40.00	X					154,129.	0.	32,390.	
(4) MARCO BAPTISTA CHIEF SCIENTIFIC OFFICER	40.00			X			162,205.	0.	15,490.	
(5) OLIVIA MULLANE SENIOR DIRECTOR	40.00			X			161,396.	0.	11,161.	
(6) MARK BOGOSIAN DIRECTOR	40.00	X					126,788.	0.	37,359.	
(7) BILL CAWLEY DIRECTOR	40.00	X					111,457.	0.	42,846.	
(8) SHEILA FITZGIBBON SENIOR DIRECTOR	40.00	X					135,983.	0.	18,224.	
(9) KIMBERLY BEER SENIOR DIRECTOR	40.00	X					134,614.	0.	18,043.	
(10) REGINA BLYE CHIEF PROGRAM AND POLICY OFFICER	40.00			X			134,706.	0.	6,992.	
(11) JEANNINE MAROTTA DIRECTOR	40.00	X					121,630.	0.	11,720.	
(12) RICHARD SHERMAN CFO	40.00			X			90,469.	0.	0.	
(13) JAY SHEPARD CHAIR	5.00	X		X			0.	0.	0.	
(14) JOHN M. HUGHES CHAIR EMERITUS	5.00	X		X			0.	0.	0.	
(15) JOHN E. MCCONNELL VICE CHAIR	5.00	X		X			0.	0.	0.	
(16) ALEXANDRA REEVE GIVENS, ESQ. VICE CHAIR	5.00	X		X			0.	0.	0.	
(17) MATTHEW REEVE DIRECTOR	2.50	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HENRY G. STIFEL, III VICE CHAIR	5.00	X		X				0.	0.	0.
(19) TANIA LYNN TAYLOR TREASURER	5.00	X		X				0.	0.	0.
(20) HELEN V. CANTWELL, ESQ. SECRETARY	5.00	X		X				0.	0.	0.
(21) JAMES CALBI DIRECTOR	2.50	X						0.	0.	0.
(22) IAN CURTIS DIRECTOR	2.50	X						0.	0.	0.
(23) MICHAEL FORDYCE DIRECTOR	2.50	X						0.	0.	0.
(24) TRACY FORST DIRECTOR	2.50	X						0.	0.	0.
(25) SIMONE GEORGE DIRECTOR	2.50	X						0.	0.	0.
(26) KELLY ANNE HENEGHAN, ESQ. DIRECTOR	2.50	X						0.	0.	0.
1b Subtotal								1,807,665.	0.	279,225.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,807,665.	0.	279,225.

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 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HORIZON BCBS OF NJ PO BOX 10130, NEWARK, NJ 07101	HEALTH INSURANCE	764,428.
AMERICAN EXPRESS PO BOX 1270, NEWARK, NJ 07101	MISCELLANEOUS TRAVEL, BUSINESS MEA	615,349.
SHORT HILLS PLAZA, LLC, 636 MORRIS TURNPIKE, SUITE 2C, SHORT HILLS, NJ 07078	SHORT HILLS RENT	320,126.
WINGED FOOT GOLF CLUB FENIMORE ROAD, MAMARONECK, NY 10543	GOLF EVENT	313,985.
EXPERIENCE DESIGN STUDIO, INC PO BOX 1017, WARRINGTON, PA 18976	WEB SERVICES	235,531.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 15

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include LISA HENRY HOLMES, ANITA MCGORTY, JULIE NEUSTADT, MARK POLLOCK, WILLIAM REEVE, VANDY VAN WAGENER, PATRICIA J. VOLLAND, and TOM LONDRES.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,952,800.					
	d Related organizations	1d	5,209.					
	e Government grants (contributions)	1e	9,623,151.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,493,337.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 140,991.					
	h Total. Add lines 1a-1f		15,074,497.					
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,078.			8,078.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,404,764.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	2,898,393.			
			c Gain or (loss)	7c	1,506,371.			
	d Net gain or (loss)		1,506,371.			1506371.		
	8 a Gross income from fundraising events (not including \$ 1,952,800. of contributions reported on line 1c). See Part IV, line 18	8a		355,560.				
b Less: direct expenses			8b	781,496.				
c Net income or (loss) from fundraising events				-425,936.			-425,936.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions		16,163,010.	0.	0.	1088513.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,386,958.	4,386,958.		
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	619,113.	619,113.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,294,362.	955,776.	115,187.	223,399.
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	2,896,321.	2,094,994.	276,075.	525,252.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,801.	39,053.	2,469.	6,279.
9 Other employee benefits	849,105.	722,096.	44,753.	82,256.
10 Payroll taxes	312,912.	258,445.	18,946.	35,521.
11 Fees for services (nonemployees):				
a Management				
b Legal	32,640.	12,924.	19,716.	
c Accounting	169,578.	33,689.	135,889.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,702,469.	1,457,212.	49,895.	195,362.
12 Advertising and promotion	158,227.	155,087.		3,140.
13 Office expenses	179,088.	159,877.	6,683.	12,528.
14 Information technology				
15 Royalties				
16 Occupancy	359,556.	304,030.	19,314.	36,212.
17 Travel	188,826.	180,313.	4,797.	3,716.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	260,188.	240,483.	19,455.	250.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,894.	2,257.	570.	1,067.
23 Insurance	97,253.	72,940.	24,313.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	492,198.	459,173.	15,759.	17,266.
b INTERNET COMMUNICATIONS	426,900.	397,156.	4,957.	24,787.
c DIRECT MAIL	158,227.	47,468.	0.	110,759.
d PRINTING	145,515.	138,369.	3,573.	3,573.
e All other expenses	321,736.	131,733.	26,137.	163,866.
25 Total functional expenses. Add lines 1 through 24e	15,102,867.	12,869,146.	788,488.	1,445,233.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	454,943.	136,483.	0.	318,460.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,009,037.	1	2,202,932.
	2 Savings and temporary cash investments	1,613,374.	2	1,800,965.
	3 Pledges and grants receivable, net	2,549,646.	3	1,473,594.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	68,396.	9	105,250.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,225,141.		
	b Less: accumulated depreciation	10b 1,219,382.	9,653.	10c 5,759.
	11 Investments - publicly traded securities	10,112.	11	3,392,554.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	1,992,010.	13	281,728.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,663.	15	863,872.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,265,891.	16	10,126,654.	
Liabilities	17 Accounts payable and accrued expenses	260,951.	17	302,854.
	18 Grants payable	1,030,324.	18	502,632.
	19 Deferred revenue	137,193.	19	41,955.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000.	23	500,000.
	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	0.	25	850,132.
	26 Total liabilities. Add lines 17 through 25	1,578,468.	26	2,197,573.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,687,423.	27	7,929,081.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,687,423.	32	7,929,081.
33 Total liabilities and net assets/fund balances	8,265,891.	33	10,126,654.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,163,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,102,867.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,060,143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,687,423.
5	Net unrealized gains (losses) on investments	5	181,515.
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	7,929,081.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CHRISTOPHER REEVE FOUNDATION	Employer identification number **-***9536
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12639619.	17719929.	14568064.	17151402.	13079491.	75158505.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12639619.	17719929.	14568064.	17151402.	13079491.	75158505.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						75158505.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12639619.	17719929.	14568064.	17151402.	13079491.	75158505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,623.	14,022.	6,334.	4,368.	8,228.	58,575.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						75217080.
12 Gross receipts from related activities, etc. (see instructions)					12	255,250.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.92 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.84 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

(This area contains horizontal lines for providing supplemental information.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

**** - *** 9536**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>9,623,151.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>448,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

-*9536

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	64,406.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	53,610.													
c Total lobbying expenditures (add lines 1a and 1b)	118,016.													
d Other exempt purpose expenditures	15,192,552.													
e Total exempt purpose expenditures (add lines 1c and 1d)	15,310,568.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	915,528.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	228,882.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount				915,528.	915,528.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,373,292.
c Total lobbying expenditures				118,016.	118,016.
d Grassroots nontaxable amount				228,882.	228,882.
e Grassroots ceiling amount (150% of line 2d, column (e))					343,323.
f Grassroots lobbying expenditures				64,406.	64,406.

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

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

Blank lines for providing supplemental information.

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

2022

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2022

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,225,141.	1,219,382.	5,759.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,759.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS, NET	850,209.
(2) SECURITY DEPOSITS	13,663.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	863,872.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	850,132.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	850,132.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,552,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	181,515.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	207,701.	
e	Add lines 2a through 2d	2e		389,216.
3	Subtract line 2e from line 1		3	16,163,010.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,163,010.

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

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

1	Total expenses and losses per audited financial statements		1	15,310,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	207,701.	
e	Add lines 2a through 2d	2e		207,701.
3	Subtract line 2e from line 1		3	15,102,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,102,867.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

Part XIII Supplemental Information (continued)

THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022, 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, 2022 AND 2021. 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 2019 AND 2018, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	207,701.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	207,701.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

-*9536

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON	10,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	TRANSLATIONAL GRANTS	SUPPORT OF FOUR RESEARCH STUDIES DESIGNED TO RESTORE NEURAL/MOTOR FUNCTION PRIMARILY	609,113.
3 a Subtotal	0	0			619,113.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			619,113.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2022
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	SCIENCE RESEARCH	10,000.	CHECKS	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SCIENCE RESEARCH	609,113.	WIRES	0.		

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

3 Enter total number of other organizations or entities **0**

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

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

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF FOUR RESEARCH STUDIES DESIGNED TO RESTORE NEURAL/MOTOR FUNCTION PRIMARILY THROUGH NOVEL CIRCUIT FORMATION IN CHRONIC, TRAUMATIC SPINAL CORD INJURY.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF CLASSIC (event type)	TEAM REEVE (event type)	5 (total number)	(add col. (a) through col. (c))
Revenue	1	568,802.	709,142.	1,030,416.	2,308,360.
	2	370,802.	709,142.	872,856.	1,952,800.
	3	198,000.		157,560.	355,560.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	252,482.	127,630.	401,384.	781,496.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-425,936.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A SPECIAL PURPOSE 1701 S MAIN ST. #1225 BROKEN ARROW, OK 74013	** - *** 5712	501(C)(3)	10,000.	0.			TIER 2 - RESPITE / CAREGIVING
ACCESS ABILITY WISCONSIN, INC 166 JONES BRANCH RD MINERAL POINT, WI 53565	** - *** 6438	501(C)(3)	25,000.	0.			ACCESSIBLE TRAIL
ACCESS TO INDEPENDENCE, INC. (CIL) 3810 MILWAUKEE ST MADISON, WI 53714	** - *** 0200	501(C)(3)	11,434.	0.			ADAPTIVE SPORTS
ADAPT MOVEMENT INC. 2732 LOKER AVE. W CARLSBAD, CA 92010	** - *** 1186	501(C)(3)	24,500.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
AFAR D/B/A THE ABILITY CENTER 10300 W. WISCONSIN AVENUE WAUWATOSA, WI 53226	** - *** 0832	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
ALLAIRE COMMUNITY FARM 1923 BAILEYS CORNER RD WALL, NJ 07719	** - *** 2512	501(C)(3)	11,300.	0.			ACCESSIBLE TRAIL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 157.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION GREATER CHICAGO CHAPTER - 939 W RANDOLPH SUITE 2W - CHICAGO, IL 60607	**-***6575	501(C)(3)	95,676.	0.			DURABLE MEDICAL EQUIPMENT
AMERICAN DANCEWHEELS FOUNDATION P.O.BOX 88 BALA CYNWYD, PA 19004	**-***8339	501(C)(3)	10,740.	0.			ADVOCACY
AMERICAN SPINAL RESEARCH ORGANIZATION DBA NORTH AMERICAN SPINAL CORD INJURY CONS - 2340 MILITARY ROAD #271 - NIAGARA	**-***1439	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - MO (ALSA ST. LOUIS REGIONAL CHAPTER) - 1950 CRAIG ROAD SUITE 200 - ST. LOUIS, MO	**-***8163	501(C)(3)	23,395.	0.			ASSISTIVE TECHNOLOGY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - NY (GREATER NEW YORK CHAPTER) - 42 BROADWAY SUITE 1724 - NEW YORK, NY 10004	**-***6680	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
AQUANAUTS ADAPTIVE AQUATICS 801 NE 33 STREET FORT LAUDERDALE, FL 33334	**-***0661	501(C)(3)	24,500.	0.			ADAPTIVE SPORTS
ARTS AND SERVICES FOR DISABLED, INC. (DBA ABLE ARTS WORK) - 3626 EAST PACIFIC COAST HIGHWAY - LONG BEACH, CA 90804	**-***8291	501(C)(3)	24,782.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 72205	**-***9407	501(C)(3)	21,779.	0.			HEALTHCARE
BEECH CREEK BOTANICAL GARDEN & NATURE PRESERVE - 11929 BEECH ST NE - ALLIANCE, OH 44601	**-***4977	501(C)(3)	21,000.	0.			ACCESSIBLE COMMUNITY SPACES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BINGHAM MEMORIAL HOSPITAL 98 POPLAR ST. BLACKFOOT, ID 83221	**-***6945	501(C)(3)	12,375.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
BLANCHARD VALLEY HEALTH SYSTEM 1900 S. MAIN ST. FINDLAY, OH 45840	**-***8206	501(C)(3)	20,525.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
BLAZESPORTS AMERICA 3000 BUSINESS PARK DRIVE SUITE A NORCROSS, GA 30071	**-***7265	501(C)(3)	21,575.	0.			CAMP
BRAIN INJURY ALLIANCE OF ARIZONA 5025 E WASHINGTON STREET SUITE 106 PHOENIX, AZ 85034	**-***7165	501(C)(3)	50,000.	0.			TIER 4 - EMPLOYMENT
BRECKENRIDGE OUTDOOR EDUCATION CENTER - 524 WELLINGTON ROAD P.O. BOX 697 - BRECKENRIDGE, CO 80424	**-***5560	501(C)(3)	10,702.	0.			ADAPTIVE SPORTS
BRIDGING VOICE 2132 84TH ST BROOKLYN, NY 11214	**-***9089	501(C)(3)	24,975.	0.			DURABLE MEDICAL EQUIPMENT
BURKE REHABILITATION HOSPITAL 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	**-***9937	501(C)(3)	25,000.	0.			EDUCATION
CAMP RITCHIE MUSEUM, INC. 14319 BARRICK AVENUE CASCADE, MD 21719	**-***2034	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CAN DO MULTIPLE SCLEROSIS PO BOX 5860 AVON, CO 81620	**-***7853	501(C)(3)	24,062.	0.			EDUCATION

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CARRIE TINGLEY HOSPITAL FOUNDATION 700 LOMAS BLVD NE ALBUQUERQUE, NM 87104	**_***2236	501(C)(3)	22,500.	0.			CAMP
CENTER FOR MEDICARE ADVOCACY 1025 CONNECTICUT AVE, NW, SUITE 709 WASHINGTON, DC 20036	**_***2509	501(C)(3)	24,287.	0.			EDUCATION
CEREBRAL PALSY WESTCHESTER 1186 KING STREET RYE BROOK, NY 10573	**_***0769	501(C)(3)	12,579.	0.			ADAPTIVE SPORTS
CHI HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154	**_***8586	501(C)(3)	25,000.	0.			TRANSPORTATION
CITY OF BURLINGTON - PARKS, RECREATION AND WATERFRONT DEPARTMENT - 645 PINE STREET - BURLINGTON, VT 05401	**_***0410	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
CITY OF OCEAN CITY CITY HALL BUILDING, 861 ASBURY AVE. OCEAN CITY, NJ 08226	**_***0952	501(C)(3)	25,000.	0.			ACCESSIBLE BEACH/DOCK/PIER
CITY OF OREM 56 N. STATE STREET OREM, UT 84057	**_***0258	501(C)(3)	5,927.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CITY OF RENO 1 E. 1ST STREET RENO, NV 89501	**_***0201	501(C)(3)	24,899.	0.			ADAPTIVE SPORTS
CITY OF TAMPA 306 EAST JACKSON STREET TAMPA, FL 33602	**_***1138	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND

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CITY OF YOUNGSTOWN PARK AND RECREATION DEPARTMENT - 26 SOUTH PHELPS STREET - YOUNGSTOWN, OH 44503	**-***3189	501(C)(3)	5,600.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	**-***4585	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
COLORADO DISCOVER ABILITY ADAPTIVE OUTDOOR RECREATION (FORMERLY COLORADO DISCOVER - 740 GUNNISON AVE., SUITE 105 - GRAND JUNCTION, COLORADO)	**-***9050	501(C)(3)	15,000.	0.			ADAPTIVE SPORTS
COMMUNITIES ACTIVELY LIVING INDEPENDENT & FREE (CALIF) (CIL) - 634 SOUTH SPRING STREET, 2ND FLOOR - LOS ANGELES, CA 90014	**-***0169	501(C)(3)	40,000.	0.			TIER 3 - NURSING HOME TRANSITION
CONNECTABILITY OF MN 2901 3RD STREET SOUTH WAITE PARK, MN 56387	**-***7591	501(C)(3)	24,998.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
COPPER COUNTRY ISD EQUIPMENT LOAN FOR KIDS - 600 MACINNES DR. #201 - HOUGHTON, MI 49931	**-***8440	501(C)(3)	17,356.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
CREATIVE ABILITY DEVELOPMENT, INC DBA KANACK SCHOOL OF MUSICAL ARTISTRY - 2077 SOUTH CLINTON AVENUE - ROCHESTER, NY 14618	**-***1231	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
CUTTING FENCES FOUNDATION 1109 10TH AVE LAUREL, MT 59044	**-***5247	501(C)(3)	25,000.	0.			EMPLOYMENT
DELTA CENTER FOR INDEPENDENT LIVING - 3837 MCCLAY RD SUITE T - ST PETERS, MO 63376	**-***2410	501(C)(3)	17,504.	0.			TIER 2 - ASSISTIVE TECHNOLOGY

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DISABILITY RESOURCE ASSOCIATION, INC. (CIL) - 130 BRANDON WALLACE WAY - FESTUS, MO 63028	**_***4017	501(C)(3)	25,000.	0.			TRANSPORTATION
DISABLED SPORTS EASTERN SIERRA PO BOX 7275, #1 MINARET ROAD MAMMOTH LAKES, CA 93546	**_***2524	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
DOMAN INTERNATIONAL INSTITUTE 1055 VIRGINIA DR., #102 FORT WASHINGTON, PA 19034	**_***1825	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS
DONTE WYLIE FOUNDATION P.O BOX 20130 PHILADELPHIA, PA 19145	**_***6391	501(C)(3)	22,403.	0.			TIER 3 - RACIAL EQUITY
EAST COAST ZOOLOGICAL SOCIETY OF FLORIDA D/B/A BREVARD ZOO - 8225 N WICKHAM RD - MELBOURNE, FL 32940	**_***6749	501(C)(3)	18,128.	0.			ACCESSIBLE BEACH/DOCK/PIER
EASTER SEALS -TX (EASTER SEALS CENTRAL TEXAS, INC.) - 8505 CROSS PARK DRIVE, SUITE 120 - AUSTIN, TX 78754	**_***8811	501(C)(3)	25,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
ENDEAVOR THERAPEUTIC HORSEMANSHIP, INC. - P.O. BOX 328 - BEDFORD, NY 10506	**_***3887	501(C)(3)	25,000.	0.			THERAPEUTIC HORSEBACK RIDING
FIRST DESCENTS 3001 BRIGHTON BLVD STE 623 DENVER, CO 80216	**_***9964	501(C)(3)	24,999.	0.			CAMP
FLORIDA DISABLED OUTDOORS ASSOCIATION - 3035 ELIZA ROAD - TALLAHASSEE, FL 32308	**_***1552	501(C)(3)	24,000.	0.			ACCESSIBLE COMMUNITY SPACES

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FLORIDA STATE PARKS FOUNDATION 1700 NORTH MONROE STREET, SUITE 11 TALLAHASSEE, FL 32303-5535	**-***7818	501(C)(3)	15,147.	0.			FITNESS AND WELLNESS
FREE CYCLES MISSOULA 732 S. 1ST ST. W. MISSOULA, MT 59801	**-***7694	501(C)(3)	20,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
FREE- FOUNDATION FOR REHABILITATION EQUIPMENT & ENDOWMENT - 1489 EAST MAIN STREET - SALEM, VA 24153	**-***4695	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
FREEDOM SERVICE DOGS OF AMERICA 7193 S DILLON CT ENGLEWOOD, CO 80112	**-***8936	501(C)(3)	24,590.	0.			SERVICE ANIMAL PROGRAM
FRIENDS OF RIDGWAY STATE PARK 28555 HWY 550 RIDGWAY, CO 81432	**-***6853	501(C)(3)	19,309.	0.			ACCESSIBLE BEACH/DOCK/PIER
FRIENDS OF ROCKY FORK STATE PARK PO BOX 1 FLAG POND, TN 37657	**-***0655	501(C)(3)	18,000.	0.			ACCESSIBLE TRAIL
GOODWILL INDUSTRIES OF ORANGE COUNTY - 410 N. FAIRVIEW ST. - SANTA ANA, CA 92703	**-***4018	501(C)(3)	21,750.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
GRANITE STATE INDEPENDENT LIVING 21 CHENELL DRIVE CONCORD, NH 03301	**-***0170	501(C)(3)	25,000.	0.			PEER MENTORING AND SUPPORT
GREATER BUFFALO ADAPTIVE SPORTS (FORMERLY THE SLED HOCKEY FOUNDATION) - 9 SAGEBRUSH LANE - LANCASTER, NY 14086	**-***8828	501(C)(3)	22,545.	0.			ADAPTIVE SPORTS

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HORSEABILITY 223 STORE HILL RD, PO BOX 410-1 OLD WESTBURY, NY 11568	**-***1392	501(C)(3)	8,934.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
HUDSON RIVER COMMUNITY SAILING P.O. BOX 20677 NEW YORK, NY 10011	**-***4215	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
INTERNATIONAL VENT USERS NETWORK 4207 LINDELL BLVD., SUITE 110 ST. LOUIS, MO 63108-2930	**-***1952	501(C)(3)	9,879.	0.			EDUCATION
ISLAMIC CENTER OF DETROIT, INC. 14350 TIREMAN AVENUE DETROIT, MI 48228	**-***7457	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
JCC CHICAGO 300 REVERE DRIVE NORTHBROOK, IL 60062	**-***7758	501(C)(3)	24,206.	0.			ACCESSIBLE PLAYGROUND
JUNIOR TENNIS CHAMPIONS CENTER 5200 CAMPUS DRIVE COLLEGE PARK, MD 20740	**-***4223	501(C)(3)	24,999.	0.			ADAPTIVE SPORTS
KANAWHA STATE FOREST FOUNDATION 7500 KANAWHA STATE FOREST DRIVE CHARLESTON, WV 25314	**-***7959	501(C)(3)	24,999.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
LAKE SUPERIOR ZOOLOGICAL SOCIETY 7210 FREMONT ST DULUTH, MN 55807-1854	**-***4885	501(C)(3)	14,399.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
LIFE WATERS 4725 GREEN PARK RD ST. LOUIS, MO 63123	**-***4322	501(C)(3)	100,000.	0.			ADAPTIVE SPORTS

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LIVE AFTER INJURY FOUNDATION 1011 ALBIN STREET LARAMIE, WY 82072	**_***6193	501(C)(3)	20,000.	0.			ADAPTIVE SPORTS
MAC ANGELS FOUNDATION 2005 PALMER AVENUE, SUITE 291 LARCHMONT, NY 10538	**_***9685	501(C)(3)	24,000.	0.			CAREGIVING
MADISON ART GALLERY 601 1ST STREET WEST MADISON, MN 56256	**_***0115	501(C)(3)	15,000.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MAGEE REHABILITATION HOSPITAL FOUNDATION - 1513 RACE STREET - PHILADELPHIA, PA 19102	**_***7749	501(C)(3)	24,999.	0.			ARTS
MAINE-ENDWELL CENTRAL SCHOOL DISTRICT - 712 FARM TO MARKET ROAD - ENDWELL, NY 13760	**_***2273	501(C)(3)	7,450.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
MATHENY MEDICAL AND EDUCATIONAL CENTER - 65 HIGHLAND AVE. - PEAPACK, NJ 07977	**_***2276	501(C)(3)	22,300.	0.			DISASTER PREPAREDNESS
MEDSTAR NRH MEDSTAR NRH, 102 IRVING ST NW WASHINGTON, DC 20010	**_***9749	501(C)(3)	24,999.	0.			TRANSPORTATION
MIAMI SCI WELLNESS, INC. DBA IAMABLE - 14241 SW 120 ST SUITE #107 - MIAMI, FL 33186	**_***6457	501(C)(3)	23,794.	0.			DURABLE MEDICAL EQUIPMENT
MIRACLE FLIGHTS FOR KIDS 5740 SOUTH EASTER AVENUE, SUITE 240 LAS VEGAS, NV 89119	**_***9952	501(C)(3)	25,000.	0.			TRANSPORTATION

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MONTANA STATE PARKS FOUNDATION INC. - 269 W. FRONT ST. - MISSOULA, MT 59802	**-***9371	501(C)(3)	24,944.	0.			ADAPTIVE SPORTS
MONTECH (UNIVERSITY OF MONTANA) 29 MCGILL HALL, UNIVERSITY OF MONTA MISSOULA, MT 59812	**-***1713	501(C)(3)	99,997.	0.			ADAPTIVE SPORTS
MORRIS COUNTY PARK COMMISSION PO BOX 1295 MORRISTOWN, NJ 07962-1295	**-***7478	501(C)(3)	22,000.	0.			FITNESS AND WELLNESS
MOZAIC, INC. 1083 WATERLOO GENEVA RD WATERLOO, NY 13165	**-***4314	501(C)(3)	50,000.	0.			TIER 4 - EMPLOYMENT
MT BRIGHTON ADAPTIVE SPORTS PROGRAM - 4141 BAUER RD - BRIGHTON, MI 48116	**-***6372	501(C)(3)	17,067.	0.			ADAPTIVE SPORTS
NATIONAL SPINAL CORD INJURY ASSOCIATION HOUSTON (DBA UNITED SPINAL ASSOCIATION H - 4106 AUSTIN STREET - HOUSTON, TX 77004	**-***7033	501(C)(3)	23,300.	0.			EMPLOYMENT
NEUROLAB 360 2146 ENCINITAS BLVD, SUITE 110 ENCINITAS, CA, CA 92024	**-***9250	501(C)(3)	22,842.	0.			FITNESS AND WELLNESS
NEUROWORX-DR. DALE B. HULL FOUNDATION FOR NEUROLOGICAL REHABILITATION, INC. - 90 W. ALBION VILLAGE WAY - SANDY, UT	**-***1769	501(C)(3)	25,000.	0.			HEALTHCARE
NEXTSTEP FITNESS 4447 REDONDO BEACH BLVD. LAWDALE, CA 90260	**-***8238	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS

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NORTHEAST DISABLED ATHLETIC ASSOCIATION - 82 KILLARNEY DR - BURLINGTON, VT 05408	**-***4205	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
NORTHWEST COLORADO CENTER FOR INDEPENDENCE - 1855 SHIELD DR. UNIT #300 - STEAMBOAT SPRINGS, CO 80487	**-***3968	501(C)(3)	40,000.	0.			TIER 3 - NURSING HOME TRANSITION
NORTHWEST SUBURBAN SPECIAL EDUCATION ORGANIZATION - 799 W. KENSINGTON RD. - MT. PROSPECT, IL 60056	**-***7600	501(C)(3)	26,118.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
NORTHWEST WHEELCHAIR TENNIS ASSOCIATION - 18775 OLD RIVER DRIVE - WEST LINN, OR 97068	**-***3041	501(C)(3)	21,525.	0.			ADAPTIVE SPORTS
NORTON HEALTHCARE FOUNDATION 234 E. GRAY STREET, SUITE 450 LOUISVILLE, KY 40202-1902	**-***4919	501(C)(3)	30,000.	0.			TIER 2 - RESPITE / CAREGIVING
OHIO STATE UNIVERSITY 278 BAKER SYSTEMS, 1971 NEIL AVENUE COLUMBUS, OH 43210	**-***5986	501(C)(3)	21,190.	0.			TRANSITION FROM INSTITUTION TO HOME
OPPORTUNITIES UNLIMITED 3439 GLEN OAKS BLVD. SIOUX CITY, IA 51104	**-***4428	501(C)(3)	24,999.	0.			DURABLE MEDICAL EQUIPMENT
PHOENIX ALTERNATIVES, INC. 3700 HIGHWAY 61 N, SUITE 200 WHITE BEAR LAKE, MN 55110	**-***5509	501(C)(3)	23,796.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
PUSH TO WALK 100 BAUER DRIVE OAKLAND, NJ 07436	**-***9368	501(C)(3)	24,638.	0.			DURABLE MEDICAL EQUIPMENT

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PVA-WI 750 N LINCOLN MEMORIAL DRIVE SUITE MILWAUKEE, WI 53202	**_***3216	501(C)(3)	22,490.	0.			ACCESSIBLE BEACH/DOCK/PIER
QUALITY OF LIFE PLUS (QL+) 1544 SPRING HILL ROAD, #9927 POTOMAC, MD 22102	**_***2688	501(C)(3)	24,500.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
RIEKES CENTER 3455 EDISON WAY MENLO PARK, CA 94025	**_***4127	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
ROCKY MOUNTAIN YOUTH CORPS PO BOX 1960 RANCHOS DE TAOS, NM 87557	**_***4817	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
RSU 57 86 WEST ROAD WATERBORO, ME 04087	**_***6610	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND
SALISBURY UNIVERSITY 1101 CAMDEN AVENUE SALISBURY, MD 21801	**_***2033	501(C)(3)	24,268.	0.			ADAPTIVE SPORTS
SENIOR AND DISABILITY ACTION P.O. BOX 423388 SAN FRANCISCO, CA 94142	**_***3120	501(C)(3)	22,555.	0.			DURABLE MEDICAL EQUIPMENT
SENIORS INDEPENDENT LIVING COLLABORATIVE - 5733 N SHERIDAN RD. SUITE 21B - CHICAGO, IL 60660	**_***8463	501(C)(3)	24,990.	0.			PEER MENTORING AND SUPPORT
SERVICE DOGS ALABAMA 8365 MOBILE HIGHWAY HOPE HULL, AL 36043	**_***1146	501(C)(3)	25,000.	0.			SERVICE ANIMAL PROGRAM

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SHANGRI-LA THERAPEUTIC ACADEMY OF RIDING - 11800 HIGHWAY 11 E - LENOIR CITY, TN 37772	**-***0640	501(C)(3)	12,269.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
SILICON VALLEY INDEPENDENT LIVING CENTER (CIL) - 2306 ZANKER ROAD - SAN JOSE, CA 95131	**-***2246	501(C)(3)	40,000.	0.			TIER 3 - NURSING HOME TRANSITION
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE. F-125 CHICAGO, IL 60608	**-***6895	501(C)(3)	25,000.	0.			PEER MENTORING AND SUPPORT
SKY TAVERN 21130 MT. ROSE HWY. RENO, NV 89511	**-***5590	501(C)(3)	24,246.	0.			ADAPTIVE SPORTS
SOUTH SHORE YMCA 91 LONGWATER CIRCLE, SUITE 100 NORWELL, MA 02061	**-***5881	501(C)(3)	8,191.	0.			FITNESS AND WELLNESS
SOUTHAMPTON FRESH AIR HOME 36 BARKERS ISLAND ROAD SOUTHAMPTON, NY 11968	**-***0777	501(C)(3)	20,000.	0.			ASSISTIVE TECHNOLOGY
SPECIAL OLYMPICS HAWAII INC. 91-610 MAUNAKAPU STREET EWA BEACH, HI 96706-4850	**-***3957	501(C)(3)	7,762.	0.			FITNESS AND WELLNESS
STARKLOFF DISABILITY INSTITUTE 133 SOUTH 11TH STREET SUITE 500 ST. LOUIS, MO 63102	**-***6567	501(C)(3)	50,000.	0.			TIER 4 - EMPLOYMENT
STEFFI NOSSEN DANCE FOUNDATION 216 CENTRAL AVE WHITE PLAINS, NY 10606	**-***8080	501(C)(3)	14,356.	0.			ARTS

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SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION, INC - 1270 BELMONT AVENUE - SCHENECTADY , NY 12308	**_***5127	501(C)(3)	7,524.	0.			TRANSITIONING HOME
TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 TELLURIDE, CO 81435	**_***7870	501(C)(3)	36,140.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
THE ALS ASSOCIATION 1300 WILSON BLVD., SUITE 600 ARLINGTON, VA 22209	**_***1855	501(C)(3)	19,050.	0.			ASSISTIVE TECHNOLOGY
THE ALS ASSOCIATION OF OREGON AND SW WASHINGTON CHAPTER - 825 NE MULTNOMAH ST. SUITE 940 - PORTLAND, OR 97232	**_***6066	501(C)(3)	25,000.	0.			TIER 2 - RESPITE / CAREGIVING
THE ELIZABETH DOLE FOUNDATION 600 NEW HAMPSHIRE AVENUE NW 10TH FL WASHINGTON, DC 20037	**_***2692	501(C)(3)	25,000.	0.			CAREGIVING
THE JERRY AND PAULA BAKER FOUNDATION / TUOLUMNE TRAILS - 22988 FERRETTI RD - GROVELAND, CA 95321	**_***0774	501(C)(3)	38,655.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
THE LEGAL CLINIC FOR THE DISABLED, INC. - 1513 RACE STREET - PHILADELPHIA, PA 19102	**_***0392	501(C)(3)	40,000.	0.			TIER 3 - RACIAL EQUITY
THE SAFE ALLIANCE P.O. BOX 19454 AUSTIN, TX 78760	**_***0657	501(C)(3)	24,698.	0.			FACILITY ACCESSIBILITY MODIFICATIONS
THE SHELLA FOUNDATION PO BOX 263 SUN CITY, CA 92586	**_***9365	501(C)(3)	21,000.	0.			TIER 2 - RESPITE / CAREGIVING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPLIT SECOND FOUNDATION 2236 ORIOLE STREET NEW ORLEANS, LA 70122	**-***0639	501(C)(3)	24,495.	0.			FITNESS AND WELLNESS
THEATRE ADVENTURE, INC 29 SOUTH STREET BRATTLEBORO, VT 05301	**-***2562	501(C)(3)	17,314.	0.			ARTS
TR 4 HEART AND SOUL 8023 93RD ST SE BISMARCK, ND 58504	**-***5058	501(C)(3)	19,525.	0.			FITNESS AND WELLNESS
TRIBAL ADAPTIVE ORGANIZATION 4275 US 64 KIRKLAND, NM 87417	**-***6368	501(C)(3)	40,000.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
TURNSTONE 3320 N. CLINTON ST. FORT WAYNE, IN 46805	**-***3541	501(C)(3)	25,000.	0.			FITNESS AND WELLNESS
UNITE 2 FIGHT PARALYSIS 528 HENNEPIN AVE, SUITE 705 MINNEAPOLIS, MN 55403	**-***8000	501(C)(3)	18,708.	0.			CONSUMER EDUCATION
UNITED STATES CURLING ASSOCIATION 2685 VIKINGS CIRCLE SUITE 200 EAGAN, MN 55121	**-***6248	501(C)(3)	25,000.	0.			ADAPTIVE SPORTS
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE - 9201 UNIVERSITY CITY BOULEVARD - CHARLOTTE, NC 28223	**-***1228	501(C)(3)	25,000.	0.			ACCESSIBLE TRAIL
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR., SUITE 150 AUSTIN, TX 78759	**-***7488	501(C)(3)	24,999.	0.			FITNESS AND WELLNESS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH, HEALTH SCIENCES CENTER - 1471 FEDERAL WAY - SALT LAKE CITY, UT 84102	**-***0525	501(C)(3)	39,986.	0.			TIER 3 - RURAL UNSERVED AND UNDERSERVED
USTA TEXAS TENNIS FOUNDATION PO BOX 302497 AUSTIN, TX 78731	**-***2394	501(C)(3)	18,126.	0.			ADAPTIVE SPORTS
VIRGINIA BEACH ADAPTIVE WATERSPORTS, INC. - C/O KATHERINE GRINNELL, TREASURER PO BOX 56112 - VIRGINIA BEACH, VA 23456	**-***2495	501(C)(3)	9,639.	0.			ADAPTIVE SPORTS
WASHINGTON, INDIANA FREE METHODIST CHURCH / COMFORTING HEARTS - 1155 TROY RD - WASHINGTON, IN 47501	**-***2335	501(C)(3)	19,878.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
WEST VIRGINIA UNIVERSITY FOUNDATION - ONE WATERFRONT PLACE, 7TH FLOOR PO BOX 1650 - MORGANTOWN, WV 26507-1650	**-***7181	501(C)(3)	30,000.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
WESTCHESTER PARKS FOUNDATION 155 LAFAYETTE AVENUE SUITE 101 WHITE PLAINS, NY 10603	**-***7499	501(C)(3)	25,000.	0.			ACCESSIBLE TRAIL
WESTERN NEW YORK INDEPENDENT LIVING (CIL) - 3108 MAIN ST - BUFFALO, NY 14214	**-***6065	501(C)(3)	19,802.	0.			TIER 2 - ASSISTIVE TECHNOLOGY
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE FLOOR 2 PITTSBURGH, PA 15222	**-***3485	501(C)(3)	25,000.	0.			EDUCATION
WHEELCHAIR HELP.ORG INC 515 EAST ST ELKHART, IN 46516	**-***3350	501(C)(3)	10,000.	0.			DURABLE MEDICAL EQUIPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELING PARK COMMISSION 465 LODGE DRIVE WHEELING, WV 26003	**_***0957	501(C)(3)	25,000.	0.			ACCESSIBLE PLAYGROUND/BALLFIELD
WHY NOT NOW? INC. D/B/A CAMP BIG SKY - 9928 W. GRANGE HALL ROAD - PRINCEVILLE, IL 61559	**_***1711	501(C)(3)	20,146.	0.			CAMP
WISCONSIN ADAPTIVE SPORTS ASSOCIATION - 715 TALON DRIVE - BROOKFIELD, WI 53045	**_***1287	501(C)(3)	36,319.	0.			ADAPTIVE SPORTS
WNY WRECKERS 1222 WATERBROOK CROSSING WEBSTER, NY 14508	**_***6806	501(C)(3)	26,223.	0.			ADAPTIVE SPORTS
DUKE UNIVERSITY SCHOOL OF MEDICINE 2200 WEST MAIN STREET, SUITE 900 DURHAM, NC 27705	**_***2129	501(C)(3)	10,000.	0.			NACTN
THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	**_***6261	501(C)(3)	10,000.	0.			NACTN
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE, DAVIS 5 ROOM 5293, PO BOX 800793 - CHARLOTTESVILLE, VA 2	**_***1796	501(C)(3)	10,000.	0.			NACTN
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET, SHERIDAN BUILDING, 2ND FL - PHILADELPHIA, PA 19107	**_***2651	501(C)(3)	45,000.	0.			NACTN
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	**_***2033	501(C)(3)	10,000.	0.			NACTN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102	**-***4458	501(C)(3)	30,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	45,000.	0.			NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	98,106.	0.			BIG IDEA
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC - 217 SERVICE COMPLEX, BELKNAP CAMPUS - LOUISVILLE, KY 40292	**-***9626	501(C)(3)	492,345.	0.			BIG IDEA

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

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

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

PART I, LINE 2:

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

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

**** - ***9536**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARGARET GOLDBERG PRESIDENT AND CEO	(i)	316,968.	0.	0.	13,725.	28,117.	358,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELE LOIACONO VP OPERATIONS	(i)	157,320.	0.	0.	7,630.	35,528.	200,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALAN BROWN DIRECTOR	(i)	154,129.	0.	0.	7,180.	25,210.	186,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARCO BAPTISTA CHIEF SCIENTIFIC OFFICER	(i)	162,205.	0.	0.	0.	15,490.	177,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) OLIVIA MULLANE SENIOR DIRECTOR	(i)	161,396.	0.	0.	7,367.	3,794.	172,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK BOGOSIAN DIRECTOR	(i)	126,788.	0.	0.	6,009.	31,350.	164,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BILL CAWLEY DIRECTOR	(i)	111,457.	0.	0.	5,391.	37,455.	154,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SHEILA FITZGIBBON SENIOR DIRECTOR	(i)	135,983.	0.	0.	6,227.	11,997.	154,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KIMBERLY BEER SENIOR DIRECTOR	(i)	134,614.	0.	0.	6,279.	11,764.	152,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

**** - *** 9536**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	140,991.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

USE BROKERAGE FIRM SERVICES FOR SALES OF MARKETABLE SECURITIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

** - ***9536

FORM 990, ITEM C, DOING BUSINESS AS:

CHRISTOPHER & DANA REEVE FOUNDATION

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

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

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

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 EFFECTIVENESS OF EPIDURAL
STIMULATION TO PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC
CONTROL AS WELL AS THE AFORE-MENTIONED SECONDARY FUNCTIONS. THE
FOUNDATION IS CURRENTLY WORKING WITH ITS PARTNERS TO FACILITATE THE
STUDY CONCLUSION IN A WAY THAT IS CONSISTENT WITH OUT COMMITMENT TO THE
PATIENTS IN THE STUDY.

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

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

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

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

-*9536

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

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

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

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

POSSIBLE CONFLICTS SHALL BE DISCLOSED TO THE BOARD OF DIRECTORS AND PRESIDENT AND SUCH PERSONS, IF A DIRECTOR, SHALL ABSTAIN FROM VOTING ON ALL MATTERS RELATED TO SUCH POSSIBLE CONFLICT OF INTEREST AND SHALL RECUSE HIMSELF/HERSELF FROM ANY PORTION OF ANY MEETING OF THE BOARD OF DIRECTORS AT WHICH SUCH MATTER IS DISCUSSED AND/OR VOTED UPON.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT:

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY. THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON. AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE.

COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES:

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

-*9536

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

KEY EMPLOYEES HAVE ANNUAL PERFORMANCE EVALUATIONS AFTER WHICH COMPENSATION IS DETERMINED. WHEN CONSIDERED NECESSARY, THE COMPENSATION COMMITTEE WILL MAKE COMPARISONS WITH OTHER SIMILAR ORGANIZATIONS BY REVIEWING OTHERS' COMPENSATION AS DISCLOSED IN THEIR RESPECTIVE FORM 990S AND DOCUMENT ITS EVALUATION PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,MD,ME,MI,MN,MS,NC,ND,NH,NJ,NM,NV,NY,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

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

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

OTHER:

PROGRAM SERVICE EXPENSES	1,457,212.
MANAGEMENT AND GENERAL EXPENSES	49,895.
FUNDRAISING EXPENSES	195,362.
TOTAL EXPENSES	1,702,469.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,702,469.

FORM 990, PART XII, LINE 2C:

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

** - ***9536

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
 OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED
 DECEMBER 31, 2022, THE ORGANIZATION DID NOT CHANGE ITS PROCESSES FROM
 THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NRT HOLDINGS LLC - 84-2875859 2181 GREENWICH STREET SAN FRANCISCO, CA 94123	INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A	CA		RELATED	0.	31,728.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	.89%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

Part 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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NRT HOLDINGS LLC

EIN: 84-2875859

2181 GREENWICH STREET

SAN FRANCISCO, CA 94123

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

DIRECT CONTROLLING ENTITY:

TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT OF TAX:

BALANCE DUE OF \$250

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW JERSEY FORM FORM CRI-300R SHOULD BE FILED VIA THE WEB AT:
<HTTPS://NJCONSUMERAFFAIRS.STATE.NJ.US/SIGN-IN/>

RETURN MUST BE MAILED ON OR BEFORE:

JANUARY 2, 2024

SPECIAL INSTRUCTIONS:

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.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2022
month day year

2. Federal ID Number (EIN) ** - ***9536 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
Street Address City State ZIP Code

NOTE: 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 _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes 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.
RICHARD SHERMAN, CFO 636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 0707
Contact person Street address City State ZIP Code
973-379-2690 _____
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 WWW.CHRISTOPHERREEVE.ORG
E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 05/11/1988 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: CHRISTOPHER & DANA REEVE FOUNDATION

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or 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

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes 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-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

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. Yes No
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. Yes No
 If "Yes," 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 (include area code)	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 street address of the organization				
Full legal name: <u>CHRISTOPHER REEVE FOUNDATION</u>				
Fiscal year-end being reported: <u>12/31/2022</u>		Federal ID Number (EIN) <u>** - ***9536</u>		
Mailing address: <u>636 MORRIS TURNPIKE, SUITE 3A, SHORT HILLS, NJ 07078</u>				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: _____				
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
New Jersey Charities Registration number: CH <u>0343800</u>		Telephone number: <u>973-379-2690</u>		
<i>(include area code)</i>				

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

(1)	Direct mail	3,493,337.
(2)	Telephone solicitation	0.
(3)	Commercial co-venture	0.
(4)	Gross receipts from fund-raising events	355,560.
(5)	Canisters, counter cards, door to door etc	0.
(6)	Corporations and other businesses	0.
(7)	Foundations and trusts	0.
(8)	Donated land, buildings, property, equipment and materials	0.
(9)	Legacies and bequests	0.
(10)	Membership dues solely resulting from solicitations	0.
(11)	Other support (specify)	0.

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) 3,848,897.

Line A1c. Indirect Public Support received from the following sources:

(1)	Federated fund-raising organization	0.
(2)	From an affiliated organization	5,209.
(3)	From another fund-raising organization	1,952,800.

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) 1,958,009.

Line A1e. Total Gross Contributions (add lines A1b and A1d) 5,806,906.

Line A2.	Government grants including purchase of service contracts (specify agency)	
a.	GOVERNMENT GRANTS - CONTRIBUTIONS	9,623,151.
b.	_____	0.
c.	_____	0.
d.	_____	0.
Line A2e.	Total Government Grants (add lines 2a thru 2d)	9,623,151.
Line A3.	Other Support	
a.	Bona fide membership	0.
b.	Program service revenue	0.
c.	Professional services rendered by volunteers	0.
d.	Miscellaneous income (specify) SEE STATEMENT 3	732,953.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	732,953.
Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	16,163,010.

B. Expenses

Line B1.	Program expenses	12,869,146.
Line B2.	Management and general expenses	788,488.
Line B3.	Fund-raising expenses	1,445,233.
Line B4.	Payments to state/national affiliates (if applicable)	0.
Line B5.	Total Expenses (add the totals of line B1 thru B4)	15,102,867.

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)	1,060,143.
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D. Fund Balance

Line D1.	Net assets or fund balances at beginning of year	6,687,423.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 2	181,515.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	7,929,081.

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**

Organization's Name: CHRISTOPHER REEVE FOUNDATION

N.J. Charities Registration Number: CH- 0343800 -00

Federal ID Number (EIN) ** - ***9536

Fiscal Year-End being reported: 12/31/2022
month day year

24. 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? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes 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? Yes No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships. **SEE STATEMENT 4**

25. 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.

Signature _____ Name MARGARET GOLDBERG Title PRESIDENT AND CEO Date _____

Signature _____ Name 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

LIST OF OFFICERS, DIRECTORS, TRUSTEES
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 1

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARGARET GOLDBERG

PRESIDENT AND CEO

ADDRESS

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

SALARY

316,968.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHELE LOIACONO

VP OPERATIONS

ADDRESS

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

SALARY

157,320.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ALAN BROWN

DIRECTOR

ADDRESS

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

SALARY

154,129.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARCO BAPTISTA

CHIEF SCIENTIFIC
OFFICER

ADDRESS

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

SALARY

162,205.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

OLIVIA MULLANE

SENIOR DIRECTOR

ADDRESS

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

SALARY

161,396.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MARK BOGOSIAN

DIRECTOR

ADDRESS

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

SALARY

126,788.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BILL CAWLEY

DIRECTOR

ADDRESS

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

SALARY

111,457.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SHEILA FITZGIBBON

SENIOR DIRECTOR

ADDRESS

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

SALARY

135,983.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KIMBERLY BEER

SENIOR DIRECTOR

ADDRESS

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

SALARY

134,614.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

REGINA BLYE

CHIEF PROGRAM AND
POLICY OFFIC

ADDRESS

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

SALARY

134,706.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JEANNINE MAROTTA

DIRECTOR

ADDRESS

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

SALARY

121,630.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

RICHARD SHERMAN

CFO

ADDRESS

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

SALARY

90,469.

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.

JOHN E. MCCONNELL

VICE CHAIR

ADDRESS

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

SALARY

0.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

ALEXANDRA REEVE GIVENS, ESQ.

VICE CHAIR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MATTHEW REEVE

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

HENRY G. STIFEL, III

VICE CHAIR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TANIA LYNN TAYLOR

TREASURER

ADDRESS

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

SALARY

0.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

HELEN V. CANTWELL, ESQ.

SECRETARY

ADDRESS

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

SALARY

0.

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.

MICHAEL FORDYCE

DIRECTOR

ADDRESS

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

SALARY

0.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TRACY FORST

DIRECTOR

ADDRESS

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

SALARY

0.

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.

KELLY ANNE HENEGHAN, ESQ.

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

LISA HENRY HOLMES

DIRECTOR

ADDRESS

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

SALARY

0.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

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.

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.

CHRISTOPHER REEVE FOUNDATION

** - ***9536

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

VANDY VAN WAGENER

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

PATRICIA J. VOLLAND

DIRECTOR

ADDRESS

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

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

TOM LONDRES

DIRECTOR

ADDRESS

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

SALARY

0.

FORM CRI-300	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
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DESCRIPTION

AMOUNT

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS

181,515.

TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE D2

181,515.

FORM CRI-300

MISCELLANEOUS INCOME

STATEMENT 3

DESCRIPTION

AMOUNT

INVESTMENT INCOME

8,078.

GAIN/LOSS ON SALE OF ASSET(S) OTHER THAN INVENTORY

1,506,371.

DIRECT EXPENSES FOR FUNDRAISING EVENTS

-781,496.

TOTAL INCLUDED ON FORM CRI-300, PAGE 5, LINE A3D

732,953.

FORM CRI-300RC

EXPLANATION OF RELATIONSHIP
PAGE 6, LINE 24

STATEMENT 4

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 registration is being issued at the discretion of the New Jersey 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. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name MARGARET GOLDBERG Title PRESIDENT AND CEO Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey 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. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name TANIA LYNN TAYLOR Title BOARD TREASURER Date _____
