

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CHRISTOPHER REEVE FOUNDATION

Doing business as
CHRISTOPHER & DANA REEVE FOUNDATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
636 MORRIS TURNPIKE SUITE 3A

City or town, state or province, country, and ZIP or foreign postal code
SHORT HILLS, NJ 07078

D Employer identification number
22-2939536

E Telephone number
(973) 379-2690

G Gross receipts \$ 14,498,186

F Name and address of principal officer
PETER WILDEROTTER
636 MORRIS TURNPIKE SUITE 3A
SHORT HILLS, NJ 07078

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW CHRISTOPHERREEVE ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1988

M State of legal domicile NJ

Part I Summary

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 FUNDING INNOVATIVE RESEARCH, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE LIVING WITH PARALYSIS THROUGH GRANTS, INFORMATION AND ADVOCACY

2 Check this box 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	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	45
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year		Current Year	
8 Contributions and grants (Part VIII, line 1h)	13,861,926		13,985,304	
9 Program service revenue (Part VIII, line 2g)	0		0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,758		-8,158	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-377,081		-427,345	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,480,087		13,549,801	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,592,606		7,575,873	
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)	4,110,282		4,441,595	
16a Professional fundraising fees (Part IX, column (A), line 11e)	158,250		20,500	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,562,940				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,199,219		2,960,868	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	14,060,357		14,998,836	
19 Revenue less expenses Subtract line 18 from line 12	-580,270		-1,449,035	
	Beginning of Current Year		End of Year	
20 Total assets (Part X, line 16)	7,605,705		6,544,044	
21 Total liabilities (Part X, line 26)	3,139,960		3,528,801	
22 Net assets or fund balances Subtract line 21 from line 20	4,465,745		3,015,243	

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 2018-08-20

PETER WILDEROTTER PRESIDENT AND CEO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name DIANA MILLER	Preparer's signature DIANA MILLER	Date	Check <input type="checkbox"/> if self-employed	PTIN P01597612
Firm's name ▶ WISS & COMPANY LLP			Firm's EIN ▶ 22-1732349	
Firm's address ▶ 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039			Phone no (973) 994-9400	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY FUNDING INNOVATIVE RESEARCH, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE LIVING WITH PARALYSIS THROUGH GRANTS, INFORMATION AND ADVOCACY

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 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 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 \$ 6,209,140 including grants of \$ 2,139,969) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 5,786,381 including grants of \$ 5,435,904) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 835,443 including grants of \$) (Revenue \$)
 See Additional Data

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

4e Total program service expenses ▶ 12,830,964

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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>		No
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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>		No
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>		No
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>		No
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>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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>	Yes	
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>		No
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>	Yes	
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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>	Yes	
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>	Yes	
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>	Yes	
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>	Yes	
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>		No
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)	Yes	
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>	Yes	
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List states), 18 (Website availability), 19 (Public access to documents), 20 (Person with books and records).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

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.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? 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? 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include HCM STRATEGISTS LLC, DIRECT ANSWER INC, AO SPINE NORTH AMERICA, COYNE PUBLIC RELATIONS, CAPSTONE NATIONAL PARTNERS LLC.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	30,093				
	b Membership dues	1b					
	c Fundraising events	1c	1,952,777				
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,149,586				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,852,848				
	g Noncash contributions included in lines 1a-1f \$ _____		78,297				
	h Total. Add lines 1a-1f			13,985,304			
Program Service Revenue	2a _____	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)		10,563			10,563	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		57,420					
		b Less rental expenses	77,293				
		c Rental income or (loss)	-19,873				
	d Net rental income or (loss)			-19,873		-19,873	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		324,599					
		b Less cost or other basis and sales expenses	343,320				
		c Gain or (loss)	-18,721				
	d Net gain or (loss)			-18,721		-18,721	
	8a Gross income from fundraising events (not including \$ 1,952,777 of contributions reported on line 1c) See Part IV, line 18	a	120,300				
		b Less direct expenses	b	527,772			
c Net income or (loss) from fundraising events				-407,472		-407,472	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			13,549,801	0	0	-435,503	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,097,873	7,097,873		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,000	18,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	460,000	460,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,454,488	1,011,638	104,152	338,698
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.	2,229,230	1,521,073	166,489	541,668
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	87,115	71,173	4,499	11,443
9 Other employee benefits.	417,104	333,199	18,206	65,699
10 Payroll taxes.	253,658	194,547	13,671	45,440
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	78,040	53,067	19,510	5,463
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	20,500			20,500
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	911,593	734,629	80,371	96,593
12 Advertising and promotion.	94,475	90,627		3,848
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	260,157	175,361	20,067	64,729
17 Travel.	266,132	201,565	43,548	21,019
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	75,811	68,941	6,870	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	42,685	20,924	5,150	16,611
23 Insurance.	72,989	27,000	45,989	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL EXPENSES	285,455	91,786		193,669
b INTERNET COMMUNICATIONS	176,496	172,025	745	3,726
c MISCELLANEOUS	153,525	118,993	17,263	17,269
d PRINTING	147,319	137,985	4,667	4,667
e All other expenses	396,191	230,558	53,735	111,898
25 Total functional expenses. Add lines 1 through 24e.	14,998,836	12,830,964	604,932	1,562,940
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"/> if following SOP 98-2 (ASC 958-720)	833,727	152,634	223,531	457,562

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	286,584	1	910,774
	2 Savings and temporary cash investments	1,298,498	2	623,899
	3 Pledges and grants receivable, net	4,608,202	3	3,645,283
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,346	9	100,019
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,207,899		
	b Less accumulated depreciation	1,166,978		
	11 Investments—publicly traded securities	55,345	10c	40,921
	12 Investments—other securities See Part IV, line 11	144,061	11	145,460
	13 Investments—program-related See Part IV, line 11	984,051	12	965,330
	14 Intangible assets	120,123	13	91,863
	15 Other assets See Part IV, line 11	20,495	14	20,495
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,605,705	15	20,495	
		16	6,544,044	
Liabilities	17 Accounts payable and accrued expenses	541,015	17	317,807
	18 Grants payable	2,310,975	18	2,777,376
	19 Deferred revenue	287,970	19	433,618
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,139,960	26	3,528,801
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,571,111	27	1,494,209
	28 Temporarily restricted net assets	2,894,634	28	1,521,034
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,465,745	33	3,015,243
	34 Total liabilities and net assets/fund balances	7,605,705	34	6,544,044

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	13,549,801
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,998,836
3	Revenue less expenses Subtract line 2 from line 1	3	-1,449,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,465,745
5	Net unrealized gains (losses) on investments	5	-1,467
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,015,243

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 in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-2939536

Name: CHRISTOPHER REEVE FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE FOUNDATION'S QUALITY OF LIFE GRANTS PROGRAM BEGAN IN 1999 AND EXPANDED IN 2001 WITH THE ESTABLISHMENT OF THE PARALYSIS RESOURCE CENTER FUNDED BY A FEDERAL GRANT FROM THE CENTERS FOR DISEASE CONTROL AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JUNE 1, 2018 FOR \$6,512,000 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 AND PROJECTS THAT MAKE LIVING WITH PARALYSIS MORE PRODUCTIVE, CREATIVE, INDEPENDENT AND FUN

Form 990, Part III, Line 4b:

THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG FOUR INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM 1 THE INTERNATIONAL RESEARCH CONSORTIUM ON SPINAL CORD INJURY INCLUDES SEVEN OF THE WORLD'S PREMIER LABS, WHICH POOL THEIR TALENTS TO ADDRESS SOME OF THE MOST CHALLENGING ISSUES RELATING TO SPINAL CORD INJURY, INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY 2 THE NEURORECOVERY NETWORK (NRN) IS A UNIQUE NETWORK OF INSTITUTIONS FORMED THROUGH A COOPERATIVE AGREEMENT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, NOW THE ADMINISTRATION FOR COMMUNITY LIVING EACH CENTER IS A CUTTING-EDGE REHAB FACILITY USING INTENSIVE LOCOMOTOR TRAINING, AN ACTIVITY BASED THERAPY IN WHICH A PATIENT WALKS ON A TREADMILL WHILE SUSPENDED IN A HARNESS 3 NACTN IS A NETWORK OF NORTH AMERICAN CLINICAL CENTERS, CREATED BY THE FOUNDATION, TO STANDARDIZE INJURY ASSESSMENT PROTOCOLS, DATA GATHERING, AND ACUTE INJURY PROTOCOLS THE FOUNDATION HAS A TOTAL OF TWELVE CENTERS WHICH ARE SUBSTANTIALLY FUNDED THROUGH MULTI-MILLION DOLLAR GRANTS FROM THE US DEPARTMENT OF DEFENSE AND IN COLLABORATION WITH AOSPINE NORTH AMERICA 4 EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE THE BIG IDEA IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS THE AFORE-MENTIONED SECONDARY FUNCTIONS

Form 990, Part III, Line 4c:

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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M HUGHES CHAIRMAN OF BOARD	1 00	X		X				0	0	0
JOHN E MCCONNELL VICE CHAIRMAN	1 00	X		X				0	0	0
MATTHEW REEVE VICE CHAIRMAN	1 00	X		X				0	0	0
HENRY G STIFEL III VICE CHAIRMAN	1 00	X		X				0	0	0
JOEL M FADEN TREASURER	1 00	X		X				0	0	0
JEFFREY P CUNARD ESQ SECRETARY	1 00	X		X				0	0	0
SIMONE GEORGE DIRECTOR	1 00	X						0	0	0
KELLY ANNE HENEGHAN ESQ DIRECTOR	1 00	X						0	0	0
DANIEL HEUMANN DIRECTOR	1 00	X						0	0	0
LISA HENRY HOLMES DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
MICHAEL HOOG DIRECTOR	1 00	X						0	0	0
IAN CURTIS DIRECTOR	1 00	X						0	0	0
TIMOTHY R PERNETTI DIRECTOR	1 00	X						0	0	0
MARK POLLOCK DIRECTOR	1 00	X						0	0	0
MARCI SURFAS DIRECTOR	1 00	X						0	0	0
CHRISTOPHER TAGATAC DIRECTOR	1 00	X						0	0	0
PATRICIA J VOLLAND DIRECTOR	1 00	X						0	0	0
JAMES O WELCH JR DIRECTOR	1 00	X						0	0	0
ANITA MCGORTY DIRECTOR	1 00	X						0	0	0
TIMOTHY CONNORS DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
WILLIAM REEVE DIRECTOR	1 00	X						0	0	0
TANIA LYNN TAYLOR DIRECTOR	1 00	X						0	0	0
DAVID SABLE DIRECTOR	1 00	X						0	0	0
TRACY FORST DIRECTOR	1 00	X						0	0	0
ALEXANDRA REEVE GIVENS ESQ DIRECTOR	1 00	X						0	0	0
JACK HAGERTY ESQ DIRECTOR	1 00	X						0	0	0
JAY SHEPHARD DIRECTOR	1 00	X						0	0	0
PETER WILDEROTTER PRESIDENT & CEO	40 00			X				389,053	0	31,185
RICHARD SHERMAN CFO	8 00			X				58,955	0	0
SUSAN HOWLEY EXECUTIVE VP, RESEARCH	40 00			X				169,205	0	21,441

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
REBECCA LAMING VP, MARKETING & COMMUNICAT	40 00			X				152,705	0	23,032
FRANK MASCIA VP, DEVELOPMENT	40 00			X				186,062	0	24,096
MICHELE LOIACONO VP, OPERATIONS	40 00			X				148,251	0	24,555
MARGARET GOLDBERG VP, POLICY & PROGRAMS	40 00			X				193,238	0	32,710
ALAN BROWN DIRECTOR OF PUBLIC IMPACT	40 00					X		146,375	0	24,733
JEANNINE MAROTTA DIRECTOR OF SPECIAL GIFTS	40 00					X		110,378	0	8,705

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 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 in 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	12,890,994	14,551,172	14,257,323	13,861,926	13,985,304	69,546,719
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	12,890,994	14,551,172	14,257,323	13,861,926	13,985,304	69,546,719
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						69,546,719

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	12,890,994	14,551,172	14,257,323	13,861,926	13,985,304	69,546,719
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,456	86,255	182,344	63,928	67,983	409,966
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						69,956,685
12 Gross receipts from related activities, etc. (see instructions)					12	627,762

13 First five 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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.410 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	98.510 %

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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)	1	
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 22-2939536

Name: CHRISTOPHER REEVE FOUNDATION

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)

Facts And Circumstances Test

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 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 8/17/06, 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? Yes No

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)? Yes No

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

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

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

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 are a 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 programs
 - 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,207,899	1,166,978	40,921
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				40,921

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. (Column (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) PRESIDIO PARTNERS NRT GP, LLC	965,330	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	965,330	

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

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

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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	14,153,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-1,467	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	605,065	
e	Add lines 2a through 2d		2e	603,598
3	Subtract line 2e from line 1		3	13,549,801
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	13,549,801

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	15,603,901
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	605,065	
e	Add lines 2a through 2d		2e	605,065
3	Subtract line 2e from line 1		3	14,998,836
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	14,998,836

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2939536
Name: CHRISTOPHER REEVE FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>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. ADDITIONALLY, SINCE THE FOUNDATION IS PUBLICLY SUPPORTED, CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE CODE. THE FOUNDATION IS ALSO EXEMPT FROM NEW JERSEY STATE INCOME TAX. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. THE FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2017, 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, 2017 AND 2016. 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 2014 AND 2013, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 527,772 FUNDRAISING EXPENSES 77,293

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 527,772 RENT EXPENSE ON SCHEDULE A 77,293

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			460,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			460,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE	SCIENCE RESEARCH	400,000	CHECKS			
(2)		NORTH AMERICA	SCIENCE RESEARCH	60,000	CHECKS			
(3)								
(4)								

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, do not 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, do not 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).

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART IV, FOREIGN FORMS	THE CHRISTOPHER AND DANA REEVE FOUNDATION DOES NOT MEET THE REQUIREMENTS FOR FILING IRS FORM 926

Additional Data

Software ID:

Software Version:

EIN: 22-2939536

Name: CHRISTOPHER REEVE FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATED TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY	400,000
NORTH AMERICA	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY	60,000

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	COORDINATE DIRECT MAIL FUNDRAISING	No		381,090	20,500	360,590
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				381,090	20,500	360,590

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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)
		NYC DINNER DANCE (event type)	TEAM REEVE (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,360,699	586,114	126,264	2,073,077
	2 Less Contributions	1,259,899	586,114	106,764	1,952,777
	3 Gross income (line 1 minus line 2)	100,800		19,500	120,300
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	69,853			69,853
	7 Food and beverages	116,078		25,750	141,828
	8 Entertainment	11,250		600	11,850
	9 Other direct expenses	131,614	165,888	6,739	304,241
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				527,772
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-407,472

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) BIG IDEA	2	18,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANT AWARDS ARE ADMINISTERED VIA A CONTRACT BETWEEN THE FOUNDATION AND THE GRANTEE QUALITY OF LIFE GRANTS ARE AWARDED THROUGH THE FOUNDATION'S QUALITY OF LIFE DEPARTMENT ALL RECIPIENTS ARE REQUIRED TO SUBMIT REPORTS AT LEAST ONCE A YEAR AND A FINAL REPORT WHEN THE PROJECT IS COMPLETED THE FINAL REPORT MUST DETAIL THE OUTCOMES OF THE PROJECT AND WHETHER OR NOT THE ORIGINAL GOALS AND OBJECTIVES WERE ACCOMPLISHED INDIRECT OVERHEAD COSTS ARE LIMITED TO 10% OF THE DIRECT COSTS OF ALL AGREEMENTS UNEXPENDED OR UNCOMMITTED FUNDS AT THE TERMINATION OF THE AGREEMENT REVERT BACK TO THE FOUNDATION UNLESS WRITTEN PERMISSION TO PROCEED OTHERWISE IS GRANTED BY THE FOUNDATION SITE VISITS TO GRANTED ORGANIZATIONS ARE ALSO CONDUCTED WHENEVER POSSIBLE BY THE CHRISTOPHER REEVE FOUNDATION STAFF AND MANAGEMENT THIS PROCESS APPLIES TO FUNDING BOTH WITHIN THE UNITED STATES AND FOR ORGANIZATIONS BASED OUTSIDE THE UNITED STATES

Additional Data

Software ID:
Software Version:
EIN: 22-2939536
Name: CHRISTOPHER REEVE FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY PO BOX 44253 STANFORD, CA 94144	94-1156365	501(C)(3)	200,000				CONSORTIUM
THE HENRY MJACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINEINC 6720 A ROCKLEDGE DRIVE SUITE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	83,515				NACTN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE METHODIST HOSPITAL RESEARCH INSTITUTE PO BOX 4805 HOUSTON, TX 77210	87-0721923	501(C)(3)	150,000				NACTN
THE METHODIST HOSPITAL RESEARCH INSTITUTE PO BOX 4805 HOUSTON, TX 77210	87-0721923	501(C)(3)	13,578				RISCIS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1400 BIOLOGICAL SCIENCES III IRVINE IRVINE, CA 92697	95-2226406	501(C)(3)	425,000				CONSORTIUM
THE RESEARCH FOUNDATION OF THE STATE UNIVERSITY OF NY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	75,000				CONSORTIUM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	95-2160097	501(C)(3)	200,000				CONSORTIUM
THE UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	45,987				NACTN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET SHERIDAN BLDG 2ND FL PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	51,027				NACTN
UNIV OF WASHINGTON BOX 356490 SEATTLE, WA 98195	91-6001537	501(C)(3)	300,000				CONSORTIUM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001	74-6001399	501(C)(3)	48,246				NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLEX BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	125,695				NACTN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLEX BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	5,000				RISCIS
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLEX BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	1,126,449				NRN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 331025405	59-0624458	501(C)(3)	55,019				NACTN
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON PO BOX 301418 HOUSTON, TX 753031418	74-1761309	501(C)(3)	80,000				NACTN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE DAVIS 5 ROOM 5293 CHARLOTTESVILLE, VA 229080793	54-6001796	501(C)(3)	60,000				NACTN
CHANGING GAITS INC 27274 MONUMENT ROAD BROOK PARK, MN 55007	20-8039907	501(C)(3)	5,000				PHYSICAL/OCCUPATIONAL THERAPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHASE YOUR DREAMS FOUNDATION PO BOX 236 MANDEVILLE, LA 70470	46-3258954	501(C)(3)	5,000				ASSISTIVE TECHNOLOGY INITIATIVE
EASTER SEALS 2850 N 24TH STREET PHOENIX, AZ 12180	86-0407179	501(C)(3)	5,000				ASSISTIVE TECHNOLOGY INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKHART LAKE-GLENBEULAH SCHOOL DISTRICT 201 N LINCOLN STREET PO BOX 326 ELKHART LAKE, WI 53020	39-6008599	501(C)(3)	5,000				ACCESSIBLE PLAYGROUND/BALL FIELD
INDEPENDENT LIVING CENTER OF THE HUDSON VALLEY 15-17 THIRD STREET TROY, NY 12180	22-2875911	501(C)(3)	5,000				TRANSPORTATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASON'S MISSION FOUNDATION INC 4927 CLOVERLEAF LANE LOCKPORT, NY 14094	81-3443878	501(C)(3)	5,000				ACCESSIBLE PLAYGROUND/BALL FIELD
TUALATIN HILLS PARK FOUNDATION 15707 SW WALKER RD BEAVERTON, OR 97006	93-6033838	501(C)(3)	5,000				ACCESSIBLE PLAYGROUND/BALL FIELD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY OF HUNTSVILLE AND TENNESSEE VALLEY INC 1856 KEATS DRIVE NW HUNTSVILLE, AL 35810	63-0545075	501(C)(3)	5,000				RESPITE CARE GRANT
PARALYZED VETERANS OF AMERICA - NV 704 S JONES BLVD LAS VEGAS, NV 89107	31-1647467	501(C)(3)	5,450				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHAMPTON FRESH AIR HOME 36 BARKERS ISLAND ROAD SOUTHAMPTON, NY 11968	13-6400777	501(C)(3)	5,500				CAMP
CLASS (COMMUNITY LIVING & SUPPORT SERVICES) 1400 SOUTH BRADDOCK AVENUE PITTSBURGH, PA 15218	25-0987252	501(C)(3)	6,000				RESPITE CARE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRATER REGIONAL WORKFORCE DEVELOPMENT BOARDLEARN TO EARN INC 114 N UNION STREET PETERSBURG, VA 23803	56-2407875	501(C)(3)	6,000				EMPLOYMENT PROGRAM
EAGLE MOUNT BILLINGS 1140 16TH STREET WEST SUITE 12 BILLINGS, MT 59102	84-1370933	501(C)(3)	6,000				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS LIONS CAMP INC P O BOX 290247 KERRVILLE, TX 780290247	74-1189679	501(C)(3)	6,000				CAMP
VARIETY THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY SUITE 512 WEXFORD, PA 15090	25-1098099	501(C)(3)	6,000				DURABLE MEDICAL EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP MILLHOUSE 25600 KELLY ROAD SOUTH BEND, IN 46614	35-0984031	501(C)(3)	6,140				FACILITY ACCESSIBILITY MODIFICATIONS
ON EAGLES' WINGS THERAPEUTIC HORSEMANSHIP 661 OPEKISKA RIDGE ROAD FAIRMONT, WV 26554	80-0176059	501(C)(3)	6,250				THERAPEUTIC HORSEBACK RIDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEXTSTEP KANSAS CITY 6600 COLLEGE BLVD SUITE 315 OVERLAND PARK, KS 66211	45-2474070	501(C)(3)	6,277				FITNESS AND WELLNESS
PARALYZED VETERANS OF AMERICA - KYIN 4781 PAOLI PIKE SUITE 2 FLOYDS KNOBS, IN 47119	61-1123123	501(C)(3)	6,349				FITNESS AND WELLNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLSDALE COUNTY SENIOR SERVICES CENTER 320 W BACON STREET HILLSDALE, MI 49242	38-2576724	501(C)(3)	6,400				RESPITE CARE GRANT
DESTINATION REHAB 3155 NE ELIZABETH COURT BEND, OR 97701	81-1349238	501(C)(3)	6,520				CAMP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASATCH ADAPTIVE SPORTS 9385 S SNOWBIRD CENTER DRIVE SNOWBIRD, UT 84092	94-2864171	501(C)(3)	6,742				ADAPTIVE SPORTS
LEAPS OF FAITH DISABLED WATERSKIERS CLUB 90 HOUSATONIC DRIVE SANDY HOOK, CT 06482	06-1513214	501(C)(3)	6,810				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SAILING OF COLORADO PO BOX 102613 DENVER, CO 80250	84-1284837	501(C)(3)	6,900				ADAPTIVE SPORTS
LOWDEN AQUATIC PARK PROJECT PO BOX 2881 WEAVERVILLE, CA 96093	20-2740672	501(C)(3)	7,000				FACILITY ACCESSIBILITY MODIFICATIONS

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

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ROCKY MOUNTAIN MS CENTER 8845 WAGNER STREET WESTMINSTER, CO 80031	84-0795455	501(C)(3)	7,000				PHYSICAL/OCCUPATIONAL THERAPY
THEATER OF NEW CITY 155 FIRST AVENUE NEW YORK, NY 100032906	13-2694851	501(C)(3)	7,000				FACILITY ACCESSIBILITY MODIFICATIONS

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CENTRAL CALIFORNIA ADAPTIVE SPORTS CENTER PO BOX 147 SHAVER LAKE, CA 93664	47-1155676	501(C)(3)	7,030				ADAPTIVE SPORTS
GIRLS ON THE RUN OF LANCASTER 1116 MANHEIM PIKE LANCASTER, PA 17601	27-0200927	501(C)(3)	7,146				FITNESS AND WELLNESS

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MCKENNA FARMS THERAPY SERVICES 3044 DUE WEST ROAD DALLAS, GA 30157	58-2591506	501(C)(3)	7,146				THERAPEUTIC HORSEBACK RIDING
TOWN OF WABENO 4473 N BRANCH STREET PO BOX 447 WABENO, WI 54566	39-6006154	501(C)(3)	7,332				FACILITY ACCESSIBILITY MODIFICATIONS

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OAK ISLAND PARKS AND RECREATION DEPARTMENT 4601 E OAK ISLAND DRIVE OAK ISLAND, NC 28465	56-6021949	501(C)(3)	7,340				TRANSPORTATION
SUNSET HILL EDUCATIONAL INSTITUTE PO BOX 435 SOUTH SUTTON, NJ 03273	14-1958981	501(C)(3)	7,370				FITNESS AND WELLNESS

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LADY WHEELCHAIR MAVERICKS DALLAS VA BASKETBALL ASSOCIATION 2701 CEDAR VIEW CT ARLINGTON, TX 76006	20-4335590	501(C)(3)	7,404				ADAPTIVE SPORTS
STONINGTON FREE LIBRARY PO BOX 232 20 HIGH STREET STONINGTON, CT 06378	06-0665194	501(C)(3)	7,500				FACILITY ACCESSIBILITY MODIFICATIONS

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

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WEBSTER CENTRAL SCHOOL DISTRICT 1548 SCHLEGEL ROAD WEBSTER, NY 14580	16-6002122	501(C)(3)	8,017				ADAPTIVE SPORTS
NORTH BROWARD HOSPITAL DISTRICT 1800 NW 49TH STREET FORT LAUDERDALE, FL 33309	59-6012065	501(C)(3)	8,440				TRANSITION FROM INSTITUTION TO HOME

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

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ANGELICA PATIENT ASSISTANCE PROGRAM 555 MADISON AVENUE 6TH FLOOR NEW YORK, NY 10022	20-3391292	501(C)(3)	8,495				ARTS PROGRAM
SOUTHWEST WHEELCHAIR ATHLETIC ASSOCIATION PO BOX 1389 HURST, TX 76053	74-1887028	501(C)(3)	8,805				ADAPTIVE SPORTS

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STAY FOCUSED 245 EAST 44TH ST SUITE 22B NEW YORK, NY 10017	82-0588686	501(C)(3)	8,875				FITNESS AND WELLNESS
EQUIPMENT DURABLE MEDICAL EQUIPMENT & ASSISTIVE TECHNOLOGY REUSE PROGRAM I PO BOX 311 METHUEN, MA 01844	47-5344439	501(C)(3)	9,043				DURABLE MEDICAL EQUIPMENT

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

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TENNESSEE RESPITE COALITION 2200 21ST AVE S SUITE 310 NASHVILLE, TN 37212	03-0512876	501(C)(3)	9,725				RESPITE CARE GRANT
ALS ASSOCIATION - CALIFORNIA (ORANGE COUNTY CHAPTER) 3002 DOW AVENUE SUITE 524 TUSTIN, CA 92780	33-0282720	501(C)(3)	9,750				RESPITE CARE GRANT

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AGING DISABILITY & TRANSIT SERVICES OF ROCKINGHAM COUNTY 105 LAWSONVILLE AVE REIDSVILLE, NC 27323	56-1480312	501(C)(3)	10,000				RESPITE CARE GRANT
ADAPTIVE SPORTS CENTER OF CRESTED BUTTE 10 CRESTED BUTTE WAY CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	10,000				RESPITE CARE GRANT

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AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	10,000				ARTS PROGRAM
ALS ASSOCIATION - FL (FLORIDA CHAPTER) 3642 PARKSIDE CENTER CIRCLE TAMPA, FL 33619	94-3124732	501(C)(3)	10,000				RESPITE CARE GRANT

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BRATTLEBORO AREA ADULT DAY SERVICES-DBA THE GATHERING PLACE 30 TERRACE STREET BRATTLEBORO, VT 05301	30-0341536	501(C)(3)	10,000				RESPITE CARE GRANT
COUNCIL ON AGING FOR SOUTHEASTERN VERMONT DBA SENIOR SOLUTIONS 38 PLEASSANT STREET SPRINGFIELD, VT 05156	22-2738766	501(C)(3)	10,000				RESPITE CARE GRANT

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DEL ORO CAREGIVER RESOURCE CENTER 8421 AUBURN BLVD SUITE 265 CITRUS HEIGHTS, CA 95610	68-0123611	501(C)(3)	10,000				RESPITE CARE GRANT
GEORGE MARK CHILDREN'S HOUSE 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	94-3255845	501(C)(3)	10,000				RESPITE CARE GRANT

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GRAND TRAVERSE REGIONAL LAND CONSERVANCY 3860 N LONG LAKE RD SUITE D TRAVERSE CITY, MI 49684	38-2994229	501(C)(3)	10,000				FITNESS AND WELLNESS
HELP OUR WOUNDED 402 W PALM VALLEY BLVD SUITE A326 ROUND ROCK, TX 78664	27-1607659	501(C)(3)	10,000				RESPITE CARE GRANT

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ILLINOIS RESPITE COALITION 4015 N OAK PARK AVE CHICAGO, IL 60634	36-2170873	501(C)(3)	10,000				RESPITE CARE GRANT
MOLLY'S HOUSE INC 430 SE OSCEOLA STREET STUART, FL 34994	65-0407242	501(C)(3)	10,000				RESPITE CARE GRANT

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NEW BEGINNINGS COMMUNITY CENTER 12 PLATINUM COURT MEDFORD, NY 11763	26-4394725	501(C)(3)	10,000				RESPITE CARE GRANT
RAMP ACCESS MADE POSSIBLE BY STUDENTS 1114 WESTBRIAR DRIVE SUITE D RICHMOND, VA 23114	55-0900123	501(C)(3)	10,000				HOME ACCESSIBILITY MODIFICATIONS

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

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RED ROCK CENTER FOR INDEPENDENCE 168 N 100 E SUITE 101 ST GEORGE, UT 84770	84-1419008	501(C)(3)	10,000				RESPITE CARE GRANT
THE GATEWAY FAMILY YMCA 144 MADISON AVENUE ELIZABETH, NJ 07201	22-1487381	501(C)(3)	10,000				ARTS PROGRAM

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THE MICHIGAN STATE UNIVERSITY COMMUNITY MUSIC SCHOOL 4930 S HAGADORN RD EAST LANSING, MI 48823	38-6005984	501(C)(3)	10,000				ARTS PROGRAM
WHITE RIVER AREA AGENCY ON AGING INC 3998 HARRISON STREET BATESVILLE, AR 72503	71-0521442	501(C)(3)	10,000				RESPITE CARE GRANT

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UNITED BRACHIAL PLEXUS NETWORK 32 WILLIAM ROAD READING, MA 01867	45-0469222	501(C)(3)	10,750				CAMP
THE COLLEGE AT BROCKPORT STATE UNIVERSITY OF NEW YORK 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420	14-6013200	501(C)(3)	11,000				EDUCATION PROGRAM

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CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763	94-2494324	501(C)(3)	11,944				SERVICE ANIMAL PROGRAM
PEACE OF ADVENTURE PO BOX 1314 CRESTED BUTTE, CO 81224	47-2681031	501(C)(3)	12,000				ADAPTIVE SPORTS

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HESPERIAN HEALTH GUIDES 1919 ADDISON ST BERKELEY, CA 94704	94-6109093	501(C)(3)	12,202				MEDIA DEVELOPMENT
MD WRIGHT ACADEMIC CENTER PO BOX 325 THIBODAUX, LA 70302	81-2899404	501(C)(3)	12,495				FACILITY ACCESSIBILITY MODIFICATIONS

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ALS ASSOCIATION CA (GOLDEN WEST CHAPTER) 28632 ROADSIDE DR SUITE 173 AGOURA HILLS, CA 91301	95-4163338	501(C)(3)	12,500				ASSISTIVE TECHNOLOGY INITIATIVE
ROTARY CLUB OF HENDERSONVILLE MARY'S MAGICAL PLACE PLAYGROUND PO BOX 2703 HENDERSONVILLE, TN 37075	30-0071383	501(C)(3)	12,500				ACCESSIBLE PLAYGROUND/BALL FIELD

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THE NEW SCHOOL 79 FIFTH AVENUE 17TH FLOOR NEW YORK, NY 10003	13-3297197	501(C)(3)	12,500				ASSISTIVE TECHNOLOGY INITIATIVE
INDEPENDENT LIVING CENTER OF KERN COUNTY 5251 OFFICE PARK DRIVE SUITE 200 BAKERSFIELD, CA 93309	77-0384453	501(C)(3)	13,000				DURABLE MEDICAL EQUIPMENT

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THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES 815 S UTICA AVE TULSA, OK 74104	73-6070545	501(C)(3)	13,000				ADAPTIVE SPORTS
GLOBAL MOBILITY 7536 TYRONE AVE VAN NUYS, CA 91405	46-0790383	501(C)(3)	13,650				DURABLE MEDICAL EQUIPMENT

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WHEELS OF PROGRESS 64 EAST 111TH STREET SUITE 907 NEW YORK, NY 10029	61-1605910	501(C)(3)	14,000				EDUCATION PROGRAM
ROANOKE RIVER RAILS TO TRAILS KIDS PLAY 400 N MAIN STREET LAWRENCEVILLE, VA 23868	20-0962626	501(C)(3)	15,000				ACCESSIBLE PLAYGROUND/BALL FIELD

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TUCKER'S HOUSE PO BOX 968 SPRING HILL, TN 37174	27-0896877	501(C)(3)	15,150				HOME ACCESSIBILITY MODIFICATIONS
WINSTON SALEM STATE UNIVERSITY PHYSICAL THERAPY AND OCCUPATIONAL THERAPY CL 601 S MARTIN LUTHER KING DR FL ATKINS 340 WINSTON SALEM, NC 27110	56-0989620	501(C)(3)	15,262				DURABLE MEDICAL EQUIPMENT

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THE MIRACLE LEAGUE OF NORTH MANKATO 127 S SECOND STREET SUITE 120 MANKATO, MN 56001	26-0620854	501(C)(3)	15,314				ACCESSIBLE PLAYGROUND/BALL FIELD
ASSOC OF PROGRAMS FOR RURAL INDEPENDENT LIVING 11324 ARCADE DRIVE LITTLE ROCK, AR 72212	36-3931224	501(C)(3)	15,500				PEER MENTORING AND SUPPORT

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

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CHARLESTON COUNTY PARK & RECREATION COMMISSION 861 RIVERLAND DRIVE CHARLESTON, SC 29412	57-0513944	501(C)(3)	16,791				FACILITY ACCESSIBILITY MODIFICATIONS
DISABILITY RESOURCES INC 50 E GREG STREET SUITE 102 SPARKS, NV 89431	88-0304922	501(C)(3)	16,830				EMPLOYMENT PROGRAM

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

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ACTIVE DISABLED AMERICANS 225 UPPER MATECUMBE RD KEY LARGO, FL 33037	46-0481278	501(C)(3)	17,000				ADAPTIVE SPORTS
EASTERN ADAPTIVE SPORTS 283 RIVER STREET ASHLAND, NH 03217	47-1368948	501(C)(3)	17,004				ADAPTIVE SPORTS

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REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION 226 N KUAKINI STREET HONOLULU, HI 96817	99-0241634	501(C)(3)	18,000				DURABLE MEDICAL EQUIPMENT
EMPOWER SPINAL CORD INJURY PO BOX 8631 BOSTON, MA 02114	27-5575042	501(C)(3)	18,140				CAMP

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WHEELING FORWARD INC 2652 CROPSEY AVE SUITE 4C BROOKLYN, NY 11214	45-4045474	501(C)(3)	23,400				FITNESS AND WELLNESS
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY SUITE 300 IRVINE, CA 92618	31-1781635	501(C)(3)	24,000				DURABLE MEDICAL EQUIPMENT

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UTAH STATE UNIVERSITY UTAH CONSERVATION CORPS 7205 OLD MAIN HILL LOGAN, UT 843227205	87-6000528	501(C)(3)	24,000				EMPLOYMENT PROGRAM
TRACH MOMMAS OF LOUISIANA 11850 WENTLING AVE A8 BATON ROUGE, LA 70816	81-2490374	501(C)(3)	24,990				PEER MENTORING AND SUPPORT

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

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COMMUNITIES ACTIVELY LIVING INDEPENDENT & FREE (CALIF) 634 SOUTH SPRING STREET 2ND FLOOR LOS ANGELES, CA 90014	95-4860169	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT
KANSAS ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING PO BOX 67208 TOPEKA, KS 66667	48-1011568	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT

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LIBERTY RESOURCES INC 112 N 8TH STREET SUITE 600 PHILADELPHIA, PA 19107	22-2483916	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT
MEMPHIS CENTER FOR INDEPENDENT LIVING 1633 MADISON MEMPHIS, TN 38104	62-1251659	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT

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

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PROGRESSIVE INDEPENDENCE 121 N PORTER NORMAN, OK 73071	73-1311897	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT
RESOURCE CENTER FOR INDEPENDENT LIVING 409 COLUMBIA STREET UTICA, NY 135030210	22-2518284	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WHOLE PERSON 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	40,000				NURSING HOME TRANSITION GRANT
OFFICE OF VOCATIONAL REHABILITATION 275 E MAIN ST FRANKFORT, KY 40621	61-0600439	501(C)(3)	71,257				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC ASSISTIVE TECHNOLOGY 805 RUGGLES DRIVE MSC 2801 RALEIGH, NC 27603	56-1445465	501(C)(3)	71,618				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
USC SCHOOL OF MEDICINE-SC ASSISTIVE TECHNOLOGY PROGRAM CENTER FOR DISABILITY RESOURCES COLUMBIA, SC 29208	57-0996735	501(C)(3)	74,808				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS REHABILITATION COMMISSION 600 WASHINGTON STREET BOSTON, MA 02111	04-6002284	501(C)(3)	74,878				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
CROSSROADS REHABILITATION CENTER 4740 KINGSWAY DRIVE INDIANAPOLIS, IN 46205	35-0869058	501(C)(3)	74,881				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ARIZONA UNIVERSITY-INSTITUTE FOR HUMAN DEVELOPMENT BOX 4130 FLAGSTAFF, AZ 860114130	74-2579628	501(C)(3)	74,926				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM 1020 S SPRING SPRINGFIELD, IL 62704	37-1290943	501(C)(3)	74,935				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTIVE TECHNOLOGY IN NEW HAMPSHIRE 10 W EDGE DRIVE 101 DURHAM, NH 03824	02-0437506	501(C)(3)	75,000				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
ASSISTIVE TECHNOLOGY RESOURCE CENTERS OF HAWAII (ATRC) 200 NORTH VINEYARD BOULEVARD SUITE 430 HONOLULU, HI 96817	94-3267103	501(C)(3)	75,000				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC 3333 W PENSACOLA ST BLDG 100 SUITE 140 TALLAHASSEE, FL 32304	59-3352342	501(C)(3)	75,000				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
TEMPLE UNIVERSITY- INSTITUTE ON DISABILITIES 1755 N 13TH STREET SUITE 411 SOUTH PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	75,000				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA ASSISTIVE TECHNOLOGY SYSTEM 2001 MAYWILL STREET SUITE 202 HENRICO, VA 23230	54-0756941	501(C)(3)	75,000				HIGH IMPACT INNOVATIVE ASSISTIVE TECHNOLOGY (HIIAT)
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION ACCOUNTING 217 SERVICE COMPLEX BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	1,400,259				BIG IDEA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET M-921 BOSTON, MA 021182340	04-2103547	501(C)(3)	45,104				BIG IDEA
BERRY CONSULTANTS LLC 4301 WESTBANK DRIVE BUILDIG B STE 140 AISTOM, TX 78746	76-0644163		25,000				BIG IDEA

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p>	5a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b		No		
<p>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:</p> <p>a The organization?</p>	6a		No		
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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 are not 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 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 PETER WILDEROTTER PRESIDENT & CEO	(i)	314,053 -----	75,000 -----	0 -----	15,656 -----	15,529 -----	420,238 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 SUSAN HOWLEY EXECUTIVE VP, RESEARCH	(i)	169,205 -----	0 -----	0 -----	7,830 -----	13,611 -----	190,646 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 REBECCA LAMING VP, MARKETING & COMMUNICAT	(i)	142,705 -----	10,000 -----	0 -----	6,982 -----	16,050 -----	175,737 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 FRANK MASCIA VP, DEVELOPMENT	(i)	176,062 -----	10,000 -----	0 -----	3,477 -----	20,619 -----	210,158 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 MICHELE LOIACONO VP, OPERATIONS	(i)	148,251 -----	0 -----	0 -----	6,927 -----	17,628 -----	172,806 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 MARGARET GOLDBERG VP, POLICY & PROGRAMS	(i)	183,238 -----	10,000 -----	0 -----	8,775 -----	23,935 -----	225,948 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	146,375 -----	0 -----	0 -----	6,750 -----	17,983 -----	171,108 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	BONUS TO PRESIDENT/CEO BASED ON MERIT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	78,297	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 IV, Donee Acknowledgement **29**

	Yes	No
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 three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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.

Return Reference	Explanation
PART I, LINE 32B	USE BROKERAGE FIRM SERVICES FOR SALES OF MARKETABLE SECURITIES

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORMED BY AN OUTSIDE CONSULTANT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO SUBMISSION, THE 990 RETURN IS REVIEWED BY THE FINANCE COMMITTEE AND MADE AVAILABL E TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & THE COMPENSATION COMMITTEE BASED ON WRITTEN PERFORMANCE EVALUATIONS AND OTHER BUDGET CONSIDERATIONS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SECTION XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2017, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

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

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

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

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	
(1) REEVE FOUNDATION - PRESIDIO PARTNERS NRT LP 1 LETTERMAN DR BLDG C STE CM500 SAN FRANCISCO, CA 94129 81-4285195	INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC TO FIND A CURE FOR PARALYSIS	CA	PRESIDIO PARTNERS NRT GP LLC	RELATED	-18,721	965,330		No			No	39.840 %

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)