

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**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 \$ 18,271,425

**F** Name and address of principal officer:  
 P 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 ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	54
<b>6</b> Total number of volunteers (estimate if necessary)	75
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	12,639,619	17,719,929
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,069	7,530
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-500,707	-612,901
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,143,981	17,114,558
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,282,408	8,661,296
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,558,229	4,982,601
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,437,100		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,517,531	3,384,477
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,358,168	17,028,374
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	785,813	86,184

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	5,726,681	8,032,472
<b>21</b> Total liabilities (Part X, line 26)	1,929,518	4,131,866
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,797,163	3,900,606

**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: P WILDEROTTER PRESIDENT  
 Date: 2020-11-13

**Paid Preparer Use Only**

Print/Type preparer's name: WISS & COMPANY LLP  
 Preparer's signature: [Signature]  
 Date: [Date]  
 Check  if self-employed  
 PTIN: P01597612  
 Firm's EIN: 22-1732349  
 Firm's address: 100 CAMPUS DRIVE, FLORHAM PARK, NJ 07932  
 Phone no.: (973) 994-9400

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY ADVANCING INNOVATIVE RESEARCH AND IMPROVING QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IMPACTED BY PARALYSIS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 \$ 8,672,193 including grants of \$ 4,074,152 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 5,340,983 including grants of \$ 4,587,144 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 775,507 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** ▶ 14,788,683

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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> . . . . .	<b>22</b>	No
<b>23</b>	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> . . . . .	<b>23</b>	Yes
<b>24a</b>	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> . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	No
<b>b</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> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	No
<b>32</b>	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> . . . . .	<b>32</b>	No
<b>33</b>	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> . . . . .	<b>33</b>	No
<b>34</b>	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> . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</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> . . . . .	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	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> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	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

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

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

Table with 5 main columns: Question/Section, Sub-section, Answer field, Yes/No field, and another Yes/No field. Rows include sections 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 14a-14b, 15, and 16.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RICHARD SHERMAN CFO 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078 (973) 379-2690







Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, Membership dues, Fundraising events, etc., and 1h Total.

Table for Program Service Revenue with 6 rows (2a-f) and 5 columns (A-D). Includes Business Code column and 2g Total.

Table for Other Revenue with 12 rows (3-12) and 5 columns (A-D). Includes sub-rows for rental income (6a-c), sales of assets (7a-c), fundraising events (8a-b), gaming activities (9a-b), and sales of inventory (10a-b).

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	8,632,546	8,632,546		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	28,750	28,750		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,352,797	966,844	106,349	279,604
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,764,945	1,943,930	225,501	595,514
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	89,539	73,153	4,624	11,762
<b>9</b> Other employee benefits . . . . .	495,466	409,852	25,170	60,444
<b>10</b> Payroll taxes . . . . .	279,854	220,210	16,929	42,715
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	45,192	36,279	5,540	3,373
<b>c</b> Accounting . . . . .	82,817	56,316	20,704	5,797
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	99,338		99,338	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,002,294	814,774	112,329	75,191
<b>12</b> Advertising and promotion . . . . .	95,569	86,021		9,548
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	345,648	276,185	18,471	50,992
<b>17</b> Travel . . . . .	402,730	290,335	84,247	28,148
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	172,364	170,141	2,223	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	43,268	24,614	4,960	13,694
<b>23</b> Insurance . . . . .	97,096	72,822	24,274	
<b>24</b> 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.)				
<b>a</b> INTERNET COMMUNICATIONS	239,430	222,818	2,769	13,843
<b>b</b> MISCELLANEOUS	198,853	177,670	10,592	10,591
<b>c</b> TEAMS	148,313			148,313
<b>d</b> PRINTING	101,528	87,021	7,253	7,254
<b>e</b> All other expenses	310,037	198,402	31,318	80,317
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,028,374	14,788,683	802,591	1,437,100
<b>26</b> 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).	838,567	122,490	269,074	447,003

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	304,239	<b>1</b>	2,716,227
	<b>2</b> Savings and temporary cash investments . . . . .	856,846	<b>2</b>	649,644
	<b>3</b> Pledges and grants receivable, net . . . . .	3,276,613	<b>3</b>	2,973,201
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	88,854	<b>9</b>	42,582
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,213,225		
	<b>b</b> Less: accumulated depreciation	1,196,866		
	<b>11</b> Investments—publicly traded securities . . . . .	121,787	<b>11</b>	141,393
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	969,709	<b>13</b>	1,444,060
	<b>14</b> Intangible assets . . . . .	63,603	<b>14</b>	35,343
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	13,663	<b>15</b>	13,663
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,726,681	<b>16</b>	8,032,472	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	473,193	<b>17</b>	454,215
	<b>18</b> Grants payable . . . . .	1,136,379	<b>18</b>	3,567,067
	<b>19</b> Deferred revenue . . . . .	319,946	<b>19</b>	110,584
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,929,518	<b>26</b>	4,131,866
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,410,019	<b>27</b>	3,900,606
	<b>28</b> Net assets with donor restrictions . . . . .	1,387,144	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	3,797,163	<b>32</b>	3,900,606	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	5,726,681	<b>33</b>	8,032,472	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,114,558
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,028,374
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	86,184
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,797,163
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	17,259
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,900,606

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2939536

**Name:** CHRISTOPHER REEVE FOUNDATION

Form 990 (2019)

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**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 JULY 1, 2019 FOR \$7,505,000.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.

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**Form 990, Part III, Line 4b:**

THE CHRISTOPHER AND DANA REEVE FOUNDATION ALLOCATES ITS RESEARCH DOLLARS AMONG TWO INITIATIVES COVERING THE FULL BENCH-TO-BEDSIDE CONTINUUM. 1. 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. 2. EPISTIM - THE REEVE FOUNDATION PROVIDES FUNDING TO VARIOUS RESEARCHERS WHO AIM TO STUDY THE EFFECTS OF EPIDURAL SPINAL CORD STIMULATION ON PEOPLE WITH CHRONIC SPINAL CORD INJURY INCLUDING VOLUNTARY MOVEMENT, CARDIOVASCULAR, PULMONARY AND BOWEL AND BLADDER CONTROL THEREBY IMPROVING THEIR OVERALL QUALITY OF LIFE. THE BIG IDEA IS A STUDY AIMED AT TESTING THE EFFECTS OF EPIDURAL STIMULATION TO PROMOTE SIGNIFICANT LEVELS OF MOTOR AND AUTONOMIC CONTROL AS WELL AS THE AFORE-MENTIONED SECONDARY FUNCTIONS.

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**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.

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**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			
JOHN M HUGHES CHAIRMAN OF BOARD	5.00	X		X				0	0	0
JOHN E MCCONNELL VICE CHAIRMAN	5.00	X		X				0	0	0
MATTHEW REEVE VICE CHAIRMAN	5.00	X		X				0	0	0
HENRY G STIFEL III VICE CHAIRMAN	5.00	X		X				0	0	0
JOEL M FADEN TREASURER	5.00	X		X				0	0	0
JEFFREY P CUNARD ESQ SECRETARY	5.00	X		X				0	0	0
SIMONE GEORGE DIRECTOR	2.50	X						0	0	0
KELLY ANNE HENEGHAN ESQ DIRECTOR	2.50	X						0	0	0
LISA HENRY HOLMES DIRECTOR	2.50	X						0	0	0
IAN CURTIS DIRECTOR	2.50	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			
TIMOTHY R PERNETTI ..... DIRECTOR	2.50 .....	X						0	0	0
MARK POLLOCK ..... DIRECTOR	2.50 .....	X						0	0	0
CHRISTOPHER TAGATAC ..... DIRECTOR	2.50 .....	X						0	0	0
PATRICIA J VOLLAND ..... DIRECTOR	2.50 .....	X						0	0	0
JAMES O WELCH JR ..... DIRECTOR	2.50 .....	X						0	0	0
ANITA MCGORTY ..... DIRECTOR	2.50 .....	X						0	0	0
WILLIAM REEVE ..... DIRECTOR	2.50 .....	X						0	0	0
TANIA LYNN TAYLOR ..... DIRECTOR	2.50 .....	X						0	0	0
JULIE NEUSTADT ..... DIRECTOR	2.50 .....	X						0	0	0
TRACY FORST ..... DIRECTOR	2.50 .....	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			
ALEXANDRA REEVE GIVENS ESQ ..... DIRECTOR	2.50 .....	X						0	0	0
JACK HAGERTY ESQ ..... DIRECTOR	2.50 .....	X						0	0	0
JAY SHEPHARD ..... DIRECTOR	2.50 .....	X						0	0	0
JAMES CALBI ..... DIRECTOR	2.50 .....	X						0	0	0
RITESH PATEL ..... DIRECTOR	2.50 .....	X						0	0	0
PETER WILDEROTTER ..... PRESIDENT & CEO	40.00 .....			X				313,901	0	29,748
RICHARD SHERMAN ..... CFO	8.00 .....			X				55,650	0	0
SUSAN HOWLEY ..... EXECUTIVE VP, RESEARCH	40.00 .....			X				196,215	0	17,628
REBECCA LAMING ..... VP, MARKETING & COMMUNICAT	40.00 .....			X				193,045	0	25,541
FRANK MASCIA ..... VP, DEVELOPMENT	40.00 .....			X				104,950	0	13,922

**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			
MICHELE LOIACONO ..... VP, OPERATIONS	40.00 .....			X				151,300	0	10,943
MARGARET GOLDBERG ..... COO	40.00 .....			X				206,958	0	32,994
ALAN BROWN ..... DIRECTOR OF PUBLIC IMPACT	40.00 .....					X		160,719	0	29,129
JEANNINE MAROTTA ..... DIRECTOR OF SPECIAL GIFTS	40.00 .....					X		110,272	0	14,350
KIMBERLY BEER ..... DIRECTOR, PUBLIC POLICY	40.00 .....					X		109,970	0	13,775
SHEILA FITZGIBBON ..... SENIOR DIRECTOR, PRC	40.00 .....					X		112,625	0	15,018
WILLIAM CAWLEY ..... DIRECTOR, PEER & FAMILY SUPPORT PROGRAM	40.00 .....					X		104,242	0	37,908

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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 **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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,257,323	13,861,926	13,985,304	12,639,619	17,719,929	72,464,101
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	14,257,323	13,861,926	13,985,304	12,639,619	17,719,929	72,464,101
<b>5</b> 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) . . .						675,384
<b>6 Public support.</b> Subtract line 5 from line 4.						71,788,717

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	14,257,323	13,861,926	13,985,304	12,639,619	17,719,929	72,464,101
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	182,344	63,928	67,983	25,623	14,022	353,900
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
<b>11 Total support.</b> Add lines 7 through 10						72,818,001
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	622,920

**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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.590 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.390 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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? . . . . .  Yes  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? . . . . .  Yes  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 7/25/06, 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,213,225	1,196,866	16,359
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				16,359

**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)		
<b>Total.</b> (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) NRT HOLDINGS, LLC	1,444,060	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	1,444,060	

**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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,790,777
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	17,259
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	7,647
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	750,651
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	775,557
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	17,015,220
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	99,338
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	99,338
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	17,114,558

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	17,687,334
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	7,647
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	750,651
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	758,298
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	16,929,036
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	99,338
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	99,338
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	17,028,374

**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. THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE CODE . ADDITIONALLY, SINCE THE FOUNDATION IS PUBLICLY SUPPORTED, CONTRIBUTIONS TO THE FOUNDATION DO NOT 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, 2019, 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, 2019 AND 2018. 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 2016 AND 2015, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.</p>

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 750,651.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSES 750,651.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization CHRISTOPHER REEVE FOUNDATION

Employer identification number 22-2939536

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance...
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.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes rows for NORTH AMERICA and sub-totals.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SCIENCE RESEARCH	28,750	CHECKS			

- 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 . . . . . **1**
- 3 Enter total number of other organizations or entities . . . . . **1**



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

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.



**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III ACCOUNTING METHOD:	



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>NYC DANCE</b> (event type)	<b>TEAM REEVE</b> (event type)	<b>3</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,330,580	599,568	70,853	2,001,001
	<b>2</b> Less: Contributions . . . . .	1,192,830	599,568	70,853	1,863,251
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	137,750			137,750
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	74,755			74,755
	<b>7</b> Food and beverages . . . . .	185,169			185,169
	<b>8</b> Entertainment . . . . .	9,150			9,150
	<b>9</b> Other direct expenses . . . . .	259,541	153,771	68,265	481,577
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				750,651
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-612,901	

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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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Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash 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. 177
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)					
(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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY1ST 1823 BUFORD COURT TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	20,000				DURABLE MEDICAL EQUIPMENT
ABILITY360 (CIL) 5025 EAST WASHINGTON ST SUITE 200 PHOENIX, AZ 85034	86-0486447	501(C)(3)	40,000				NURSING HOME TRANSITION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADAPTIVE ADVENTURES 1315 NELSON ST UNIT 1 LAKEWOOD, CO 80215	84-1512653	501(C)(3)	13,275				ACCESSIBLE BEACH/DOCK/PIER
ADAPTIVE SPORTS FOUNDATION INC 100 SILVERMAN WAY WINDHAM, NY 12496	14-1823155	501(C)(3)	22,740				FITNESS AND WELLNESS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADVENTURES WITHOUT LIMITS 1341 PACIFIC AVE FOREST GROVE, OR 97116	72-1572963	501(C)(3)	25,000				CAMP
ALS ASSOCIATION GREATER CHICAGO CHAPTER 220 W HURON STREET CHICAGO, IL 60654	54-2126575	501(C)(3)	16,884				DURABLE MEDICAL EQUIPMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN DANCEWHEELS FOUNDATION 58 E PRINCETON ROAD BALA CYNWYD, PA 19004	55-0868339	501(C)(3)	10,210				ADAPTIVE SPORTS
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - ARIZONA CHAPTER 360 EAST CORONADO ROAD SUITE 360 PHOENIX, AZ 85004	86-0727136	501(C)(3)	30,000				TRANSPORTATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - IA (IOWA CHAPTER) 3636 WESTOWN PKWY STE 204 WEST DES MOINES, IA 50266	30-0051272	501(C)(3)	92,308				ASSISTIVE TECHNOLOGY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - MO (ALSA ST LOUIS REGIONAL CHA) 2258 WELDON PARKWAY ST LOUIS, MO 63146	43-1458163	501(C)(3)	24,550				ASSISTIVE TECHNOLOGY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - NY (GREATER NEW YORK CHAPTER) 42 BROADWAY NEW YORK, NY 10004	13-3616680	501(C)(3)	30,000				TRANSPORTATION
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION - PA (GREATER PHILADELPHIA CHAPTE 321 NORRISTOWN ROAD AMBLER, PA 19002	23-2387205	501(C)(3)	30,000				RESPITE/CAREGIVING

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

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ART SPARKS TEXAS 3710 CEDAR STREET AUSTIN, TX 78705	74-2863338	501(C)(3)	75,000				ARTS
ASSISTIVE 3240 15 ST S SUITE B FARGO, ND 58104	27-0260522	501(C)(3)	75,000				THE SMART HOME FIRST PROJECT

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

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ASSISTIVE TECHNOLOGY FOR KANSANS 2385 IRVING HILL ROAD LAWRENCE, KS 66045	48-0680117	501(C)(3)	75,000				ACCESSIBLE RECREATION: PLAYING ELECTRONIC GAMES INDEPENDENTLY TO INCREASE HEALTH & SOCIAL CONNECTION
BARROW NEUROLOGICAL FOUNDATION 124 W THOMAS ROAD PHOENIX, AZ 85013	86-0174371	501(C)(3)	30,000				TRANSPORTATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BELTRAMI COUNTY AGRICULTURAL ASSOCIATION INC 7223 FAIRGROUNDS RD NW SUITE 7B BEMIDJI, MN 56601	41-0800981	501(C)(3)	6,832				FACILITY ACCESSIBILITY MODIFICATIONS
BETHANY LUTHERAN CHURCH 102 G STREET LAPORTE, IN 46350	35-1010426	501(C)(3)	25,000				ACCESSIBLE PLAYGROUND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BISMARCK PARKS AND RECREATION DISTRICT 400 EAST FRONT AVENUE BISMARCK, ND 58504	45-0409352	501(C)(3)	11,933				FACILITY ACCESSIBILITY MODIFICATIONS
BRANDENBURG PRIMARY SCHOOL 750 BROADWAY STREET BRANDENBURG, KY 40108	61-6001248	501(C)(3)	19,316				ACCESSIBLE PLAYGROUND



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

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BREAK THE BARRIERS INC 8555 N CEDAR AVE FRESNO, CA 93720	77-0106437	501(C)(3)	24,933				FITNESS AND WELLNESS
BROOKS REHABILITATION 3599 UNIVERSITY BLVD S JACKSONVILLE, FL 32216	59-2249340	501(C)(3)	99,053				ADAPTIVE SPORTS

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

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CAMELOT THERAPEUTIC HORSEMANSHIP 23623 N SCOTTSDALE ROAD SUITE D-3 PMB 259 SCOTTSDALE, AZ 85255	86-0444470	501(C)(3)	13,278				THERAPEUTIC HORSEBACK RIDING
CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	71-0265209	501(C)(3)	3,661				ASSISTIVE TECHNOLOGY

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

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CAMP BULLWHEEL 736 VARNEY ROAD ENNIS, MT 59729	82-4339859	501(C)(3)	25,000				ADAPTIVE SPORTS
CAMP SUMMIT 17210 CAMPBELL ROAD SUITE 180-W DALLAS, TX 75252	75-2488486	501(C)(3)	17,417				CAMP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAUSES FOR CHANGE INTERNATIONAL INC 6017 JUNIPER AVENUE GARY, IN 46403	36-4198484	501(C)(3)	25,000				ADAPTIVE SPORTS
CENTER FOR CHRONIC ILLNESS PO BOX 31193 SEATTLE, WA 98103	81-2183510	501(C)(3)	5,000				PEER MENTORING AND SUPPORT

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

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CENTER FOR INDEPENDENT LIVING OF BROWARD 4800 N SR 7 SUITE 102 FORT LAUDERDALE, FL 33319	65-0292125	501(C)(3)	40,000				NURSING HOME TRANSITION
CENTER FOR MEDICARE ADVOCACY 1025 CONNECTICUT AVE NW WASHINGTON, DC 20036	06-1172509	501(C)(3)	19,517				ADVOCACY

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

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CENTRAL VALLEY BALLERS 1811 E HEDGES FRESNO, CA 93703	37-1857211	501(C)(3)	20,045				ADAPTIVE SPORTS
CENTRASTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK ROAD SUITE 5 FREEHOLD, NJ 07728	22-2383065	501(C)(3)	13,540				FITNESS AND WELLNESS

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

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CHALLENGE MOUNTAIN OF WALLOON HILLS INC 1100 BOYNE AVENUE BOYNE CITY, MI 49712	38-2563815	501(C)(3)	18,426				ADAPTIVE SPORTS
CHANDA PLAN FOUNDATION 1630 CARR STREET LAKEWOOD, CO 80214	20-4358964	501(C)(3)	25,000				EDUCATION

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

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CHARTER TOWNSHIP OF CANTON 1150 S CANTON CENTER ROAD CANTON, MI 48188	38-6008155	501(C)(3)	10,831				FITNESS AND WELLNESS
CHILDREN'S CENTER FOR COMMUNICATION BEVERLY SCHOOL FOR THE DEAF 6 ECHO AVENUE BEVERLY, MA 01915	04-2103886	501(C)(3)	6,635				ASSISTIVE TECHNOLOGY



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CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	39-1500075	501(C)(3)	30,000				RESPITE/CAREGIVING
CITY OF CHATTANOOGA- DEPARTMENT OF YOUTH & FAMILY DEVELOPMENT 501 W 12TH STREET CHATTANOOGA, TN 37402	62-6000259	501(C)(3)	8,267				ACCESSIBLE TRAIL

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

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CITY OF JACKSONVILLE 117 W DUVAL STREET JACKSONVILLE, FL 32202	59-6000344	501(C)(3)	25,000				ACCESSIBLE BEACH/DOCK/PIER
CITY OF MADISON HEIGHTS 300 W 13 MILE RD MADISON HEIGHTS, MI 48071	38-6025685	501(C)(3)	11,400				ACCESSIBLE PLAYGROUND

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CITY OF MEMPHIS PARKS AND NEIGHBORHOODS DIVISION 2599 AVERY AVE MEMPHIS, TN 38112	62-6000361	501(C)(3)	24,045				ADAPTIVE SPORTS
CITY OF NORWALK PARK AND RECREATION DEPARTMENT 1100 CHATHAM AVENUE NORWALK, IA 50211	42-6025898	501(C)(3)	25,000				ACCESSIBLE PLAYGROUND

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COLUMBUS RECREATION AND PARKS- THERAPEUTIC RECREATION 1111 EAST BROAD STREET COLUMBUS, OH 43205	31-1167845	501(C)(3)	16,146				FITNESS AND WELLNESS
COMMUNITIES ACTIVELY LIVING INDEPENDENT & FREE (CALIF) (CIL) 634 SOUTH SPRING STREET LOS ANGELES, CA 90014	95-4860169	501(C)(3)	40,000				NURSING HOME TRANSITION

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

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COMMUNITY SAILING OF COLORADO PO BOX 102613 DENVER, CO 80250	84-1284837	501(C)(3)	19,265				ADAPTIVE SPORTS
COMMUNITY VISION 1750 SW SKYLINE BLVD PORTLAND, OR 97221	20-1288169	501(C)(3)	20,000				ASSISTIVE TECHNOLOGY

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CONQUER PARALYSIS NOW 701 E BRIDGER AVENUE STE 150 LAS VEGAS, NV 89101	43-1878305	501(C)(3)	14,425				FITNESS AND WELLNESS
CREASEY MAHAN NATURE PRESERVE INC 12501 HARMONY LANDING ROAD GOSHEN, KY 40026	31-0908496	501(C)(3)	23,374				ACCESSIBLE PLAYGROUND

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DALLAS JR WHEELCHAIR MAVERICKS 2750 BACHMAN PO BOX 540112 DALLAS, TX 75354	20-3535447	501(C)(3)	20,800				ADAPTIVE SPORTS
DESERT ABILITY CENTER 79185 LATIGO CIR LA QUINTA, CA 922535912	81-3720313	501(C)(3)	15,000				ADAPTIVE SPORTS

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DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	24,300				ADAPTIVE SPORTS
DREAM CATCHERS P O BOX 1261 WILLIAMSBURG, VA 23187	54-1692709	501(C)(3)	4,305				THERAPEUTIC HORSEBACK RIDING



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

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DREAMS ON HORSEBACK 1416 NEW ALBANY- REYNOLDSBURG RD BLACKLICK, OH 43004	46-0487078	501(C)(3)	9,411				THERAPEUTIC HORSEBACK RIDING
EASTER SEALS - MA (EASTER SEALS MASSACHUSETTS) 484 MAIN STREET WORCESTER, MA 01608	04-2103867	501(C)(3)	5,000				ASSISTIVE TECHNOLOGY

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EASTER SEALS COLORADO 393 SOUTH HARLAN SUITE 250 LAKEWOOD, CO 80226	84-0412575	501(C)(3)	7,500				ACCESSIBLE COMMUNITY SPACES
EASTERSEALS WASHINGTON 200 W MERCER SEATTLE, WA 98119	91-0575956	501(C)(3)	23,252				CAMP

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EDEN I&R 570 B STREET HAYWARD, CA 94541	94-2339050	501(C)(3)	30,000				DISASTER PREPAREDNESS
EDGAR MAY HEALTH AND RECREATION CENTER 140 CLINTON ST SPRINGFIELD, VT 05156	03-0364018	501(C)(3)	25,000				FACILITY ACCESSIBILITY MODIFICATIONS

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

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ELMWOOD HEALTH CENTER 2128 ELMWOOD AVENUE BUFFALO, NY 14207	16-1537243	501(C)(3)	100,000				DURABLE MEDICAL EQUIPMENT
EPC 1913 W TOWNLINE RD PEORIA, IL 61615	37-0794792	501(C)(3)	18,076				ADAPTIVE SPORTS

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FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS (BE LIKE NICK FUND) 1131 BOONEVILLE SPRINGFIELD, MO 65802	43-1560366	501(C)(3)	25,000				ACCESSIBLE PLAYGROUND
FRANK LLOYD WRIGHT FOUNDATION 12621 N FRANK LLOYD WRIGHT BLVD SCOTTSDALE, AZ 85259	86-0197576	501(C)(3)	25,000				FACILITY ACCESSIBILITY MODIFICATIONS

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GIRL SCOUTS HEART OF THE SOUTH 717 S WHITE STATION SUITE 2 MEMPHIS, TN 38117	62-0502197	501(C)(3)	7,247				ACCESSIBLE BEACH/DOCK/PIER
GOWAN SCIENCE ACADEMY 1590 S AVENUE C YUMA, AZ 85364	62-1450229	501(C)(3)	24,000				ACCESSIBLE PLAYGROUND

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GRACE RIDES INC 2061 CORBIN GAINNEY ROAD DEFUNIAK SPRINGS, FL 32435	26-3084817	501(C)(3)	25,000				FACILITY ACCESSIBILITY MODIFICATIONS
GREYBULL NEEDS A POOL INC 436 GREYBULL AVENUE GREYBULL, WY 82426	82-1011934	501(C)(3)	7,909				FACILITY ACCESSIBILITY MODIFICATIONS

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HAMMERHEADS SLED HOCKEY ASSOCIATION INC 10990 DECATUR ROAD PHILADELPHIA, PA 19154	20-4990796	501(C)(3)	17,450				ADAPTIVE SPORTS
HEADWATERS REGIONAL DEVELOPMENT COMMISSION PO BOX 906 BEMIDJI, MN 56619	41-0983661	501(C)(3)	5,000				TRANSPORTATION



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HERITAGE CHRISTIAN SERVICES 275 KENNETH DR ROCHESTER, NY 14623	22-2334190	501(C)(3)	15,390				ADAPTIVE SPORTS
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 402061838	61-0445834	501(C)(3)	25,000				FITNESS AND WELLNESS

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

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HOOFBEATS WITH HEART PO BOX 2098 HIGLEY, AZ 85236	14-1988788	501(C)(3)	21,330				THERAPEUTIC HORSEBACK RIDING
HOPE RANCH THERAPEUTIC RIDING CENTER 3841 W 69TH AVE MANHATTAN, KS 66503	20-4837483	501(C)(3)	5,000				THERAPEUTIC HORSEBACK RIDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HORSES SPIRITS HEALING INC (HSHI) 7256 HWY 3 BILLINGS, MT 59106	47-1915118	501(C)(3)	8,000				THERAPEUTIC HORSEBACK RIDING
IGNITE ADAPTIVE SPORTS PO BOX 19016 BOULDER, CO 80308	84-0798064	501(C)(3)	10,049				ADAPTIVE SPORTS

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

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IMPACT PERSONAL SAFETY PO BOX 8350 SANTA FE, NM 87504	85-0475597	501(C)(3)	10,000				FITNESS AND WELLNESS
INFINITY DANCE THEATER COMPANY LTD 220 W 93RD ST NEW YORK, NY 10025	13-3829236	501(C)(3)	15,000				ARTS

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

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JACK'S HELPING HAND INC 710 FIERO LANE SAN LUIS OBISPO, CA 93401	20-4731313	501(C)(3)	24,118				DURABLE MEDICAL EQUIPMENT
JCC CHICAGO 300 REVERE DRIVE NORTHBROOK, IL 60062	36-2167758	501(C)(3)	24,331				ACCESSIBLE BEACH/DOCK/PIER

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

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JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION 3329 JOHNSON STREET HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	22,500				ADAPTIVE SPORTS
JOHNSON COUNTY PARKS AND RECREATION PO BOX 246 FRANKLIN, IN 46131	35-6000164	501(C)(3)	24,438				ACCESSIBLE PLAYGROUND

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KANSAS UNIVERSITY ENDOWMENT ASSOCIATION 1891 CONSTANT AVENUE LAWRENCE, KS 66047	48-0547734	501(C)(3)	25,000				CAREGIVING
KENNY ROGERS CHILDREN'S CENTER 300 FLOYD DRIVE SIKESTON, MO 63801	23-7136099	501(C)(3)	24,287				ADAPTIVE SPORTS

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KYLE PEASE FOUNDATION 2566 SHALLOWFORD ROAD ATLANTA, GA 30345	27-4563077	501(C)(3)	25,000				TRANSPORTATION
LIBERTY ARC MONTGOMERY COUNTY CHAPTER NYSARC INC 43 LIBERTY DR AMSTERDAM, NY 12010	14-1506257	501(C)(3)	9,309				ACCESSIBLE PLAYGROUND



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LIFESPAN RESPITE WASHINGTON PAVE 6316 SOUTH 12TH STREET TACOMA, WA 98465	91-1106684	501(C)(3)	30,000				RESPITE/CAREGIVING
LINKING EMPLOYMENT ABILITIES AND POTENTIAL (LEAP) (CIL) 2545 LORAIN AVE CLEVELAND, OH 44113	34-1369608	501(C)(3)	40,000				NURSING HOME TRANSITION

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

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MAGEE REHABILITATION HOSPITAL FOUNDATION 1513 RACE STREET PHILADELPHIA, PA 19102	23-2937749	501(C)(3)	6,500				EDUCATION
MANNA'S HANA RIDING CENTER 1285 BROTHERTON DRIVE COOKEVILLE, TN 38506	61-1609672	501(C)(3)	8,104				THERAPEUTIC HORSEBACK RIDING

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MARSHALL UNIVERSITY RESEARCH CORPORATION 1 JOHN MARSHALL DR HUNTINGTON, WV 25755	55-0683361	501(C)(3)	24,035				FACILITY ACCESSIBILITY MODIFICATIONS
MEDSTAR NRH 102 IRVING ST NW WASHINGTON, DC 20010	52-1369749	501(C)(3)	100,000				FITNESS AND WELLNESS

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MERRIMACK VALLEY YMCA 360 MERRIMACK STREET LAWRENCE, MA 01843	04-2104378	501(C)(3)	25,000				FITNESS AND WELLNESS
MIGHTY PENGUINS SLED HOCKEY 66 ALPHA DRIVE WEST PITTSBURGH, PA 15238	27-5095701	501(C)(3)	13,515				ADAPTIVE SPORTS

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MIRACLE FLIGHTS FOR KIDS 5740 SOUTH EASTER AVENUE LAS VEGAS, NV 89119	88-0209952	501(C)(3)	30,000				TRANSPORTATION
MISSION TO ASSIST AND PROVIDE FOR SENIORS (MAPS CHARITIES) 14320 VENTURA BOULEVARD SHERMAN OAKS, CA 91423	27-0749461	501(C)(3)	25,000				RESPITE/CAREGIVING

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

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MOVIMIENTO PARA EL ALCANCE DE VIDA INDEPENDIENTE PO BOX 25277 HATO REY, PR 009285277	66-0446732	501(C)(3)	30,000				DISASTER PREPAREDNESS
NANCY'S HOUSE 440 DEAVER RD WYNCOTE, PA 19095	74-3133561	501(C)(3)	24,016				CAREGIVING

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NEW ENGLAND YOUTH THEATRE 100 FLAT ST BRATTLEBORO, VT 05301	03-0364216	501(C)(3)	14,850				CAMP
NEW HEIGHTS THERAPEUTIC RIDING CENTER 82302 HOLLIDDAY RD FOLSOM, LA 704375212	72-1420620	501(C)(3)	22,660				THERAPEUTIC HORSEBACK RIDING

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NEW HORIZONS INC 37 BLISS MEMORIAL DRIVE UNIONVILLE, CT 06085	06-6040513	501(C)(3)	30,000				TRANSPORTATION
NEXTSTEP ORLANDO 330 HARBOUR ISLE WAY 1090 LONGWOOD, FL 32750	26-2998891	501(C)(3)	20,000				FITNESS AND WELLNESS



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NORTHEAST DISABLED ATHLETIC ASSOCIATION 82 KILLARNEY DR BURLINGTON, VT 05408	55-0834205	501(C)(3)	16,367				ADAPTIVE SPORTS
NORTON HEALTHCARE FOUNDATION 234 E GRAY STREET LOUISVILLE, KY 402021902	31-0914919	501(C)(3)	30,000				TRANSPORTATION

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NOT FORGOTTEN OUTREACH INC 461 VALVERDE COMMONS DR TAOS, NM 87571	46-2052184	501(C)(3)	23,480				ACCESSIBLE TRAIL
OAKBROOK TERRACE PARK DISTRICT 15325 ARDMORE AVE VILLA PARK, IL 60181	36-2677283	501(C)(3)	20,876				FACILITY ACCESSIBILITY MODIFICATIONS

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OFFICE OF VOCATIONAL REHABILITATION 500 MERO STREET FRANKFORT, KY 40601	61-0600439	501(C)(3)	75,000				MY NEW KENTUCKY SMART HOME
OKLAHOMA ABLE TECH 1514 W HALL OF FAME STILLWATER, OK 74078	73-1383996	501(C)(3)	75,000				#OKLAHOMA4RAMPS

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OPTIONS CENTER FOR INDEPENDENT LIVING (CIL) 22 HERITAGE DR BOURBONNAIS, IL 60901	36-3667955	501(C)(3)	6,000				DURABLE MEDICAL EQUIPMENT
PACE OF GUILFORD AND ROCKINGHAM COUNTIES INC 1471 E CONE BLVD GREENSBORO, NC 274054533	27-1560334	501(C)(3)	8,878				FITNESS AND WELLNESS

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PARALYZED VETERANS OF AMERICA CENTRAL FLORIDA CHAPTER 2711 SOUTH DESIGN COURT SANFORD, FL 32773	59-1793434	501(C)(3)	20,000				ADAPTIVE SPORTS
PENNSYLVANIA ELKS MAJOR PROJECTS INC 703 GEORGIAN PLACE SOMERSET, PA 15501	25-6084084	501(C)(3)	14,042				ADVOCACY

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PHOENIX ALTERNATIVES INC 3700 HIGHWAY 61 N SUITE 200 WHITE BEAR LAKE, MN 55110	41-1675509	501(C)(3)	18,800				TRANSPORTATION
PORTLAND WHEELERS PO BOX 11314 PORTLAND, ME 04104	47-2690824	501(C)(3)	5,000				FITNESS AND WELLNESS

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PROGRESSIVE WORKSHOP OF ARMSTRONG COUNTY 301 OAK AVENUE KITTING, PA 16201	25-1193788	501(C)(3)	30,000				TRANSPORTATION
QUAD INC 5100 SW MACADAM AVE STE 130 PORTLAND, OR 97239	93-0639118	501(C)(3)	15,000				FACILITY ACCESSIBILITY MODIFICATIONS

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RANCHO RESEARCH INSTITUTERANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER 7601 E IMPERIAL HIGHWAY DOWNEY, CA 90242	95-1911180	501(C)(3)	48,742				EMPLOYMENT
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION 226 N KUAKINI STREET HONOLULU, HI 96817	99-0241634	501(C)(3)	30,000				TRANSPORTATION



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RISB FOUNDATION 2415 DE LA VINA STE SANTA BARBARA, CA 93105	26-0433816	501(C)(3)	10,500				CAMP
RISE ADVENTURES DBA RISE ADAPTIVE SPORTS PO BOX 141122 IRVING, TX 750141122	20-8646346	501(C)(3)	19,550				ADAPTIVE SPORTS

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ROTARY CLUB OF COLLEGE STATION DBA FUN FOR ALL PLAYGROUND PO BOX 9745 COLLEGE STATION, TX 77842	74-2732168	501(C)(3)	25,000				ACCESSIBLE PLAYGROUND
SANDE SCHOOL OF HORSEMANSHIP 33836 BENNETT ROAD WARREN, OR 97053	27-5028426	501(C)(3)	5,000				FACILITY ACCESSIBILITY MODIFICATIONS

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SANFORD MEDICAL CENTER 1305 WEST 18TH STREET SIOUX FALLS, SD 57117	46-0227855	501(C)(3)	7,308				FITNESS AND WELLNESS
SENIORS INDEPENDENT LIVING COLLABORATIVE 5733 N SHERIDAN RD CHICAGO, IL 60660	82-3618463	501(C)(3)	25,000				ASSISTIVE TECHNOLOGY

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SERVICES FOR INDEPEDENT LIVING 26250 EUCLID 801 CLEVELAND, OH 44132	34-1315202	501(C)(3)	28,524				DISASTER PREPAREDNESS
SHANE'S INSPIRATION 15213 BURBANK BLVD SHERMAN OAKS, CA 91411	95-4760497	501(C)(3)	100,000				EDUCATION

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SLED STARS 621 WILLOW GROVE ROAD PITTSBORO, NJ 08318	20-3321979	501(C)(3)	14,270				ADAPTIVE SPORTS
SOUTH FLORIDA INSTITUTE ON AGING 2038 NORTH DIXIE HWY WILTON MANORS, FL 33305	59-1297932	501(C)(3)	97,585				RESPITE/CAREGIVING

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SOUTHAMPTON FRESH AIR HOME 36 BARKERS ISLAND ROAD SOUTHAMPTON, NY 11968	13-6400777	501(C)(3)	15,000				CAMP
SPINA BIFIDA RESOURCE NETWORK 84 PARK AVENUE FLEMINGTON, NJ 08822	22-2562457	501(C)(3)	6,900				CONSUMER EDUCATION

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SPREADING SMILES 1880 W COUNTY LINE ROAD LAKEWOOD, NJ 08701	26-2356784	501(C)(3)	25,000				ASSISTIVE TECHNOLOGY
STARKVILLE PARKS AND RECREATION 405 LYNN LANE STARKVILLE, MS 39759	64-6001082	501(C)(3)	25,000				FACILITY ACCESSIBILITY MODIFICATIONS

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STIRRUPS 'N STRIDES THERAPEUTIC RIDING CENTER INC 4246 W HWY 318 CITRA, FL 32113	20-5935626	501(C)(3)	15,418				THERAPEUTIC HORSEBACK RIDING
STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196	14-1732830	501(C)(3)	25,000				FITNESS AND WELLNESS



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SUMMIT ASSISTANCE DOGS PO BOX 699 ANACORTES, WA 98221	91-2048706	501(C)(3)	12,500				SERVICE ANIMAL PROGRAM
SWANNANOA VALLEY MUSEUM & HISTORY CENTER 223 WEST STATE STREET BLACK MOUNTAIN, NC 28805	56-1624503	501(C)(3)	25,000				FACILITY ACCESSIBILITY MODIFICATIONS

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TEAMABILITY INC 1711 NORTH TRINITY SAN ANTONIO, TX 782016234	30-0208271	501(C)(3)	11,225				EDUCATION
TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 TELLURIDE, CO 81435	84-1337870	501(C)(3)	9,000				CAMP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ABLEGAMERS CHARITY 179 E BURR BLVD KEARNEYSVILLE, WV 25430	30-0533750	501(C)(3)	25,000				PEER MENTORING AND SUPPORT
THE AUDUBON SOCIETY OF NEW HAMPSHIRE 84 SILK FARM ROAD CONCORD, NH 03301	02-6005322	501(C)(3)	22,479				FACILITY ACCESSIBILITY MODIFICATIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BOSTON HOME 2049 DORCHESTER AVE DORCHESTER, MA 02124	04-2103905	501(C)(3)	24,931				CAREGIVING
THE CITY OF SOUTH PADRE ISLAND 4601 PADRE BLVD SOUTH PADRE ISLAND, TX 78597	74-1756442	501(C)(3)	7,400				ACCESSIBLE BEACH/DOCK/PIER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE FAMILY PLACE PO BOX 6055 LOGAN, UT 84341	87-0398053	501(C)(3)	15,075				FACILITY ACCESSIBILITY MODIFICATIONS
THE LAZARUS HOUSE A CENTER FOR WELLNESS 4106 AUSTIN ST HOUSTON, TX 77004	76-0693417	501(C)(3)	15,000				TRANSPORTATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA 100 W LUCERNE CIR ORLANDO, FL 32801	59-1804997	501(C)(3)	25,000				TRANSPORTATION
THE TRANSVERSE MYELITIS ASSOCIATION 1787 SUTTER PARKWAY POWELL, OH 43065	91-1780467	501(C)(3)	25,000				CAMP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE VILLAGE OF RICHWOOD 153 NORTH FRANKLIN STREET RICHWOOD, OH 43344	31-6400915	501(C)(3)	23,478				ACCESSIBLE BEACH/DOCK/PIER
THE WHOLE PERSON (CIL) 3710 MAIN STREET KANSAS CITY, MO 64111	43-1157083	501(C)(3)	40,000				NURSING HOME TRANSITION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THECIL 2490 MARINER SQUARE LOOP ALAMEDA, CA 94501	23-7175191	501(C)(3)	75,000				HIIAT
TORIGIAN FAMILY YMCA 259 LYNNFIELD STREET PEABODY, MA 01960	04-2105883	501(C)(3)	24,500				FITNESS AND WELLNESS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TR 4 HEART AND SOUL 8023 93RD ST SE BISMARCK, ND 58504	81-1305058	501(C)(3)	12,100				THERAPEUTIC HORSEBACK RIDING
TRINITY HEALTH - DBA ST JOSEPH MERCY ANN ARBOR PO BOX 995 ANN ARBOR, MI 481060995	38-2113393	501(C)(3)	24,660				FACILITY ACCESSIBILITY MODIFICATIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED STATES ADAPTIVE RECREATION CENTER 43101 GOLDMINE DRIVE BIG BEAR LAKE, CA 923152897	95-3872771	501(C)(3)	25,000				ADAPTIVE SPORTS
UNIVERSITY OF ALABAMA 410 PETER BRYCE BOULEVARD TUSCALOOSA, AL 35401	63-6001138	501(C)(3)	24,894				ADAPTIVE SPORTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF COLORADO FOUNDATION 1800 GRANT STREET DENVER, CO 80203	84-6049811	501(C)(3)	20,630				FITNESS AND WELLNESS
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL LINCOLN, NE 68508	47-0379839	501(C)(3)	30,000				TRANSPORTATION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VETERANS EDUCATION AND RESEARCH ASSOCIATION OF NORTHERN NEW ENGLAND INC PO BOX 4655 WHITE RIVER JUNCTION, VT 05001	22-3091219	501(C)(3)	12,505				ADAPTIVE SPORTS
VIRGINIA BEACH ADAPTIVE WATERSPORTS INC 3137 SACRAMENTO DR VIRGINIA BEACH, VA 23456	47-4842495	501(C)(3)	23,231				ADAPTIVE SPORTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAHLBANGERS DRUM CIRCLE ORGANIZATION 11533 OTSEGO STREET NORTH HOLLYWOOD, CA 91601	45-2920962	501(C)(3)	11,602				FITNESS AND WELLNESS
WEST VIRGINIA UNIVERSITY FOUNDATION ONE WATERFRONT PLACE 7TH FLOOR MORGANTOWN, WV 265071650	55-6017181	501(C)(3)	75,000				PAY IT FORWARD WV: ASSISTIVE TECHNOLOGY DEVICE REUSE PROJECT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTERN DUPAGE SPECIAL RECREATION ASSOCIATION FOUNDATION 116 N SCHMALE ROAD CAROL STREAM, IL 60188	36-3932924	501(C)(3)	25,000				ADAPTIVE SPORTS
WHEELCHAIR DANCERS ORGANIZATION 4584 CALLE DE VIDA SAN DIEGO, CA 92124	27-1829176	501(C)(3)	4,946				ARTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WICHITA ADAPIVE SPORTS INC 3033 W 2ND STREET WICHITA, KS 67203	48-0892678	501(C)(3)	25,000				ADAPTIVE SPORTS
WINDWALKERS EQUINE ASSISTED LEARNING AND THERAPY CENTER 1030 COUNTY ROAD 102 CARBONDALE, CO 81623	38-3716992	501(C)(3)	15,000				THERAPEUTIC HORSEBACK RIDING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF CASS AND CLAY COUNTIES 400 1ST AVENUE S FARGO, ND 58103	45-0232096	501(C)(3)	21,500				FACILITY ACCESSIBILITY MODIFICATIONS
YMCA OF GREATER MONMOUTH COUNTY 170 PATTERSON AVENUE SHREWSBURY, NJ 07702	21-0635051	501(C)(3)	11,268				FACILITY ACCESSIBILITY MODIFICATIONS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	28,750				NACTN
THE METHODIST HOSPITAL RESEARCH INSTITUTE PO BOX 4805 HOUSTON, TX 77210	87-0721923	501(C)(3)	113,500				NACTN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 331025404	59-0624458	501(C)(3)	49,038				NACTN
THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 6720 A ROCKLEDGE DRIVE SUITE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	53,215				NACTN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH ST SHERIDAN BLDG 2ND FL PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	43,750				NACTN
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON PO BOX 301418 HOUSTON, TX 753031418	74-1761309	501(C)(3)	50,000				NACTN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE DAVIS 5 ROOM 5293 CHARLOTTESVILLE, VA 229080793	54-6001796	501(C)(3)	28,750				NACTN
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLES BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	77,500				NACTN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 770010988	74-6001399	501(C)(3)	41,070				NACTN
BERRY CONSULTANTS LLC 4301 WESTBANK DRIVE BUILDING B SUITE 140 AUSTIN, TX 78746	76-0644163	501(C)(3)	2,500				BIG IDEA

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET M-921 BOSTON MA 02118-2340 BOSTON, MA 021182340	04-2103547	501(C)(3)	76,337				BIG IDEA
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLES BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	50,000				EPISTIM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLES BELKNAP CAMPUS LOUISVILLE, KY 40292	61-1029626	501(C)(3)	938,712				BIG IDEA

**Schedule J**  
(Form 990)

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
<b>b</b>	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b>	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 on Line 1a?	<b>2</b>	
<b>3</b>	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.		
<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	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:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	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:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	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.	<b>7</b>	No
<b>8</b>	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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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)	313,901	0	0	13,464	16,284	343,649	0
	(ii)	0	0	0	0	0	0	0
2 SUSAN HOWLEY EXECUTIVE VP, RESEARCH	(i)	196,215	0	0	5,822	11,806	213,843	0
	(ii)	0	0	0	0	0	0	0
3 REBECCA LAMING VP, MARKETING & COMMUNICAT	(i)	193,045	0	0	7,244	18,297	218,586	0
	(ii)	0	0	0	0	0	0	0
4 MICHELE LOIACONO VP, OPERATIONS	(i)	151,300	0	0	7,020	3,923	162,243	0
	(ii)	0	0	0	0	0	0	0
5 MARGARET GOLDBERG COO	(i)	206,958	0	0	9,300	23,694	239,952	0
	(ii)	0	0	0	0	0	0	0
6 ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	145,719	15,000	0	7,200	21,929	189,848	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
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	15	402,161	FAIR MARKET VALUE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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
<b>30a</b> 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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION REVIEW &amp; APPROVAL PROCESS - CEO &amp; 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.</p> <p>COMPENSATION REVIEW &amp; APPROVAL PROCESS - OFFICERS &amp; KEY EMPLOYEES: THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT &amp; 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.</p>

## 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**

<b>Return Reference</b>	<b>Explanation</b>
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, 2019, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHRISTOPHER REEVE FOUNDATION

**Employer identification number**

22-2939536

**Part I 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	
<b>(1)</b> NRT HOLDINGS LLC 2181 GREENWICH ST SAN FRANCISCO, CA 94123 84-2875859	INVEST IN THE NEURORECOVERY TECHNOLOGIES, INC. TO FIND A CURE FOR PARALYSIS	CA		RELATED	-6,189	1,437,871		No			No	17.960 %

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

<b>Return Reference</b>	<b>Explanation</b>