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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax**2009**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection**For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Please use IRS label or print or type. See specific instructions. CHRISTOPHER REEVE FOUNDATION dba CHRISTOPHER & DANA REEVE FOUNDATION 636 MORRIS AVENUE Ste3A SHORT HILLS, NJ 07078-2608	D Employer Identification Number 22-2939536
			E Telephone number (973) 379-2690
			G Gross receipts \$ 14,504,900.
		F Name and address of principal officer Same As C Above	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.christopherreeve.org		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1988	M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities. <u>The Christopher & Dana Reeve Foundation is dedicated to curing spinal cord injury by funding innovative research and improving the quality of life for people living with paralysis through grants, information and advocacy.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 31
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 31
5 Total number of employees (Part V, line 2a)	5 41
6 Total number of volunteers (estimate if necessary)	6 25
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	17,215,074.	13,683,082.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,249,919.	21,422.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-531,510.	-332,182.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,433,645.	13,372,322.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,890,257.	6,367,599.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,802,912.	3,585,140.
16a Professional fundraising fees (Part IX, column (A), line 11e)	231,194.	180,600.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,692,287.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,585,980.	3,468,159.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,510,343.	13,601,498.
19 Revenue less expenses Subtract line 18 from line 12	-2,076,698.	-229,176.
20 Total assets (Part X, line 16)	Beginning of Year 10,792,669.	End of Year 10,527,359.
21 Total liabilities (Part X, line 26)	4,406,905.	4,325,344.
22 Net assets or fund balances. Subtract line 21 from line 20	6,385,764.	6,202,015.

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: Peter Wilderotter Date: 8/3/10

Type or print name and title: Peter Wilderotter President & CEO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 07/29/10 Check if self-employed ☐ (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: Ernst & Young U.S. LLP
111 Monument Circle, Suite 2600
Indianapolis, IN 46204

EIN: 34-6565596 Phone no: 317-681-7000

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The Christopher & Dana Reeve Foundation is dedicated to curing spinal cord injury by
funding innovative research and improving the quality of life for people living with
paralysis through grants, information and advocacy.

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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: 2500) (Expenses \$ 5,808,821. including grants of \$ 5,358,150.) (Revenue \$)
See Schedule O

4b (Code: 2500) (Expenses \$ 4,524,172. including grants of \$ 1,009,449.) (Revenue \$)
The Foundation's Quality of Life Grants Program began in 1999 and expanded in 2001
with the establishment of the Paralysis Resource Center funded by a federal grant
from the Centers for Disease Control. Since then appropriations have continued
annually, the most recent effective June 1, 2009 for \$5,479,000. 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.

4c (Code: 2500) (Expenses \$ 882,000. including grants of \$) (Revenue \$)
Public education and advocacy is a cornerstone of the Foundation. The Foundation
maintains a constant presence in Washington, D.C. speaking out and educating the
public and legislators on behalf of the paralysis community. Community outreach
through its website enables the Foundation to educate the public on research
initiatives currently underway.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses 11,214,993.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H...		X

Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (See instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country: <u>Bermuda</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	X	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make any distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on Part VIII, line 12.		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11 Section 501(c)(12) organizations. Enter.		
a Gross income from other members or shareholders.		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	31	
b Enter the number of voting members that are independent	31	
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? See Schedule O	X	
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following See Schedule O		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or 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		X

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

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ ALL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 'or public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ CHRISTOPHER REEVE FOUNDATION 636 MORRIS AVE SHORT HILLS NJ 07078-2608 (973) 379-2690

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of key employees.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Peter D. Kiernan, III Director	1	X						0.	0.	0.
John M. Hughes Chairman	1	X		X				0.	0.	0.
Arnold H. Snider Co-Chairman	1	X		X				0.	0.	0.
Henry G. Stifel III Co-Chairman	1	X		X				0.	0.	0.
Joel M. Faden Chair Ex Commit	1	X		X				0.	0.	0.
Robert L. Guyett Treasurer	1	X		X				0.	0.	0.
Carl Bolch, III Director	1	X						0.	0.	0.
Jacqueline Bresnahan ExOff Director	1	X						0.	0.	0.
James G. Dinan Director	1	X						0.	0.	0.
Hon. Stephen Evans-Freke Director	1	X						0.	0.	0.
Ms. Janet Hanson Director	1	X						0.	0.	0.
Ms. Francine LeFrak Director	1	X						0.	0.	0.
Jon O'Connor Director	1	X						0.	0.	0.
John Osborn Director	1	X						0.	0.	0.
Patricia Quick Director	1	X						0.	0.	0.
Alexandra Reeve Givens Director	1	X						0.	0.	0.
Matthew Reeve Director	1	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Alan T. Brown Director	1	X						0.	0.	0.
Heidi Steiger Director	1	X						0.	0.	0.
Krishen Sud Director	1	X						0.	0.	0.
Daniel Cahill Director	1	X						0.	0.	0.
James O. Welch, Jr. Director	1	X						0.	0.	0.
Carl Vogel Director	1	X						0.	0.	0.
Rober W. Yant Director	1	X						0.	0.	0.
David Blair Director	1	X						0.	0.	0.
Paul Daveresa Director	1	X						0.	0.	0.
Deborah Flynn Director	1	X						0.	0.	0.
Kelly Anne Heneghan, Esq. Director	1	X						0.	0.	0.
Daniel Heumann Director	1	X						0.	0.	0.
John McConnell Director	1	X						0.	0.	0.
1b Total								1,238,238.	0.	193,899.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

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

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
HCM Strategists, LLC 1156 15St, NW Washington, DC 20005	Government contracts	151,522.
A.B. Data, Ltd. 600 AB Data Drive Milwaukee, WI 53217	Data Base Management	146,785.
Direct Answer, Inc. 6424 Block Road Oxon Hill, MD 20745	Caging operations	107,605.
PIDI 1800 Diagonal Rd Alexandria, VA 22314	Direct Mail Consult	122,537.
WHDGA 555 East Wells St., Suite900 Milwaukee, WI 53202	Government contracts	139,850.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 20,416.				
	b Membership dues	1 b				
	c Fundraising events	1 c 1,690,256.				
	d Related organizations	1 d				
	e Government grants (contributions).	1 e 5,789,764.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 6,182,646.				
	g Noncash contribns included in lns 1a-1f.	\$				
	h Total. Add lines 1a-1f		13,683,082.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).		28,146.			28,146.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-6,724.			-6,724.
	8 a Gross income from fundraising events (not including \$ 1,690,256. of contributions reported on line 1c). See Part IV, line 18	a 190,000.				
	b Less. direct expenses	b 522,182.				
	c Net income or (loss) from fundraising events		-332,182.			-332,182.
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		13,372,322.	0.	0.	-310,760.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,388,278.	5,388,278.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	979,321.	979,321.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	834,964.	635,797.	77,802.	121,365.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,070,386.	1,229,691.	263,032.	577,663.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,279.	53,939.	10,113.	20,227.
9 Other employee benefits	395,368.	310,856.	22,664.	61,848.
10 Payroll taxes	200,143.	151,128.	14,713.	34,302.
11 Fees for services (non-employees)				
a Management				
b Legal	118,097.		118,097.	
c Accounting	53,891.		53,891.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	180,600.			180,600.
f Investment management fees...				
g Other	1,007,694.	962,653.	19,911.	25,130.
12 Advertising and promotion	71,081.	68,696.		2,385.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	376,844.	303,897.	21,896.	51,051.
17 Travel	203,289.	166,188.	7,220.	29,881.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,357.	73,700.	1,657.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,525.	36,690.	6,811.	14,024.
23 Insurance	52,418.	27,418.	25,000.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DIRECT MAIL EXPENSES</u>	707,669.	234,980.		472,689.
b <u>INTERNET COMMUNICATIONS</u>	149,687.	137,222.		12,465.
c <u>Printing and Publications</u>	145,593.	123,299.	11,147.	11,147.
d <u>Postage and Shipping</u>	83,238.	75,583.	1,914.	5,741.
e <u>TELEPHONE</u>	69,168.	52,484.	5,008.	11,676.
f All other expenses	296,608.	203,173.	33,342.	60,093.
25 Total functional expenses Add lines 1 through 24f.	13,601,498.	11,214,993.	694,218.	1,692,287.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1,410,451.	305,762.	273,367.	831,322.

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing ..	3,129.	1	2,956.
	2 Savings and temporary cash investments ..	1,948,831.	2	2,740,552.
	3 Pledges and grants receivable, net ..	6,967,273.	3	6,241,465.
	4 Accounts receivable, net ..		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net ..		7	
	8 Inventories for sale or use ..		8	
	9 Prepaid expenses and deferred charges ..	97,258.	9	152,818.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 1,087,489.		
	b Less accumulated depreciation ..	10b 1,018,283.	98,417.	10c 69,206.
	11 Investments — publicly-traded securities ..	834,831.	11	389,489.
	12 Investments — other securities. See Part IV, line 11 ..	829,264.	12	917,210.
	13 Investments — program-related. See Part IV, line 11 ..		13	
	14 Intangible assets ..		14	
	15 Other assets. See Part IV, line 11 ..	13,666.	15	13,663.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,792,669.	16	10,527,359.	
LIABILITIES	17 Accounts payable and accrued expenses ..	269,257.	17	511,824.
	18 Grants payable ..	4,137,648.	18	3,813,520.
	19 Deferred revenue ..		19	
	20 Tax-exempt bond liabilities ..		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties ..		23	
	24 Unsecured notes and loans payable to unrelated third parties ..		24	
	25 Other liabilities. Complete Part X of Schedule D ..		25	
	26 Total liabilities. Add lines 17 through 25 ..	4,406,905.	26	4,325,344.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets ..	6,385,764.	27	6,202,015.
	28 Temporarily restricted net assets ..		28	
	29 Permanently restricted net assets ..		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds ..		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund ..		31	
	32 Retained earnings, endowment, accumulated income, or other funds ..		32	
33 Total net assets or fund balances. ..	6,385,764.	33	6,202,015.	
34 Total liabilities and net assets/fund balances. ..	10,792,669.	34	10,527,359.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting1 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?

b Were the organization's financial statements audited by an independent accountant?

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.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

2a X

2b X

2c X

3a X

3b X

BAA

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	15428515.	14027299.	15286068.	17215074.	13683082.	75,640,038.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	15428515.	14027299.	15286068.	17215074.	13683082.	75,640,038.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						999,553.
6 Public support. Subtract line 5 from line 4						74,640,485.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	15428515.	14027299.	15286068.	17215074.	13683082.	75,640,038.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	319,725.	261,730.	189,166.	83,538.	28,146.	882,305.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						76,522,343.
12 Gross receipts from related activities, etc. (see instructions)					12	1,296,221.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	97.5 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.2 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 – 2008.** 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 – 2009** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2008.** 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 IV 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. ☐

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Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests — 2009. 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. ▶ <input type="checkbox"/>		
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 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. ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may 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' to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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 easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items.

a Revenues included in 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered 'Yes' to 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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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
3a(i)		
3a(ii)		
3b		

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,087,489.	1,018,283.	69,206.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				69,206.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities 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
Financial derivatives		
Closely-held equity interests		
Other <u>WELCH LIFE SCIENCES FUND</u>	552,152.	End of Year Market Value
<u>WELCH ENTREPRENEURIAL FUND</u>	365,058.	End of Year Market Value
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶	917,210.	

Part VIII	Investments—Program Related (See Form 990, Part X, line 13)	N/A
-----------	---	-----

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col. (B), line 13)		

Part IX	Other Assets (See Form 990, Part X, line 15)	N/A
----------------	---	-----

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), line 15)	

Part X	Other Liabilities (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	

2. FIN 48 Footnote. In Part XIV, 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. See Part XIV

See Part XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,372,322.
2	Total expenses (Form 990, Part IX, column (A), line 25)	13,601,498.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-229,176.
4	Net unrealized gains (losses) on investments	45,428.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	45,428.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-183,748.

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

1	Total revenue, gains, and other support per audited financial statements	1	13,666,564.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	45,428.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	522,182.
e	Add lines 2a through 2d	2e	567,610.
3	Subtract line 2e from line 1.	3	13,098,954.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	273,368.
c	Add lines 4a and 4b	4c	273,368.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,372,322.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,850,313.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV) See Part XIV.	2d	522,182.
e	Add lines 2a through 2d	2e	522,182.
3	Subtract line 2e from line 1	3	13,328,131.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) See Part XIV	4b	273,367.
c	Add lines 4a and 4b	4c	273,367.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,601,498.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

During 2009, the Foundation adopted the standards for accounting for uncertainty in income tax positions. This guidance required an entity to recognize the impact of a tax position in its financial statements if that position is more likely than not to be sustained on an audit based on the technical merits of the position. The effect of adoption of this guidance did not have an impact on the financial statements.

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

22-2939536

07 30PM

DIRECT BENEFIT TO DONOR- COSTS		Total	\$ 273,367.
			<u>\$ 273,367.</u>

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe	0	0	grants to organizations	science\research	530,250.
North America	0	0	grants to organizations	science\research	449,071.
Totals	0	0			979,321.

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

Schedule F (Form 990) (2009)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe	scientific	125,000.	checks			
				research					
			Europe	scientific	200,000.	check			
				research					
			Europe	scientific	200,000.	check			
				research					
			Europe	scientific	250.	checks			
				research					
			Europe	scientific	5,000.	check			
				research					
			North America	scientific	179,641.	check			
				research					
			North America	scientific	269,430.	check			
				research					

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 0

3 Enter total number of other organizations or entities 7

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Part I, Line 2 - Grantmakers Explanation For Grants Outside US

Procedures for monitoring the use of grant funds outside the United States are the same as those described in Schedule I Part I, Line 2 and Schedule I, Part IV.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Mail solicitations | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <input checked="" type="checkbox"/> Internet and email solicitations | <input checked="" type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input checked="" type="checkbox"/> Special fundraising events |
| <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
A.B. Data	Direct Mail		X	1,268,498.	75,600.	1,192,898.
Cathy McNamara, Inc.	Special Events		X	1,008,050.	65,000.	943,050.
Susan Blond, Inc	Special Events		X		40,000.	
Total				2,276,548.	180,600.	2,135,948.

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

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 NYC DINNER DAN (event type)	(b) Event #2 TEAM REEVE NYC (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col. (a) through col (c))
	1 Gross receipts	1,008,050.	651,125.	221,081.	1,880,256.
	2 Less. Charitable contributions	843,050.	651,125.	196,081.	1,690,256.
	3 Gross income (line 1 minus line 2)	165,000.		25,000.	190,000.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	43,529.		39,314.	82,843.
	7 Food and beverages	169,024.			169,024.
	8 Entertainment	16,000.		5,500.	21,500.
	9 Other direct expenses	76,616.	152,932.	19,267.	248,815.
	10 Direct expense summary Add lines 4- through 9 in column (d)				522,182.
	11 Net income summary Combine lines 3, column (d) and line 10				-332,182.

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

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

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____		
b If 'No,' explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____		
b If 'Yes,' explain _____		
11 Does the organization operate gaming activities with nonmembers? _____		
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? _____		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**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 contact with a third party from whom the organization receives gaming revenue? ..**15a****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?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Acces Sports America 119 High Street Acton, MA 01720	43-256194	501(c)(3)	5,447.	0.			Actively Achieving/Sport s/Recreation
Adventist Rehab Hospital of MD 9909 Medical Center Dr Rochville, MD 20850	20-1486678	501(c)(3)	12,500.	0.			Actively achieving therapy program
ALS Assoc. St. Louis Reg Chapter 2258 Weldon Parkway St. Louis, MO 63146	43-1458163	501(c)(3)	7,500.	0.			caring and coping/respite care
Anjelica Patient Assistance Prog 300 East 42nd Street, 3rd Floor New York, NY 10017	20-3391292	501(c)(3)	7,220.	0.			Actively Achieving/Sport s/Recreation
Aquarium of the Pacific 100 Aquarium Way Long Beach, CA 90802	33-0532354	501(c)(3)	8,600.	0.			actively achieving/arts program
Asians & Pacific Islanders Disab 555 12th Street, Suite 1030 Oakland, CA 94607	80-0211920	501(c)(3)	6,200.	0.			Caring and coping/Consumer Education
Assistance Dogs of the West 730 St. Michaels Drive Santa Fe, NM 87505	85-0431646	501(c)(3)	8,250.	0.			Conferences Actively Achieving/Anima
Auburn University							1 Assistance Programs Actively

2 Enter total number of section 501(c)(3) and government organizations

83

3 Enter total number of other organizations

0

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

22-2939536

☒ Yes ☐ No

2009

Schedule I, Part IV - Supplemental Information

Page 3

Client 1090

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

7/29/10

07:30PM

Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

possible by Christopher Reeve Foundation staff and management. This process applies to funding both within the United States and for organizations based outside the United States.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
208 M.W. Smith Hall Auburn, AL 36849	63-6000724	501 (c) (3)	6,400.	0.			Achieving\Sports\Recreation
British Columbia Mobility Opportunity North America V6H3J9 Canada							Actively Achieving\Sports\Recreation
Burke Rehabilitation Center 785 Mamaronck Avenue White Plains, NY 10605	11-8818723	(501) (c) (3)	9,100.				Actively Achieving\Physical Therapy Programs
CA Assoc Physically Handicapped 3008 North Fresno Street Fresno, CA 93703	13-739937	501 (c) (3)	9,000.				Bridging Barriers\Access to Medical Equipment
California Inst. of Technology 1200 E. California Blvd Pasadena, CA 91125	94-238156	501 (c) (3)	12,000.				scientific research
Camp Still Meadows, Inc 11992 Hollar School Road Linville, VA 22834	95-1643307	501 (c) (3)	120,000.				Caring and Coping
Canine Support Teams 26500 Scott Road Menifee, CA 92584	54-1857340	501 (c) (3)	7,000.				Actively Achieving\Animal
Carolina Crash Inc. 7431 Flodden Field Court Charlotte, NC 28217	33-0434821	501 (c) (3)	5,400.				Assistance Program Actively Achieving\Sports\Recreation
	26-0190728	501 (c) (3)	6,100				

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
[Part I] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Cross Country Skiing 10850N Stewart Road Hayward , WI 54843	39-2008660	501 (c) (3)	10,000.	0.			Actively Achieving\Sports/Recreation
Chicago State University Fdn 9501 South King Drive, ADM 322 Chicago , IL 60628	23-7034677	501(c) (3)	7,500.				Actively Achieving\Sports/Recreation
Children's Specialized Hosp. Fdn 150 New Providence road Mountainside, NJ 07092	13-6844298	501 (c) (3)	6,705.				Actively Achieving\Physical Therapy Programs
Compassions Training & Awareness 10640 St Clair Avenue Cleveland, OH 44109	20-761609	501 (c) (3)	10,000.				Caring and Coping\Home Care Support
Darrell Gwynn Foundation, Inc. 4850 SW 52nd Street Davie , FL 33314	51-0430447	501 (c) (3)	10,000.				Caring and Coping Prevention Programs+
Disabled Resources Center, Inc 2750 East Spring Street, Ste 100 Long Beach, CA 90806	51-0204442	501 (c) (3)	5,080.				Actively Achieving\Employment
Dreamcatcher Playground Fdn Choctaw Elementary 14663 NE 3rd Choctaw, OK 73020	73-1624473	501 (c) (3)	8,000.				Actively Achieving Accessible Playgrounds
East Coast Assistance Dogs, Inc 149 New Field Road Torrington, CT 06790							Actively Achieving\Animal Assistance

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					22-2939536				
CHRISTOPHER REEVE FOUNDATION		Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Eve's Fund for Native American 3101 Old Pecos Trail #667 Red Mesa, AZ 86514	61-436718	501 (c) (3)	6,000.	0			Programs Caring and Coping\Injury Prevention Programs Actively				
Georgia Southern University 252 Forest Drive Veazey Rm2021 Statesboro, GA 30460	20-3008753	501 (c) (3)	8,187				Achieving\Spo rts\Recreatio n				
Gig Harbor Fire & Medic One 10222 Bujacich Road Gig Harbor, WA 98332	58-2354256	501 (c) (3)	11,700				Bridging Barriers\Acce ss to Medical Equipment				
Good Samaritan Health Ctr 560 Loch Raven Blvd Baltimore, MD 21239	91-1226135	501 (c) (3)	8,950.				Actively				
Good Shepherd Rehab Hosp. 850 South Fifth Street Allentown, PA 18103	52-2307122	501 (c) (3)	7,500				Achieving				
Greater Providence YMCA-Newman 472 Taunton Ave Seekonk, MA 02771	23-1371947	501 (c) (3)	6,600.				Actively				
I believe, Inc. 41 Watchung Plaza, Suite 357 Montclair, NJ 07042	50-258878	501 (c) (3)	17,000.				Achieving\Phy sical Therapy Programs Actively				
Ithaca College-Dept PhysTherapy 1100 Goodman Street South Rochester, NY 14620	20-5346316	501 (c) (3)	24,000				Achieving\Edu cation Actively Achieving\Phy sical Therap:y				

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
James A. Haley VA Hosp Adaptive Sports Prog -13000 Bruce B Downs Tampa, FL 33612	15-0532204	501 (c) (3)	9,700.	0.			Programs Actively Achieving\Sports\Recreation
Joe Martin ALS Foundation 100 North Tryon St., Suite 3420 Charlotte, NC 28202	59-3214855	501 (c) (3)	14,000.				Actively Achieving\Physical Therapy Programs
Johns Hopkins U of Med 733 N Broadway Baltimore, MD 21205	26-0163120	501 (c) (3)	7,728.				scientific research
Kennedy Krieger Research Inst. 707 North Broadway, Room 212 Baltimore, MD 21205	52-0595110	501 (c) (3)	120,000.				Actively Achieving\Physical Therapy Programs
Kessler Foundation Research Ctr 1199 Pleasant Valley Way West Orange, NJ 07052	52-1524967	501 (c) (3)	11,865.				Actively Achieving\Employment
Living Independence for Everyone Mississippi - 1304 Vine Street Jackson, MS 39202	31-1562134	501 (c) (3)	12,814.				Caring and Coping\Home
Matheny Medical & Educational Ctr 65 Highland Ave Peapack, NJ 07977	58-2062107	501 (c) (3)	18,750.				Care Support Bridging Barriers\Access to Medical Equipment
Mind Body Solutions 17516 Minnetonka Blvd. Minnetonka, MN 55345	22-1482276	501 (c) (3)	13,650				Actively Achieving
Muskegon Sports Council	46-0469916	501 (c) (3)	25,000.				Actively

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number							
CHRISTOPHER REEVE FOUNDATION		22-2939536							
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
P.O. Box 5085 North Muskegon, MS 49445 National Ability Center 1000 Ability Way Park City, UT 84060	38-2639291	501 (c) (3)	6,000.	0.			Achieving\Sports Recreation Actively Achieving\Sports		
Nat'l Inst of Art & Disabilities 551 - 23rd Street Richmond, CA 94804 Nat'l MS Soc -Upstate New York 1650 South Avenue, Suite 100 Rochester, NY 14620 Nat'l Rehabilitation Hospital 102 Irving Street, NW	94-3025807 94-2837552 16-0777886	501 (c) (3) 501 (c) (3) 501 (c) (3)	6,000. 5,650. 10,000.				Recreation Actively Achieving\Arts Programs access to medical equipment		
Washington, DC 20010 NE DuPage Special Recreation 1770 West Centennial Place Addison, IL 60101 Northwestern University 750 North Lake Shore Drive Chicago, IL 60611 Other grants & allocations	52-1369749 36-2930414 36-2167817	501 (c) (3) 501 (c) (3) 501 (c) (3)	6,875. 9,500. 125,000.				Caring and Coping Actively Achieving\Physical Therapy Programs Scientific Research		
Outdoor Explorations, Inc. 98 Winchester Street Medford, ME 20155	43-287920	501 (c) (3)	96,611. 5,396.				scientific research Actively Achieving\Sports/Recreation		

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
People, Inc. 1219 North Forest Road Williamsville, NY 14231	16-0975538	501 (c) (3)	15,782.	0.			Bridging Barriers\Access to
Pushing Boundaries 4162 148th Avenue NE Redmond, WA 98052	20-2043330	501 (c) (3)	6,250.				Healthcare Actively Achieving\Physical Therapy Programs Actively
QUAD Foundation, Inc. 306-N West El Norte Pkwy, Ste 441 Escondido, CA 92026	20-0195354	501 (c) (3)	25,000.				Achieving\Physical Therapy Programs
Quadrilegics United Against Dependency 5125 SW Macadam #205 Portland, OR 97239	93-0639118	501 (c) (3)	7,450.				Bridging Barriers\Accessibility
Raritan Valley YMCA 144 Tices Lane East Brunswick, NJ 08816	22-1494457	501 (c) (3)	9,683.				Bridging Barriers\Accessibility
Regents Univ of CA, LA Los Angeles, CA 90095	95-6006143	501 (c) (3)	200,000.				scientific research
Rehabilitation Inst of Michigan 261 Mack Avenue Detroit, MI 48201	38-1417366	501 (c) (3)	12,365.				Bridging Barriers\Assistive Technology
Spaulding Rehab Hospital 125 Nashua Street - Rm717 Boston, MA 02114 St. Univ. of NY-SUNY-Cortland 35 State Street	42-551124	501 (c) (3)	125,000.				scientific research Actively Achieving\Sports

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number		Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHRISTOPHER REEVE FOUNDATION										
Cortland, NY 12207	14-1368361	501 (c) (3)	6,000.	0.			ts/Recreation			
Sterling-Rock Falls Family YMCA							Bridging			
2505 YMCA Way							Barriers\Acce			
Sterling, IL 61081	36-2225496	501 (c) (3)	6,963.				ssibility			
SUNY							scientific			
PO Box 9							research			
Albany, NY 12201	14-1368361	501 (c) (3)	62,500.				Bridging			
Tallahassee Memorial Healthcare							Barriers\Acce			
1401 Centerville Road, Suite 504							ssibility			
Tallahassee, FL 32303	59-1727645	501 (c) (3)	6,484.				Actively			
Telluride Adaptive Sports Prog.							Achieving\Spo			
565 Mountain Village Blvd							rts/Recreatio			
Telluride, CO 81435	84-1337870	501 (c) (3)	5,600.				n			
The Children's Inst.- Pittsburgh							Actively			
1405 Shady Avenue							Achieving\Phy			
Pittsburgh, PA 15217							sical Therapy			
The Heuga Center	23-2935278	501 (c) (3)	8,000.				Programs			
27 Main Street, Suite 303							Actively			
Edwards, CO 81632	74-2337853	501 (c) (3)	10,000.				Achieving			
The Ohio State University							scientific			
1960 Kenny Road							research			
Columbus, OH 22904	13-1640159	501 (c) (3)	120,000.				scientific			
The Regents Univ of CA-Irvine							research			
Irvine, CA 92697	95-2226406	501 (c) (3)	493,000.				scientific			
The Research Foundation of SUNY							research			
Stony Brook, NY 11794	14-1368361	501 (c) (3)	200,000.				scientific			

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salk Institute Biological S							scientific research
LaJolla, CA 92037	95-2160097	501 (c) (3)	650,000				
ThinkFirst Foundation							Caring and Coping
29W120 Butterfield Road, Ste 105							
Warrenville, IL 60555	36-3730822	501 (c) (3)	10,000				Actively Achieving\Arts Programs
Triton Museum of Art							scientific research
1505 Warburton Avenue							
Santa Clara, CA 95050	94-6122076	501 (c) (3)	5,300.				scientific research
Tufts University							
200 Harrison Avenue							
Boston, MA 02111	42-103634	501 (c) (3)	59,000.				scientific research
University of Florida							
Gainesville, FL 32611	59-6002052	501 (c) (3)	8,389.				scientific research
Univ - Alabama Disability Sports							Actively Achieving\Sports/Recreation
103 Moore Hall, Box 870312							
Tuscaloosa, 35487							
Univ of Louisville Research Foun	63-6001138	501 (c) (3)	6,000.				scientific research
Louisville, KY 40292							
Univ of Wisconsin at Madison	61-1029626	501 (c) (3)	1,280,033				Actively Achieving\Arts Programs
21 N Park Street, Suite 6401							
Madison, WI 53715	39-6006492	501 (c) (3)	13,077				scientific research
University of Baltimore							
Baltimore, MD 21201	52-6002033	501 (c) (3)	150,000.				scientific research
University of Miami							scientific

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

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**Open to Public
Inspection**

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Miami, FL 33101 University of Texas-Houston HSC	59-062448	501 (c) (3)	200,000.	0.			research
Houston, TX 77225 Uof Montana - Missoula-Physical Therapy/Rehab 32 Campus Drive	74-1761309	501 (c) (3)	225,000.				scientific
Missoula, MT 59812 Victory Gardens Theater	81-0362989	501 (c) (3)	20,665				research
2257 North Lincoln Avenue Chicago, IL 60614 VSA Arts, Inc.		501 (c) (3)	6,400.				Acitvely
818 Connecticut Avenue NW, #600 Washington, DC 20006 Wayne State University	52-1065313	501 (c) (3)	10,000.				Achieving\Phy
5475 Woodward Ave. Detroit, MI 48202	38-6028429	501 (c) (3)	5,156.				sical Therapy Programs
Wheelchair Recycle 54 Linda Circle Marlboro, MA 01752							Actively
Yale Univ School of Medicine	20-1909856	501 (c) (3)	25,000.				Achieving\Arts Programs
New Haven, CT 06508	06-0646973	501 (c) (3)	124,667.				Actively
							Achieving\Arts Programs
							Bridging
							Barriers\Assistive
							Technology
							Bridging
							Barriers\Access to Medical
							Equipment
							scientific
							research

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

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Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I Questions Regarding Compensation

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

- ☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☐ Compensation committee
☐ Independent compensation consultant
☐ Form 990 of other organizations

- ☐ Written employment contract
☐ Compensation survey or study
☐ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

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

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

9 section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

Department of the Treasury
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▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See instructions for Form 990.

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2009

Open to Public Inspection

Name of the Organization

Employer Identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Inspection**

Name of the organization **CHRISTOPHER REEVE FOUNDATION**
dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number
22-2939536

Form 990, Part III, Line 4a - Program Service Accomplishments

The Reeve Foundation allocates its research dollars among four initiatives covering the full bench-to-bedside continuum.

1) The International Research Consortium on Spinal Cord Injury includes seven of the world's premier labs, which pool their talents to address some of the most challenging issues relating to spinal cord injury, including tissue repair, neuron activation and regeneration, and physical therapy.

2) The Individual Research Grants Program, which is the Foundation's broadest research program, nurtures new talent and ideas for the development of treatments for paralysis caused by spinal cord injury.

3) The NeuroRecovery Network (NRN) is a unique network of institutions formed through a cooperative agreement with the Centers for Disease Control and Prevention. Each center is a cutting-edge rehab facility using intensive locomotor training, an activity based therapy in which a patient walks on a treadmill while suspended in a harness.

4) 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 nine centers which are substantially funded through multi-million dollar grants from the U.S. Department of Defense.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Matthew Reeve and Alexandra Reeve Givens are brother and sister.

Form 990, Part VI, Line 8 - Explanation of No Contemporaneously Documentation of Meetings

Results of Committee meetings are presented to the Board, voted on when necessary, and included as part of the Board minutes.

Name of the organization CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number
22-2939536

Form 990, Part VI, Line 11 - Form 990 Review Process

The Form 990 is prepared by the Foundation's Controller then reviewed and signed by the independent auditors, Ernst & Young. It is reviewed by the Finance Committee of the Board and the review process discussed with the Board. It is made available to the members of the Board for their review prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are required to review and sign conflict of interest statements annually. Beginning in 2009 key employees are also required to complete and sign the conflict of interest statements.

Possible conflicts shall be disclosed to the board of Directors and President and such persons, if a Director, shall abstain from voting on all matters related to such possible conflict of interest and shall recuse himself/herself from any portion of any meeting of the Board of Directors at which such matter is discussed and/or voted upon.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Form 990, annual report, conflict of interest policy and 501 C-3 Internal Revenue Service letter of determination are posted on the Foundation's website. Other governing documents are available on request.