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Form 990

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C 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 \$ 14,514,177.	
F Name and address of principal officer Peter Wilderotter 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) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: www.christopherreeve.org	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of Formation 1988	
M State of legal domicile NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <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 net assets			
	3		27	
	4		27	
	5		43	
	6		25	
	7a		0.	
7b		0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		13,683,082.	14,053,334.
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,422.	17,451.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-332,182.	-413,884.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,372,322.	13,656,901.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,367,599.	6,450,020.
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,585,140.	3,809,031.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		180,600.	137,000.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,401,302.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,468,159.	3,369,917.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,601,498.	13,765,968.
	19 Revenue less expenses. Subtract line 18 from line 12		-229,176.	-109,067.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)		10,527,359.
21 Total liabilities (Part X, line 20)		4,325,344.	4,110,886.	
22 Net assets or fund balances. Subtract line 21 from line 20		6,202,015.	6,005,624.	

Part II Signature Block

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

Sign Here	Signature of officer	Date 10/11/11			
	Peter Wilderotter President & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Jennifer D. Rhoderick	Preparer's signature 	Date 10/04/2011	Check <input type="checkbox"/> if self employed	PTIN
	Firm's name Ernst & Young US LLP			Firm's EIN 34-6565596	
	Firm's address 111 Monument Circle, Suite 2600 Indianapolis, IN 46204			Phone no 317-681-7000	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

TEEA0113L 12/21/10

Form 990 (2010)

SCANNED NOV 7 2011

90-17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

- 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:) (Expenses \$ 5,836,525. including grants of \$ 5,406,909.) (Revenue \$)
See Schedule O

4b (Code:) (Expenses \$ 4,606,780. including grants of \$ 1,043,111.) (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, 2010 for \$6,610,000. 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:) (Expenses \$ 1,070,768. 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 11,514,073.

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? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
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, Parts I and IV	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, Parts II and IV	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, Parts III and IV		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 (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		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? <i>If 'Yes,' complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		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	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 39		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a 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.	2 a 43		
b 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. (see instructions)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3 b		
4 a 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)?	4 a	X	
b If 'Yes,' enter the name of the foreign country. Bermuda See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year	1 a 27		
b Enter the number of voting members included in line 1a, above, who are independent	1 b 27		
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	2	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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		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?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b		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	9		X

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

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10 a 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?	10 b X	
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b 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	12 c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15 a	X
b Other officers of key employees of the organization	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	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?	16 b	

Section C. Disclosure

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 for 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.

► EDWARD T JOBST, CONTROLLER 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) <u>Peter D. Kiernan, III</u> Director	1	X						0.	0.	0.
(2) <u>John M. Hughes</u> Chairman	1	X		X				0.	0.	0.
(3) <u>Arnold H. Snider</u> Co-Chairman	1	X		X				0.	0.	0.
(4) <u>Henry G. Stifel III</u> Co-Chairman	1	X		X				0.	0.	0.
(5) <u>Joel M. Faden</u> Chair Ex Commit	1	X		X				0.	0.	0.
(6) <u>Robert L. Guyett</u> Treasurer	1	X		X				0.	0.	0.
(7) <u>Carl Bolch, III</u> Director	1	X						0.	0.	0.
(8) <u>Jacqueline Bresnahan Ex</u> Director	1	X						0.	0.	0.
(9) <u>Hon. Stephen Evans-Frek</u> Director	1	X						0.	0.	0.
(10) <u>Ms. Janet Hanson</u> Director	1	X						0.	0.	0.
(11) <u>Jon O'Connor</u> Director	1	X						0.	0.	0.
(12) <u>John Osborn</u> Director	1	X						0.	0.	0.
(13) <u>Patricia Quick</u> Director	1	X						0.	0.	0.
(14) <u>Alexandra Reeve Givens</u> Director	1	X						0.	0.	0.
(15) <u>Matthew Reeve</u> Director	1	X						0.	0.	0.
(16) <u>Alan T. Brown</u> Director	1	X						0.	0.	0.
(17) <u>Krishen Sud</u> 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 (describe hours for related organizations in Sch O)	(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			
(18) James O. Welch, Jr Director	1	X						0.	0.	0.
(19) Carl Vogel Director	1	X						0.	0.	0.
(20) David Blair Director	1	X						0.	0.	0.
(21) Paul Davereso Director	1	X						0.	0.	0.
(22) Deborah Flynn Director	1	X						0.	0.	0.
(23) Kelly Anne Heneghan, Esq. Director	1	X						0.	0.	0.
(24) Daniel Heumann Director	1	X						0.	0.	0.
(25) John McConnell Director	1	X						0.	0.	0.
(26) Marci Surfas Director	1	X						0.	0.	0.
(27) Josh Billauer Director	1	X						0.	0.	0.
(28) Peter Wilderotter President & CEO	40			X				279,800.	0.	24,254.
(29) Michael W. Blair, Ex Officio Secretary	1			X				0.	0.	0.
1 b Sub-total								604,540.	0.	121,045.
c Total from continuation sheets to Part VII, Section A								596,043.	0.	57,587.
d Total (add lines 1b and 1c)								1,200,583.	0.	178,632.

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

	Yes	No
3		X
4	X	
5		X

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

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

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	187,600.
A.B. Data, Ltd. 600 AB Data Drive Milwaukee, WI 53217	Data Base Management	105,263.
Direct Answer, Inc. 6424 Block Road Oxon Hill, MD 20745	Caging operations	110,897.
PIDI 1800 Diagonal Rd Alexandria, VA 22314	Direct Mail Consult	123,212.

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 ▶ 4

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	1a Federated campaigns	1a 18,665.				
	b Membership dues	1b				
	c Fundraising events	1c 1,696,385.				
	d Related organizations	1d 200,000.				
	e Government grants (contributions)	1e 8,200,511.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,937,773.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		14,053,334.			
PROGRAM SERVICE REVENUE	Business Code					
	2a _____					
	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)		18,062.			18,062.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a 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)		-611.			-611.
	8a Gross income from fundraising events (not including \$ 1,696,385. of contributions reported on line 1c). See Part IV, line 18	a 154,500.				
	b Less: direct expenses	b 568,384.				
	c Net income or (loss) from fundraising events		-413,884.			-413,884.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		13,656,901.	0.	0.	-396,433.	

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	5,842,237.	5,842,237.		
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	607,783.	607,783.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	666,211.	496,281.	69,762.	100,168.
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	2,324,187.	1,489,417.	364,620.	470,150.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	102,029.	84,760.	7,590.	9,679.
9 Other employee benefits	497,844.	386,280.	45,593.	65,971.
10 Payroll taxes	218,760.	165,053.	22,184.	31,523.
11 Fees for services (non-employees):				
a Management				
b Legal	110,309.		110,309.	
c Accounting	55,932.		55,932.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	137,000.			137,000.
f Investment management fees				
g Other	1,192,687.	1,020,747.	43,746.	128,194.
12 Advertising and promotion	57,678.	40,346.		17,332.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	376,701.	306,208.	29,075.	41,418.
17 Travel	229,439.	187,088.	10,351.	32,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	37,022.	35,982.	1,040.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,164.	30,177.	2,861.	4,126.
23 Insurance	52,633.	27,633.	25,000.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DIRECT MAIL EXPENSES	453,734.	157,720.		296,014.
b INTERNET COMMUNICATIONS	173,512.	164,169.		9,343.
c CHAPTERS	93,803.	79,732.	9,380.	4,691.
d Postage and Shipping	88,772.	79,599.	2,296.	6,877.
e TELEPHONE	78,311.	61,136.	7,127.	10,048.
f All other expenses	332,220.	251,725.	43,727.	36,768.
25 Total functional expenses. Add lines 1 through 24f	13,765,968.	11,514,073.	850,593.	1,401,302.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,159,118.	237,966.	232,152.	689,000.

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Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	2,956.	1	2,106.
	2 Savings and temporary cash investments	2,740,552.	2	2,425,555.
	3 Pledges and grants receivable, net	6,241,465.	3	6,255,092.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	152,818.	9	102,360.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,107,737.		
	b Less: accumulated depreciation.	10b 1,055,447.	69,206.	10c 52,290.
	11 Investments – publicly traded securities	389,489.	11	159,961.
	12 Investments – other securities. See Part IV, line 11	917,210.	12	912,373.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,663.	15	206,773.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,527,359.	16	10,116,510.	
LIABILITIES	17 Accounts payable and accrued expenses	511,824.	17	548,047.
	18 Grants payable	3,813,520.	18	3,474,128.
	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	88,711.
	26 Total liabilities. Add lines 17 through 25	4,325,344.	26	4,110,886.
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	6,202,015.	27	6,005,624.
	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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	6,202,015.	33	6,005,624.
	34 Total liabilities and net assets/fund balances.	10,527,359.	34	10,116,510.

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Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,656,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,765,968.
3	Revenue less expenses. Subtract line 2 from line 1	3	-109,067.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,202,015.
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	-87,324.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,005,624.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- 2b 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 separate basis, consolidated 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	

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

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

Employer identification number
22-2939536

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	14027299.	15286068.	17215074.	13683082.	14053334.	74,264,857.
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 by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	14027299.	15286068.	17215074.	13683082.	14053334.	74,264,857.
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).						2,352,840.
6 Public support. Subtract line 5 from line 4						71,912,017.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14027299.	15286068.	17215074.	13683082.	14053334.	74,264,857.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	261,730.	189,166.	83,538.	28,146.	18,062.	580,642.
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						74,845,499.
12 Gross receipts from related activities, etc (see instructions)					12	1,072,154.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	96.1 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.5 %

16a **33-1/3% support test – 2010.** 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 – 2009.** 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 – 2010.** 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 – 2009.** 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) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **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. Also complete this part for any additional information. (See instructions).

**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

2010**Open to Public
Inspection**

Name of the organization

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number

22-2939536

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' 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 education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) 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 (ASC 958) 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	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the 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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI 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		1,107,737.	1,055,447.	52,290.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				52,290.

BAA

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other WELCH LIFE SCIENCES FUND	542,124.	End of Year Market Value
(A) WELCH ENTREPRENEURIAL FUND	370,249.	End of Year Market Value
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶	912,373.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ▶	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Investment equity in Life Rolls On	88,711.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	88,711.

2. FIN 48 (ASC 740) 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 (ASC 740). See Part XIV

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

N/A

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 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
- 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

- 1 Total revenue, gains, and other support per audited financial statements

1

- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

a Net unrealized gains on investments

2a

b Donated services and use of facilities

2b

c Recoveries of prior year grants

2c

d Other (Describe in Part XIV)

2d

e Add lines 2a through 2d

2e

- 3 Subtract line 2e from line 1

3

- 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.)

4b

c Add lines 4a and 4b

4c

- 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

- 1 Total expenses and losses per audited financial statements

1

- 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)

2d

e Add lines 2a through 2d

2e

- 3 Subtract line 2e from line 1

3

- 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)

4b

c Add lines 4a and 4b

4c

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

5

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 <i>(continued)</i>
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[illegible]

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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe			grants to organizations	science\research	400,000.
(2) North America			grants to organizations	science\research	207,783.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					607,783.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			607,783.

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

Schedule F (Form 990) 2010

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 ☐

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	scientific	200,000.	check			
(2)			Europe	research scientific		checks			
(3)				research scientific	200,000.				
(4)			North America	science	178,000.	check			
(5)			North America	Science	29,783.	check			
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 03 Enter total number of other organizations or entities 4

BAA

Schedule F (Form 990) 2010

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713) ☐ Yes ☒ No

Part V Supplemental Information

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

Part I, Line 2 - 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

2010

**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 990-EZ filers are not required to complete this part.

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

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☐ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 A.B. Data, Inc 600 AB. Data Dr Milwaukee WI	Direct Mail		X	1,178,800.	72,000.	1,106,800.
2 C M I, Inc	Special Events		X	1,015,997.	65,000.	950,997.
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,194,797.	137,000.	2,057,797.

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

AL AK AZ AR CA CO 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 WY WI WV CT

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 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 column (a) through column (c))
	1 Gross receipts	1,015,997.	617,994.	216,894.	1,850,885.
	2 Less. Charitable contributions	883,997.	617,994.	194,394.	1,696,385.
	3 Gross income (line 1 minus line 2)	132,000.		22,500.	154,500.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	154,652.		36,000.	190,652.
	8 Entertainment	16,500.		25,000.	41,500.
	9 Other direct expenses	154,172.	161,882.	20,178.	336,232.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				568,384.
	11 Net income summary. Combine line 3, column (d), and line 10				-413,884.

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 column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	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				

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? ☐ Yes ☐ No

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity 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? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Employer identification number

22-2939536

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 4 Paws For Ability, Inc. 253 Dayton Ave Xenia, OH 45385	31-1625484	501 (c) (3)	10,000.	0.			achieving animal assistance
(2) Able Flight, Inc. 91 Oak Leaf Lane Chapel Hill, NC 27516	20-5001703	501 (c) (3)	8,000.	0.			actively achieving sports/rec
(3) Achiev Wheelchr Equal 79 Dorchester Road, Ste No. Charleston, SC 2941	57-0916080	501 (c) (3)	7,400.	0.			actively achieving sports/rec
(4) Adaptive Sports Ctr P.O. Box 1639 Crested Butte, CO 81224	84-1063447	501 (c) (3)	7,500.	0.			actively achieving sports/rec
(5) Adult Day Care Ctr 120 Findeme Ave Bridgewater, NJ 08807	22-2111573	501 (c) (3)	6,000.	0.			achieving phys. therapy
(6) ALS Assoc. St Louis 2258 Weldon Parkway St. Louis, MO 63146	43-1458163	501 (c) (3)	9,000.	0.			caring & coping respite care
(7) Anchors Away Program 1122 Darwin Stree Charleston, SC 29412	57-112353	501 (c) (3)	7,800.	0.			actively achieving sports/rec
(8) Annie Sullivan Enterpr 862 East 900 Road Lawrence, KS 66047	58-1493150	501 (c) (3)	20,000.	0.			caring & coping med. education

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

87

3 Enter total number of other organizations

0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

Grant awards are administered via a contract between the Foundation and the grantee's university or research institution. Quality of Life grants are awarded through the Foundation's Quality of Life Department. No awards are made to individuals. All recipients are required to submit reports at least once a year and a final report when the project is completed. The final report must detail the outcomes of the project and whether or not the original goals and objectives were accomplished. Indirect overhead costs are limited to 10% of the direct costs of all agreements. Unexpended or uncommitted funds at the termination of the agreement revert back to the Foundation unless written permission to proceed otherwise is granted by the Foundation. Site visits to granted organizations are also conducted whenever

BAA

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (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.

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 1 of 8

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part II 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
Argyle Historical Soc Box 338 Argyle, MN 56713	36-3432900	501 (c) (3)	5,200.				bridging barriers
ArtisticRealizationTec 11 Whippoorwill Way Bell Mead, NJ 08502	22-3421254	501 (c) (3)	6,000.				Achieving\ Arts
Artstream Inc. 520 Pershing Drive Silver Spring, MD 20910	37-1516235	501 (c) (3)	6,250.				Actively Achieving\ Arts
AZ Bridge to Independ 5025 E. Washington St. St Phoenix, AZ 85034	86-0486447	501 (c) (3)	25,000.				actively achieving\ sports rec
Bethel Baptist Church 635 9th Way Pleasant Grove, AL 35127	63-0458754	501 (c) (3)	5,540.				Bridging Barriers
Blaze Sports Tampa Bay 6105 East Sligh Ave Tampa, FL 33617	59-3088915	501 (c) (3)	7,500.				Actively Achieving\ Sports/Rec
Blythedale Child Hospt 95 Bradhurst Avenue Valhalla, NY 10595	13-1739922	501 (c) (3)	8,285.				Achieving\ Phys. Therapy
Break the Barriers Inc 8555 North Cedar Ave Fresno, CA 93720	77-0106437	501 (c) (3)	6,650.				Achieving\ Phys. Therapy
Burke Rehab Hospital 785 Mamaroneck Ave White Plains, NY 10605	13-1739937	501 (c) (3)	6,000.				Achieving\ Phys. Therapy
Camp Adventure, Inc. 1910 NW Wilcox Court Topeka, KS 66608	48-1034965	501 (c) (3)	9,485.				Actively Achieving\ Camps

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Schedule I Cont (Form 990) 2010

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 2 of 8

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part II 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
Can Do MS 27 Main Street, Ste 103 Edwards, CO 81632	74-2337853	501 (c) (3)	5,500.				Actively Achieving\ Therapies
Canine Companions N.E. 286 Middle Island Road Medford, NY 11763	94-249324	501 (c) (3)	6,500.				Achieving\ Animal Assist
Central KY Riding Hope P.O. Box 13155 Lexington, KY 40583	31-1024505	501 (c) (3)	6,000.				Bridging Barriers
Challenge MTN Walloon 01158M-75 South Boyne City, MI 63043	38-2563815	501 (c) (3)	8,333.				Actively Achieving\ Sports/Rec
Cheshire Home, Inc. 9 Ridgedale Avenue Florham Park, NJ 07932	22-1936587	501 (c) (3)	6,300.				Bridging Barriers
Childrens Hosp Omaha 8200 Dodge Street Omaha, NE 68114	47-6105603	501 (c) (3)	10,000.				Achieving\ Phys. Therapy
City of League Patrons 300 West Walker St League City, TX 77573	76-0031860	501 (c) (3)	10,000.				Achieving\ Playgrounds
Compassions Training & 12200 Fairhill Road, Rm E Cleveland, OH 44120	20-761609	501 (c) (3)	5,500.				Caring & Coping\Car egiving
Dionysus Theatre 5300 N. Braeswood #226 Houston, TX 77096	76-0644815	501 (c) (3)	5,960.				Actively Achieving\ Arts
Disab Sports E Sierra 1 Mineral Road P.O. Box 7 Mammoth Lakes, CA 93546	31-1732524	501 (c) (3)	6,450.				Actively Achieving\ Sports/Rec

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Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 3 of 8

Name of the organization		Employer identification number							
CHRISTOPHER REEVE FOUNDATION		22-2939536							
Part III 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		
Easter Seal Wisconsin 101 Nob Hill Road, Ste 30 Madison, WI 53713	39-0824877	501(c) (3)	5,500.				Actively Achieving\ Camps		
Estes Valley Victim Ad P.O. Box 1287 Estes Park, CO 80517	84-1445811	501(c) (3)	9,100.				Bridging Barriers		
Friends of West Branch P.O. Box 460 West Branch, IN 52358	42-1284916	501(c) (3)	9,858.				Bridging Barriers		
GoodLife Mobility 1865 Byrant St Palo Alto, CA 94301	26-1317127	501(c) (3)	18,370.				Actively Achieving\ Sports/Rec		
GreatLksAdaptiveSports 400 East Illinois Road Lake Forest, IL 60045	36-4285965	501(c) (3)	8,760.				Actively Achieving\ Sports/Rec		
Grossmont Hospital Fdn 5555 Grossmont Center Dri La Mesa, CA 91944	33-0124488	501(c) (3)	5,989.				Actively Achieving\ Arts		
HarrisCountyHospDist 2525 Holly Hall Ste 235 Houston, TX 77054	76-0408224	501(c) (3)	12,000.				Achieving\ Phys. Therapy		
Haverford Twnshp Civic 630 Beechwood Drive Havertown, PA 19083	22-2549697	501(c) (3)	15,000.				Achieving\ Playgroun s		
Henry M Jackson Fdn Rockville, MD	52-1317896	501(c) (3)	168,000.				Scientific research		
Keyser School PTO 725 N. Geyer Road Kirkwood, MO 63122	03-0528765	501(c) (3)	6,744.				Achieving\ Playgroun s		

Schedule I Cont (Form 990) 2010

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Continuation Sheet for Schedule I (Form 990)

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

Continuation Page 4 of 8

Name of the organization		Employer identification number							
CHRISTOPHER REEVE FOUNDATION		22-2939536							
Part II 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		
Kostopulos Dream Fdn							Actively		
2500 Emigration Canyon							Achieving\		
Salt Lake City, UT 84108	87-6125177	501 (c) (3)	7,500.				Sports/Rec		
Lakeshore Foundation							Actively		
4000 Ridgeway Drive							Achieving\		
Birmingham, AL 35209	63-0288847	501 (c) (3)	10,000.				Camps		
League Human Dignity							Bridging		
1520 Avenue M							Barriers		
Council Bluffs, IN 51501	23-7180481	501 (c) (3)	10,000.				ActivelyAc		
Linking Employ Ability							hieving\Em		
1468 West 25th Street							ployment		
Cleveland, OH 44113	34-1369608	501 (c) (3)	7,590.				Bridging		
Mayor Fund Advance NYC							Barriers\A		
1 Centre St, Rm 2358							dvocacy		
New York, NY 10007	13-3783906	501 (c) (3)	6,250.				Achieving\		
Meeting Street Center							Phys.		
1000 Eddy Street							Therapy		
Providence, RI 02905	05-0269232	501 (c) (3)	10,720.				Bridging		
Metro Health Fdn Inc							Barriers		
2500 Metro Health Drive,							Bridging		
Cleveland, OH 44109	34-6607695	501 (c) (3)	10,000.				Barriers		
Mickey Faust Alt Perf							Bridging		
607 McDonnell Drive							Barriers		
Tallahassee, FL 32310	33-1043915	501 (c) (3)	8,500.				Achieving\		
N. Portland Comm Works							Playground		
P.O. Box 17506							s		
Portland, OR 97217	93-1156762	501 (c) (3)	5,369.				Bridging		
Nat'l MS Eastern NC							Barriers		
3101 Industrial Drive, St							Bridging		
Raleigh, NC 27609	56-0899381	501 (c) (3)	6,000.				Barriers		

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Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 5 of 8

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part II 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
New Opportunities Inc 23751 Highway 30 East Carroll, IN	42-0923412	501 (c) (3)	13,500.				Achieving\Playground s
Newport County YMCA 792 Valley Road Middletown, RI 02842	05-0258916	501 (c) (3)	6,900.				Actively Achieving\ Sports/Rec
Nova SE University Inc 3301 College Ave Ft. Lauderdale, FL 33314	59-1083502	501 (c) (3)	12,813.				Bridging Barriers
NYU Hospital Ctr MS 301 East 17th Street, Ste New York, NY 10003	13-3971298	501 (c) (3)	7,500.				Achieving\ Phys. Therapy
O'Keefe Ed Media Grp 11975 Seaway Road Gulfport, MS 39503	36-4488806	501 (c) (3)	10,000.				Bridging Barriers
PattsonsDREAM Academy 608 Williamson Drive Mount Pleasant, SC 29449	20-3419262	501 (c) (3)	12,500.				Achieving\ Therapeuti c Ride
Penn State Univ 103 Bryce Jordan Center University Park, PA 16802	25-1359185	501 (c) (3)	12,500.				Actively Achieving\ Sports/Rec
Portlight Strategies 2043 Maybank Highway Charleston, SC 29412	58-2299951	501 (c) (3)	10,000.				Caring\ ti Earthquake
Portlight Strategies 2043 Maybank Highway Charleston, SC 29412	58-2299951	501 (c) (3)	21,500.				Caring\ ti Earthquake
Professional Flair Inc 3615 Euclid Avenue Cleveland, OH 44115	34-1623342	501 (c) (3)	10,000.				Achieving\ Arts

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Schedule I Cont (Form 990) 2010

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 6 of 8

Name of the organization		Employer identification number							
CHRISTOPHER REEVE FOUNDATION		22-2939536							
Part II 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		
Project Freedom Inc 223 Hutchinson road Robbinsville, NJ 08691 Regents Univ of CA	22-2532804	501 (c) (3)	8,945.				Bridging Barriers		
Los Angeles, CA 90095 Retreat & Refresh Stroke 425 E. Giles lane Peoria, IL 61614	95-6006143	501 (c) (3)	600,000.				Scientific research		
Sandglass Ctr Puppetry 17 Kimball Hill Putney, VT 05346	64-0954851	501 (c) (3)	8,000.				Actively Achieving\ Camps		
Spina Bifida Assoc -TX 10615 Perrin Beitel Rd, S San Antonio, TX 78217	04-3340533	501 (c) (3)	10,000.				Bridging Barriers		
St Mary's Home Disabled 6171 Kempsville Circle Norfolk, VA 23502	74-1936785	501 (c) (3)	8,200.				Achieving\ Phys. Therapy		
Stirrups N Strides 4246 W. Hwy 318 Citra, FL 32113	54-0505952	501 (c) (3)	7,795.				Bridging Barriers		
Summerville Fam YMCA 140 South Cedar Street Summerville, SC 29483	20-5935626	501 (c) (3)	11,300.				Achieving\ Therapeutic Ride		
TERA 4413 Cisco Valley Road Round Rock, TX 78664	57-0643100	501 (c) (3)	7,070.				Bridging Barriers		
The Methodist Hospital Houston, TX	26-1535191	501 (c) (3)	6,500.				Bridging Barriers		
	87-0721923	501 (c) (3)	208,000.				Scientific research		

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Schedule I Cont (Form 990) 2010

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 7 of 8

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part II 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 Research Foundation of SUNY							Scientific research
Stony Brook, NY 11794	14-1368361	501 (c) (3)	200,000.				Scientific research
The Salk Institute							Scientific research
Biological Studies							Scientific research
LaJolla, CA 92037	95-2160097	501 (c) (3)	400,000.				Scientific research
Therapy Centers							Achieving\ Phys.
5540 Lake Park Way							Therapy
La Mesa, CA 91942	33-0248878	501 (c) (3)	15,253.				Scientific research
Thomas Jefferson Univ							Scientific research
Philadelphia, PA 19107	23-135651	501 (c) (3)	153,500.				Scientific research
TrusteesCorcoranGalley							Actively
500 17th Street, NW							Achieving\ Arts
Washington, DC 20006	53-0196641	501 (c) (3)	10,000.				Scientific research
U of Louisville							Scientific research
Research Foundation							Scientific research
Louisville, KY	63-6001138	501 (c) (3)	153,498.				Bridging Barriers
United Cerebral Palsy							Scientific research
12750 Raymer Street, Unit							Scientific research
North Hollywood, CA 91605	95-4581144	501 (c) (3)	10,000.				Scientific research
Univ - Louisville							Scientific research
Research Foundation							Scientific research
Louisville, KY 40292	61-1029626	501 (c) (3)	1,727,753.				Scientific research
Univ of Houston							Scientific research
Houston, TX	74-6001399	501 (c) (3)	42,000.				Scientific research
Univ of Maine							Bridging Barriers
5717 Corbett Hall							Bridging Barriers
Orono, ME 04469	01-6000769	501 (c) (3)	13,195.				Bridging Barriers

Schedule I Cont (Form 990) 2010

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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.

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Continuation Page 8 of 8

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part II 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
Univ of Maryland							Scientific research
Baltimore, MD 22201	52-602033	501 (c) (3)	154,998.				Scientific research
Univ of Texas Health Science Center, TX	74-1761309	501 (c) (3)	205,000.				Scientific research
Univ of Virginia							Scientific research
Charlottesville, VA	54-6001796	501 (c) (3)	178,000.				Scientific research
University of Miami							Scientific research
Miami, FL	59-0624458	501 (c) (3)	153,500.				Scientific research
University of Texas							Scientific research
, TX	74-1761309	501 (c) (3)	178,000.				Scientific research
US Adaptive Rec Ctr							Actively Achieving\ Sports/Rec
43101 Goldmine Drive							
Big Bear Lake, CA 92315	95-3872771	501 (c) (3)	8,200.				
Woodlands Foundation							
134 Shenot Road							
Wexford, PA 15090	25-1818538	501 (c) (3)	6,100.				Bridging Barriers
YMCAGreaterGrandRapids							Achieving\ Phys. Therapy
475 Lake Michigan Dr. NW	38-1358058	501 (c) (3)	6,565.				
Grand Rapids, MI 49504							Actively Achieving\ Arts
Young Dance Inc							
3321 15th Avenue South							
Minneapolis, MN 55407	41-1686416	501 (c) (3)	8,000.				

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Schedule I Cont (Form 990) 2010

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

CHRISTOPHER REEVE FOUNDATION**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.**

OMB No 1545-0047

2010**Open to Public
Inspection**

Employer identification number

22-2939536**Part I Questions Regarding Compensation**

- 1 a** 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 from the organization or a related organization?

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 persons 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 Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

- 9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 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****BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 Peter Wilderot	(i) 279,800.	0.	0.	11,025.	13,229.	304,054.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
2 Susan Howley	(i) 159,278.	0.	0.	7,168.	12,581.	179,027.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
3 Joseph Canose	(i) 156,965.	0.	0.	7,063.	19,102.	183,130.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
4 Margaret Goldb	(i) 135,000.	0.	0.	6,075.	34,462.	175,537.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
5 Steve Coleman	(i) 125,000.	0.	0.	5,625.	28,007.	158,632.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

BAA

TEEA4102L 11/15/10

Schedule J (Form 990) 2010

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
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 11b - 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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION dba CHRISTOPHER & DANA REEVE FOUNDATION

Employer identification number

22-2939536

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Life Rolls On Foundation	Improving the quality of life for people						
(2) 400 Corporate Pointe #525 Culver City, CA 90230	spinal cord injured	CA	501(c)3	Sch A line 7	CHRISTOPHER REEVE FOUNDATION		X
(3) 74-3032829							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) -----							

(2) -----							

(3) -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Life Rolls On Foundation	c	200,000.	cash value
(2) Life Rolls On Foundation	n	193,110.	cash payments
(3)			
(4)			
(5)			
(6)			

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Schedule R (Form 990) 2010

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- ----- -----										
(2) ----- ----- ----- -----										
(3) ----- ----- ----- -----										
(4) ----- ----- ----- -----										
(5) ----- ----- ----- -----										
(6) ----- ----- ----- -----										
(7) ----- ----- ----- -----										
(8) ----- ----- ----- -----										

Part VII.	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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2010

Schedule O - Supplemental Information

Page 1

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

Form 990, Part XI, Line 5

Other Changes in Net Assets or Fund Balances

EQUITY IN LRO NET LOSSES

\$ -101,739.

Net Unrealized Gains or Losses on Investments

14,415.

Total \$ -87,324.

2010

Employer Identification number

22-2939536

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