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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)

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending	
B Check if applicable	C
<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	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 \$ 16,231,355.
	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? If 'No,' attach a list. (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	H(c) Group exemption number
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	
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.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 25
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 47
	6 Total number of volunteers (estimate if necessary) 6 51
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Expenses	8 Contributions and grants (Part VIII, line 1h) Prior Year 16,217,272. Current Year 14,527,106.
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,331. 10,183.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -409,919. -434,562.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,820,684. 14,102,727.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,256,262. 6,119,158.
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,135,202. 4,301,971.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 137,000. 140,250.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,661,569.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,072,475. 4,369,484.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,600,939. 14,930,863.
	19 Revenue less expenses. Subtract line 18 from line 12 219,745. -828,136.
	20 Total assets (Part X, line 16) Beginning of Current Year 10,972,420. End of Year 11,836,461.
	21 Total liabilities (Part X, line 26) 4,707,688. 6,598,435.
	22 Net assets or fund balances. Subtract line 21 from line 20 6,264,732. 5,238,026.

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: <u>Peter Wilderotter</u> Date: <u>9/30/13</u> Type or print name and title: <u>Peter Wilderotter</u> <u>President & CEO</u>
Paid Preparer Use Only	Print/Type preparer's name: <u>Jennifer D. Rhoderick</u> Preparer's signature: <u>Jennifer D. Rhoderick</u> Date: <u>07/29/13</u> Check <input type="checkbox"/> if self-employed PTIN: <u>P00395735</u>
	Firm's name: <u>Ernst & Young US LLP</u>
	Firm's address: <u>111 Monument Circle, Suite 2600, Indianapolis, IN 46204</u> Firm's EIN: <u>34-6565596</u>
	Phone no: <u>317-681-7000</u>

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/18/12 Form 990 (2012)

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216

2

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☒ **X****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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,700,275. including grants of \$ 5,237,848.) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ 5,376,416. including grants of \$ 881,310.) (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, 2012 for \$6,100,000. 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 \$ 808,533. 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 ▶ 11,885,224.

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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		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, and XII		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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	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
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2012)

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 51		
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 47		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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: <u>Bermuda</u>			
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 as charitable contributions?	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		
12a 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?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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		
14a 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 25		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . See Schedule O	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. See Schedule O		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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 ☐ Other (explain in Schedule O)

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 during the tax year. 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Peter D. Kiernan, III Director	1 0	X						0.	0.	0.
(2) John M. Hughes Chairman	1 0	X		X				0.	0.	0.
(3) Arnold H. Snider Co-Chairman	1 0	X		X				0.	0.	0.
(4) Henry G. Stifel III Co-Chairman	1 0	X		X				0.	0.	0.
(5) Joel M. Faden Chair Ex Commit	1 0	X		X				0.	0.	0.
(6) Robert L. Guyett Treasurer	1 0	X		X				0.	0.	0.
(7) Carl Bolch, III Director	1 0	X						0.	0.	0.
(8) Patricia Volland Director	1 0	X						0.	0.	0.
(9) Lisa Henry Holmes Director	1 0	X						0.	0.	0.
(10) Hon. Stephen Evans-Freke Director	1 0	X						0.	0.	0.
(11) Ms. Janet Hanson Director	1 0	X						0.	0.	0.
(12) Jon O'Connor Director	1 0	X						0.	0.	0.
(13) John Osborn Director	1 0	X						0.	0.	0.
(14) Patricia Quick Director	1 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Matthew Reeve Director	1 0	X						0.	0.	0.
(16) James O. Welch, Jr Director	1 0	X						0.	0.	0.
(17) Carl Vogel Director	1 0	X						0.	0.	0.
(18) David Blair Director	1 0	X						0.	0.	0.
(19) Paul Daveresa Director	1 0	X						0.	0.	0.
(20) Deborah Flynn Director	1 0	X						0.	0.	0.
(21) Kelly Anne Heneghan, Esq. Director	1 0	X						0.	0.	0.
(22) Daniel Heumann Director	1 0	X						0.	0.	0.
(23) John McConnell Director	1 0	X						0.	0.	0.
(24) Marci Surfas Director	1 0	X						0.	0.	0.
(25) Josh Billauer Director	1 0	X						0.	0.	0.
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,333,356.	0.	262,937.
d Total (add lines 1b and 1c)								1,333,356.	0.	262,937.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HCM Strategists, LLC 1156 15St, NW Washington, DC 20005	Government contracts	126,400.
A.B. Data, Ltd. 600 AB Data Drive Milwaukee, WI 53217	Data Base Management	285,575.
Social Science Research Solutions 155 Gaither Drive Suite A Mt Loure	Conducts Surveys	152,600.
Blackbaud P.O. Box 930256 Atlanta, GA 31193	Direct Mail Consult	157,189.
Imagistics 4333 Park Terrace Drive Westlake Village, CA 91361	Software engineering	189,375.

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 **8**

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS, AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns.	1 a 14,263.				
	b Membership dues.	1 b				
	c Fundraising events.	1 c 1,752,310.				
	d Related organizations.	1 d				
	e Government grants (contributions).	1 e 7,312,143.				
	f All other contributions, gifts, grants, and similar amounts not included above.	1 f 5,448,390.				
	g Noncash contributions included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f.		14,527,106.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).		10,183.			10,183.
	4 Income from investment of tax-exempt bond proceeds.					
	5 Royalties.					
	6 a Gross rents.	(i) Real (ii) Personal				
	b Less. rental expenses.					
	c Rental income or (loss).					
	d Net rental income or (loss).					
	7 a Gross amount from sales of assets other than inventory.	(i) Securities (ii) Other	1,519,576.			
	b Less. cost or other basis and sales expenses.		1,519,576.			
	c Gain or (loss).					
	d Net gain or (loss).					
	8 a Gross income from fundraising events (not including \$ 1,752,310. of contributions reported on line 1c). See Part IV, line 18.	a 174,490.				
	b Less. direct expenses.	b 609,052.				
	c Net income or (loss) from fundraising events.		-434,562.			-434,562.
	9 a Gross income from gaming activities. See Part IV, line 19.	a				
	b Less. direct expenses.	b				
	c Net income or (loss) from gaming activities.					
	10 a Gross sales of inventory, less returns and allowances.	a				
	b Less. cost of goods sold.	b				
	c Net income or (loss) from sales of inventory.					
Miscellaneous Revenue Business Code						
11 a						
b						
c						
d All other revenue.						
e Total. Add lines 11a-11d.						
12 Total revenue. See instructions.		14,102,727.	0.	0.	-424,379.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX. ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,552,408.	5,552,408.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	566,750.	566,750.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	724,703.	562,934.	52,643.	109,126.
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	2,657,162.	1,714,223.	314,121.	628,818.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	111,807.	86,091.	7,826.	17,890.
9 Other employee benefits	564,888.	436,923.	41,607.	86,358.
10 Payroll taxes	243,411.	184,113.	19,490.	39,808.
11 Fees for services (non-employees).				
a Management				
b Legal	79,227.		79,227.	
c Accounting	66,578.		66,578.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.	140,250.			140,250.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	1,585,161.	1,418,381.	90,860.	75,920.
12 Advertising and promotion	31,185.	7,247.		23,938.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	354,078.	286,792.	21,114.	46,172.
17 Travel	276,359.	215,494.	8,524.	52,341.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,480.	33,395.	2,085.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,001.	9,431.	2,689.	5,881.
23 Insurance	51,170.	26,170.	25,000.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROV. UNCOLLECTIBLE PLEDGES</u>	600,000.		600,000.	
b <u>DIRECT MAIL EXPENSES</u>	415,740.	146,322.		269,418.
c <u>INTERNET COMMUNICATIONS</u>	302,695.	297,098.	933.	4,664.
d <u>Postage and Shipping</u>	90,544.	74,960.	3,896.	11,688.
e All other expenses	463,266.	266,492.	47,477.	149,297.
25 Total functional expenses. Add lines 1 through 24e.	14,930,863.	11,885,224.	1,384,070.	1,661,569.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	1,165,042.	236,602.	225,900.	702,540.

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X. ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	1,651.	1	1,650.
	2 Savings and temporary cash investments	1,865,891.	2	2,186,054.
	3 Pledges and grants receivable, net	7,488,930.	3	7,949,948.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	129,566.	9	94,177.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 1,138,076.		
	b Less: accumulated depreciation	10b 1,092,640.		
	11 Investments — publicly traded securities	143,980.	11	155,655.
	12 Investments — other securities. See Part IV, line 11	1,000,466.	12	1,093,514.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	280,753.	15	310,027.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,972,420.	16	11,836,461.	
LIABILITIES	17 Accounts payable and accrued expenses	356,389.	17	361,312.
	18 Grants payable	4,017,110.	18	4,126,565.
	19 Deferred revenue		19	1,868,340.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	279,048.	23	88,161.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	55,141.	25	154,057.
	26 Total liabilities. Add lines 17 through 25	4,707,688.	26	6,598,435.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,324,691.	27	4,547,985.
	28 Temporarily restricted net assets	940,041.	28	690,041.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	6,264,732.	33	5,238,026.
	34 Total liabilities and net assets/fund balances	10,972,420.	34	11,836,461.

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Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck 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	14,102,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,930,863.
3	Revenue less expenses. Subtract line 2 from line 1	3	-828,136.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,264,732.
5	Net unrealized gains (losses) on investments	5	-99,656.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	-98,914.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,238,026.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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Form 990 (2012)

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

2012

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 – Non-functionally integrated
- 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 monetary 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) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	17215074.	13683082.	14053334.	16220422.	14527106.	75,699,018.
2 Tax revenues levied for the organization's benefit and either paid to 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	17215074.	13683082.	14053334.	16220422.	14527106.	75,699,018.
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)						880,948.
6 Public support. Subtract line 5 from line 4						74,818,070.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	17215074.	13683082.	14053334.	16220422.	14527106.	75,699,018.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,538.	28,146.	18,062.	13,639.	10,183.	153,568.
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						75,852,586.
12 Gross receipts from related activities, etc (see instructions)					12	468,250.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.64 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.57 %
16a 33-1/3% support test – 2012. 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 ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2012. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2011. 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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support tests – 2011. 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.		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.		<input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,138,076.	1,092,640.	45,436.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				45,436.

BAA

Schedule D (Form 990) 2012

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 <u>WELCH ENTREPRENEURIAL FUND</u>	1,093,514.	End of Year Market Value
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶	1,093,514.	

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) Book value
(1) Federal income taxes	
(2) Investment equity in Life Rolls On	154,056.
(3) Rounding	1.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	154,057.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. See Part XIII ☒

Part XI 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 XIII.)	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII 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 XIII.)	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII 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, lines 2d and 4b; and Part XII, 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.

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

2012

Open to Public Inspection

Name of the organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☒ **Yes** ☐ **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **Part V**
- 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	475,000.
(2) North America			grants to organizations	science research	66,750.
(3) South America			grants to organizations	science research	25,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total					566,750.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			566,750.

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

Schedule F (Form 990) 2012

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	Science	200,000.	checks			
(2)			Europe	Science	200,000.	checks			
(3)			Europe	Science	25,000.	check			
(4)			Europe	Science	25,000.	check			
(5)			Europe	Science	25,000.	checks			
(6)			North America	Science	25,000.	checks			
(7)			North America	Science	41,750.	checks			
(8)			South America	Science	25,000.	check			
(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 0

3 Enter total number of other organizations or entities 8

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .. ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to 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; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds 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

2012

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	1,213,870.	72,000.	1,141,870.
2 C M I, Inc 1325 6th Ave New York NY 10019	Special Events		X	1,258,298.	68,250.	1,190,048.
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,472,168.	140,250.	2,331,918.

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 AR AZ CA DC FL GA HI ID IL IN IA KY KS LA ME MD ME MI MN MS MO MT NE NV NH NJ
NM NY NC ND OH OK OR PA RI SC 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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NYC DINNER DAN (event type)	TEAM REEVE NYC (event type)	2 (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	1,258,298.	500,820.	167,682.	1,926,800.
	2 Less: Charitable contributions	1,107,788.	500,820.	143,702.	1,752,310.
	3 Gross income (line 1 minus line 2)	150,510.		23,980.	174,490.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	51,410.			51,410.
	7 Food and beverages	119,065.		21,390.	140,455.
	8 Entertainment	31,445.		2,590.	34,035.
	9 Other direct expenses	176,766.	166,912.	39,474.	383,152.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				609,052.
	11 Net income summary. Combine line 3, column (d), and line 10				-434,562.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % 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 | | 13 a | % |
| b An outside facility | | 13 b | % |

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

Name ▶ _____

Address ▶

- 15a Does the organization have a 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

Name of the organization

CHRISTOPHER REEVE FOUNDATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ 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. 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) <u>Achieving Wheelchair Equality</u> <u>8163 Greenridge Rd</u> <u>North Charleston, SC 29407</u>	57-0916080	501 (c) (3)	5,200.	0.			Adaptive Sports
(2) <u>Adaptive Sports Crested Butte</u> <u>PO Box 1639</u> <u>Crested Butte, CO 81224</u>	84-1063447	501 (c) (3)	10,697.	0.			Adaptive Sports
(3) <u>ALS Assoc Minnesota Chapter</u> <u>333 No Washington Ave Ste 105</u> <u>Minneapolis, MN 55401</u>	41-1756085	501 (c) (3)	5,388.	0.			Assistive Technology
(4) <u>ALS Assoc St. Louis</u> <u>2258 Weldon Parkway</u> <u>St Louis, MO 63146</u>	43-1458163	501 (c) (3)	8,100.	0.			Assistive Technology
(5) <u>Amada Idge Times Farm Camp</u> <u>73 Times Farm Road</u> <u>Andover, CT 06232</u>	06-0660003	501 (c) (3)	5,490.	0.			Accessible playground
(6) <u>Ann Arbor Ctr Independent Liv</u> <u>3941 Research Park Drive</u> <u>Ann Arbor, MI 48108</u>	38-2133063	501 (c) (3)	6,500.	0.			Adaptive Sports
(7) <u>Artstream, Inc.</u> <u>620 Pershing Drive</u> <u>Silver Springs, MD 20910</u>	37-1516235	501 (c) (3)	7,800.	0.			Arts Program
(8) <u>AZ Independent Living Council</u> <u>5025 E Washington St 214</u> <u>Phoenix, AZ 85034</u>	86-1029897	501 (c) (3)	12,500.	0.			Consumer Education
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							94
3 Enter total number of other organizations listed in the line 1 table							1

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

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

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, Part III, column (b), 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

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.

2012

Continuation Page 1 of 9

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
AZ Spinal Cord Injury Assoc 5025 E. Washington St, Ste 110 Phoenix, AZ 85034	86-0953423	501(c)(3)	10,000.				Accessible transportation
Beth Israel Deaconess Med Ctr 330 Brookline Avenue Boston, MA 02215	04-2103881	501(c)(3)	25,000.				science research
Blaze Sports America 535 N. McDonough Street Decatur, GA 30030	58-2087265	501(c)(3)	10,000.				Camp
Bottineau Winter Park, Inc. P.O. Box 168 Bottineau, ND 58318	45-6022687	501(c)(3)	8,100.				Adaptive Sports
Brain Injury Peer Visitor Assoc 355 Guildhall Grove Alpharetta, GA 30022	27-0734953	501(c)(3)	6,334.				Peer Mentoring Support
California Inst. of Technology 1200 East California Blvd Pasadena, CA 91125	95-1643307	501(c)(3)	227,355.				science research
Camp Aldersgate, Inc. 2000 Aldersgate Road Little Rock, AR 72205	71-0265209	501(c)(3)	7,112.				Camp
Can Do Multiple Sclerosis 27 Main St, Suite 303 Edwards, CO 81632	74-2337853	501(c)(3)	7,000.				Education Program
Cheshire Home, Inc. 9 Ridgedale Avenue Florham Park, NJ 07932	22-1936587	501(c)(3)	5,495.				Assistive Technology
Church of the Epiphany, DC 1317 G Street NW Washington, DC 20005	53-0196559	501(c)(3)	10,470.				Facility Accessibility

TEEA4001L 12/10/12

Schedule I Cont (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

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2012

Continuation Page 2 of 9

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
Community Nursing Service 383 W. Vine Street #300 MURRAY, UT 84123	87-0212459	501(c)(3)	10,000.				Physical Therapy
Courage Center 3915 Golden Valley Road Minneapolis, MN 55422	41-0706118	501(c)(3)	10,000.				Fitness & Wellness Program
Disability Wellness Center 1501 West 1st Street Sanford, FL 32771	45-2567992	501(c)(3)	7,000.				Facility Accessibility
Disabled Sports Eastern Sierra 1 Minerat Road Mammoth Lakes, CA 93546	31-1732524	501(c)(3)	6,700.				Adaptive Sports
Double H Ranch 97 Hidden Valley Road Lake Luzerne, NY 12846	14-1752888	501(c)(3)	6,000.				Camp
Drexel University 3201 Arch Street Suite 100 Philadelphia, PA 19104	23-2979433	501(c)(3)	25,000.				science research
Duke University 2200 West Main Street Durham, NC 27705	56-0532129	501(c)(3)	25,000.				science research
Fd Fdn Orange Cty Comm College 115 South Street Middletown, NY 10940	13-3219917	501(c)(3)	5,315.				Facility Accessibility
Frie County Medical Center 462 Grider Street Buffalo, NY 14215	22-3283946	501(c)(3)	8,395.				Assistive Technology
FL Gulf Coast Paralyzed Vets 15435 N Florida Ave Tampa, FL 33613	23-7037565	501(c)(3)	6,000.				Adaptive Sports

TEEA4001L 12/10/12

Schedule I (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

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2012

Continuation Page 3 of 9

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
Fort Peck Tribes Tribal Health 107 H Street East Poplar, MT 59255	81-0292623	501(c)(3)	8,000.				Durable Medical Equipment
Friends of CA w/Disabilities 1662 Landmark Ave Yorba Linda, CA 92886	68-0239433	501(c)(3)	10,000.				Media Development
Friends of Disabled Adults Children 4900 Lewis Rd Stone Mountain, GA 30083	58-1709436	501(c)(3)	10,000.				Durable Medical Equipment
Fun 4 All 11218 Broad River Rd Irmo, SC 29063	27-1885438	501(c)(3)	5,340.				Accessible recreation
Glow YMCA Inc 209 East Main Street Batavia, NY 14020	16-0743230	501(c)(3)	10,000.				Fitness & Wellness Program
Golf & Rec Dept Miami Springs 201 Westward Drive Miami Springs, FL 33166	59-6000374	501(c)(3)	5,750.				Adaptive Sports
Goodwill of Orange County 410 North Fairview Street Santa Ana, CA 92703	95-1644018	501(c)(3)	10,495.				Fitness & Wellness Program
Gottsche Rehab & Wellness Ctr 148 E Araphoe Street Thermopolis, WY 82443	83-0182821	501(c)(3)	19,751.				Physical Therapy
Gwinnett Cty Adaptive Sports 437 Old Peachtree Rd Suwanee, GA 30024	58-6000254	501(c)(3)	5,600.				Adaptive Sports
Heartland Therapeutic Riding 29430 Ida Street PO Box 260 Valley, NE 68064	36-3713040	501(c)(3)	7,596.				Facility Accessibility

TEEA4001L 12/10/12

Schedule I Cont (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

2012

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

Continuation Page 4 of 9

Name of the organization		Employer identification number					
CHRISTOPHER REEVE FOUNDATION		22-2939536					
Part II Continuation of Grants 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
Henry M Jackson Foundation 1401 Rockville Pike Rockville, MD 20852	52-1317896	501(c)(3)	25,000.				science research
Henry M Jackson Foundation 1401 Rockville Pike Rockville, MD 20852	52-1317896	501(c)(3)	30,963.				science research
Henry M Jackson Memorial Hosp 1401 Rockville Pike Rockville, MD 20852	52-1317896	501(c)(3)	100,000.				science research
Hobbs Community Farm 178 Oxhead Road Centereach, NY 11720	01-0924348	501(c)(3)	14,949.				Facility Accessibility
Hope Springs Equestrian Therapy 1105 Green Lane Rd Malvern, PA 19355	23-2921984	501(c)(3)	6,000.				Therapeutic Riding
Independence First Inc 540 South First Street Milwaukee, WI 53204	39-1343425	501(c)(3)	5,925.				Adaptive Sports
Independent Resource Center 815 Cherry Ave Charlottesville, VA 22903	54-1265236	501(c)(3)	7,000.				Adaptive Sports
Jewish Hosp & St Mary's 200 Abraham Flexner Way Louisville, KY 40402	61-1029768	501(c)(3)	21,170.				science research
Jewish Vocational Service MW 111 Prospect Street East Orange, NJ 07017	22-1487229	501(c)(3)	7,826.				Assistive Technology
McCauley Fund Cure Paralysis 1 Harborside Place Suite 735 Jersey City, NJ 07311	27-1069215	501(c)(3)	6,000.				Arts Program

TEEA4001L 12/10/12

Schedule I Cont (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

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2012

Continuation Page 5 of 9

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
Methodist Hosp Research Fdn 6565 Fannin St Houston, TX 77030	87-0721923	501(c)(3)	100,000.				science research
Mokuaikaua Church 17-1249 Kaloko Drive Kaila Kona, HI 96740	99-0113266	501(c)(3)	10,000.				Adaptive Sports
Montgomery County Fam YMCA 101 E Cherry Street Red Oak, IA 51566	42-1433436	501(c)(3)	6,467.				Facility Accessibility
N.C. Therapeutic Riding Center 4705 Nicks Road Mebane, NC 27302	56-1381694	501(c)(3)	8,785.				Therapeutic Riding
Nat'l Spinal Cord Injury Ct 50 Gaylord Farm Road Wallingford, CT 06492	06-0960389	501(c)(3)	10,300.				Caregiving Initiative
Other program costs							
			189,665.				
Painted Turtle Gang Camp 1300 4th Street, Suite 300 Santa Monica, CA 90401	95-4612481	501(c)(3)	7,500.				Camp
Quality Living Inc 6404 North 70th Plaza Omaha, NE 68104	47-0665946	501(c)(3)	14,406.				Durable Medical Equipment
Red Rock Ctr for Independence 515 West 300 North Suite A St George, UT 84770	84-1419008	501(c)(3)	6,288.				Assistive Technology
Regents University of CA 1400 Biological Science III Irvine, CA 92697	95-6006143	501(c)(3)	25,000.				science research

TEEA4001L 12/10/12

Schedule I Cont (Form 990) 2012

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.

2012

Continuation Page 6 of 9

Name of the organization		Employer identification number		Continuation Page 6 of 9			
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
Rensselaer Polytechnic Inst 110 Eighth St Troy, NY 12180	14-1340095	501 (c) (3)	5,500.				Arts Program
Row New York 10-27 46th Avenue Suite 101 Long Island City, NY 11101	11-3632924	501 (c) (3)	10,000.				Adaptive Sports
SE Wheelchair Sports Assoc 1000 2nd Ave South No Myrtle Beach, SC 29582	57-1014751	501 (c) (3)	7,874.				Fitness & Wellness Program
South Shore School District PTO P.O. Box 40 Port Wing, WI 54865	27-3372451	501 (c) (3)	10,000.				Accessible Playgrounds
St Mary's Home for Disabled 6171 Kempsville Circle Norfolk, VA 23502	54-0505952	501 (c) (3)	6,900.				Durable Medical Equipment
Stand Amoung Friends Inc 777 Glades Rd NU84 Ste 120 Boca Raton, FL 33431	65-0357736	501 (c) (3)	5,500.				Assistive Technology
Stanford University PO Box 44523 Stanford, CA 94144	94-1156356	501 (c) (3)	200,000.				science research
Susquehanna Service Dogs 3700 Vartan Way Harrisburg, PA 17110	23-1915567	501 (c) (3)	9,975.				Service Animal Program
The Ohio State University 1960 Kennv Road Columbus, OH 43210	13-160259	501 (c) (3)	25,000.				science research
The Regents University of CA 10920 Wilshire Blvd Los Angeles, CA 90024	95-6006143	501 (c) (3)	225,000.				science research

TEE44001L 12/10/12

Schedule I Cont (Form 990) 2012

Continuation Sheet for Schedule I (Form 990)

2012

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Continuation Page 7 of 9

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 Regents University of CA 10920 Wilshire Blvd Los Angeles, CA 92697	95-6006143	501(c)(3)	785,095.				science research
The Regents University of CA 1400 Biological Science III Irvine, CA 92697	95-6006143	501(c)(3)	200,000.				science research
The Research Fdn of SUNY Stony Brook, NY 11794	14-1368361	501(c)(3)	200,000.				science research
The Research Foundation SUNY 35 State Street Albany, NY 12207	14-1368361	501(c)(3)	25,000.				science research
The Salk Inst of Bio Research 1010 North Torrey Pines Rd La Jolla, CA 92037	95-2160097	501(c)(3)	200,000.				science research
The Transverse Myelitis Assoc 1787 Sutter Parkway Powell, OH 43065	91-1780467	501(c)(3)	10,000.				Camp
The Will Center 1 Dreiser Square Terre Haute, IN 95818	94-1156634	501(c)(3)	10,000.				Facility Accessibility
Thomas Jefferson University 125 South 9th Street Philadelphia, PA 19107	23-1352651	501(c)(3)	100,000.				science research
Town of Wrightsville Beach 1 Bob Sawyer Drive Wrightsville, NC 28480	56-6001377	501(c)(3)	6,000.				Beach Wheelchairs
U Louisville Research Fdn 501 E. Broadway Louisville, KY 40292	61-1029626	501(c)(3)	1,300,000.				science research

TEEA4001L 12/10/12

Schedule I Cont (Form 990) 2012

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.

2012

Continuation Page 8 of 9

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 Louisville Research Fdn 501 E. Broadway Louisville, KY 40292	61-1029626	501 (c) (3)	100,000.				science research		
Univ of Maryland - Baltimore 620 W. Lexington St Baltimore, MD 21201	52-0602033	501 (c) (3)	100,000.				science research		
Univ of Miami School of Med 1095 NW 14 Terrace Miami, FL 33131	52-0624458	501 (c) (3)	100,000.				science research		
Univ of Miami School of Med 1095 NW 14th Terrace Miami, FL 33136	59-0624458	501 (c) (3)	25,000.				science research		
Univ of TX Health Science Ctr 4000 Fannin St. UCT 1006 Houston, TX 77225	74-1761309	501 (c) (3)	100,000.				science research		
University of Houston System 316 E. Cullen St Houston, TX 77201	74-6001399	501 (c) (3)	30,000.				science research		
University of Texas 7000 Fannin St Houston, TX 77225	74-1761309	501 (c) (3)	25,000.				science research		
University of Texas 7000 Fannin Street Houston, TX 77225	74-1761309	501 (c) (3)	38,500.				science research		
University of Virginia 1001 N. Emmet Street Charlottesville, VA 22093	54-6001796	501 (c) (3)	31,250.				science research		
Vanderbilt University 2301 Vanderbilt Place Nashville, TN 37240	62-0476822	501 (c) (3)	25,000.				science research		

TEEA4001L 12/10/12

Schedule I (Form 990) 2012

2012

Continuation Page 9 of 9

Name of the organization

CHRISTOPHER REEVE FOUNDATION

22-2939536

CHRISTOPHER KEEVE 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
Village S. Elgin's Park & Rec 556 S. Randall Road Ste 10 South Elgin, IL 60177	61-1454963	501(c) (3)	10,000.				Accessible Playgrounds
VSA, Texas 3710 Cedar Street Austin, TX 78705	74-2863338	501(c) (3)	10,000.				Arts Program
Wheeling Forward Inc. 2652 Cropsey Ave Suite 4C Brooklyn, NY 11214	45-4045474	501(c) (3)	5,495.				Fitness & Wellness Program
Wheels for Humanity 12750 Raymer Street, Unit 4 North Hollywood, CA 91604	95-4581144	501(c) (3)	5,022.				support research
Winifred Masteron Berke Med 785 Mamaroneck Ave White Plains, NY 10605	13-1988190	501(c) (3)	25,000.				science research
Wright St. Univ. Foundation 3640 Colonel Glenn Hwy Dayton, OH 45435	23-7019799	501(c) (3)	13,000.				Adaptive Sports
Yale University 47 College Streets suite 203 New Haven, CT 06510	06-6046973	501(c) (3)	25,000.				science research

TEEA4001L 12/10/12

Schedule I Cont (Form 990) 2012

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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

CHRISTOPHER REEVE FOUNDATION

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

7 For 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 **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
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7	X	
8		X
9		

Part I. 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 Peter Wilderotter President & CEO	(i) 279,800. (ii) 0.	(ii) 25,000. (iii) 0.	(iii) 0. (iv) 0.	(C) 11,925. (iv) 0.	(D) 14,494. (iv) 0.	(E) 331,219. (iv) 0.	(F) 0. (iv) 0.
2 Susan Howley Executive Vice President	(i) 174,000. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 7,830. (iv) 0.	(D) 13,379. (iv) 0.	(E) 195,209. (iv) 0.	(F) 0. (iv) 0.
3 Joseph Canose Exec. V.P. Quality of Life	(i) 167,990. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 7,560. (iv) 0.	(D) 22,725. (iv) 0.	(E) 198,275. (iv) 0.	(F) 0. (iv) 0.
4 Samuel Maddox Dir. Publications	(i) 119,066. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 5,358. (iv) 0.	(D) 26,170. (iv) 0.	(E) 150,594. (iv) 0.	(F) 0. (iv) 0.
5 Margaret Goldberg SVP Communications	(i) 155,000. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 6,975. (iv) 0.	(D) 33,960. (iv) 0.	(E) 195,935. (iv) 0.	(F) 0. (iv) 0.
6 Steve Coleman VP Military Prog	(i) 128,750. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 5,794. (iv) 0.	(D) 33,561. (iv) 0.	(E) 168,105. (iv) 0.	(F) 0. (iv) 0.
7 Almee Hunnewell V.P. Development	(i) 133,750. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 6,019. (iv) 0.	(D) 33,588. (iv) 0.	(E) 173,357. (iv) 0.	(F) 0. (iv) 0.
8 Alan Brown Dir. Public Impact	(i) 150,000. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iv) 0.	(C) 5,625. (iv) 0.	(D) 27,974. (iv) 0.	(E) 183,599. (iv) 0.	(F) 0. (iv) 0.
9	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
10	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
11	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
12	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
13	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
14	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
15	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
16	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---
BAA	(i) --- (ii) ---	(ii) --- (iii) ---	(iii) --- (iv) ---	(C) --- (iv) ---	(D) --- (iv) ---	(E) --- (iv) ---	(F) --- (iv) ---

TEEA4102L 12/11/12

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Part I, Line 7 - Non-Fixed Payments Not Listed

The Compensation and the Executive committees awarded a bonus to the President & CEO based on their consideration of his performance.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2012

Open to Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jesse Billauer Enterprise	BofD brother	122,500.	Speaking contract		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

2012

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 twelve 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.

Jon O'Connor and Kelly Heneghan 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
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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 accountants, 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 15a - Compensation Review & Approval Process - CEO, Top Management

The Executive Committee of the Board reviews the performance of the President & CEO annually. The Chairman of the committee obtains various industry benchmarks for comparison. Compensation is then determined based on decisions of the Executive Committee. There is no formal documentation.

The compensation of key employees is determined by the President & CEO based on written performance evaluations and other budget considerations.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Compensation Committee of the Board meets annually to review the performance of the President & CEO and at that time determines the appropriate compensation. Key employees have annual performance evaluations subject to the President & CEO's

Name of the organization	CHRISTOPHER REEVE FOUNDATION dba CHRISTOPHER & DANA REEVE FOUNDATION	Employer identification number	22-2939536
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Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued)

review after which compensation is determined. When considered necessary, the

Compensation Committee will make comparisons with other similar organizations by

reviewing others' compensation as disclosed in their respective form 990s and

document its evaluation process.

Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AK AZ AR CA DC FL GA HI ID IL IN IA KY KS LA ME MD ME MI MN MS MO MT NE NV NH

NJ NM NY NC ND OH OK OR PA RI SC TN TX UT VT VA WA WY WI WV CT

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.

2012

Schedule O - Supplemental Information

Page 2

CHRISTOPHER REEVE FOUNDATION
dba CHRISTOPHER & DANA REEVE FOUNDATION

22-2939536

Form 990, Part IX, Line 11g
Other Fees For Services

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
All Other Professional Fees	1,082,987.	916,207.	90,860.	75,920.
UN of New Mexico consulting	502,174.	502,174.		
Total	<u>\$ 1,585,161.</u>	<u>\$ 1,418,381.</u>	<u>\$ 90,860.</u>	<u>\$ 75,920.</u>

Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances

Equity in Life Rolls On net losses..	\$ -98,914.
Total	<u>\$ -98,914.</u>

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

2012

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

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?
(1) Life Rolls On Foundation 400 Corporate Pointe #525 Culver City, CA 90230	Improving the quality of life for people with spinal cord injuries	CA	501(c)3	Sch A line 7	CHRISTOPHER REEVE FOUNDATION	X
(2) 74-3032829 -----						

(3) -----						

(4) -----						

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	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Life Rolls On Foundation		0	225,381	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

BAA

TEEA5003L 12/28/12

Schedule R (Form 990) 2012

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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

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

[illegible]

2012

Name of the Organization

Employer identification number

CHRISTOPHER REEVE FOUNDATION

22-2939536

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]