


<div>Form 990</div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</div> <div><div>▶ Do not enter social security numbers on this form as it may be made public</div><div>▶ Information about Form 990 and its instructions is at www.irs.gov/form990</div></div>	<div>OMB No 1545-0047</div> <div>2015</div> <div>Open to Public Inspection</div>
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHRISTOPHER REEVE FOUNDATION		D Employer identification number 22-2939536	
	Doing business as CHRISTOPHER & DANA REEVE FOUNDATION		E Telephone number (973) 379-2690	
	Number and street (or P O box if mail is not delivered to street address) 636 MORRIS TURNPIKE SUITE 3A	Room/suite	G Gross receipts \$ 14,857,784	
	City or town, state or province, country, and ZIP or foreign postal code SHORT HILLS, NJ 07078		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
	F Name and address of principal officer PETER WILDEROTTER 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CHRISTOPHERREEVE.ORG				

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1988 **M** State of legal domicile NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY FUNDING INNOVATIVE RESEARCH, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE LIVING WITH PARALYSIS THROUGH GRANTS, INFORMATION AND ADVOCACY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	14,551,172	14,257,323
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,637	10,814
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-462,152	-297,638
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,101,657	13,970,499
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,459,102	5,838,590
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,872,307	3,987,530
	16a Professional fundraising fees (Part IX, column (A), line 11e)	151,907	165,500
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,353,235</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,402,412	3,867,234
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,885,728	13,858,854
	19 Revenue less expenses Subtract line 18 from line 12	215,929	111,645
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	8,923,843	8,719,031
	21 Total liabilities (Part X, line 26)	4,014,263	3,794,780
	22 Net assets or fund balances Subtract line 21 from line 20	4,909,580	4,924,251

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	*****	2016-09-20
	Signature of officer	Date
	<u>PETER WILDEROTTER, PRESIDENT AND CEO</u>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL ANDRIOLA	Preparer's signature MICHAEL ANDRIOLA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01599402
	Firm's name ► WISS & COMPANY LLP			Firm's EIN ► 22-1732349	
	Firm's address ► 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039			Phone no (973) 994-9400	

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

Part III

Statement of Program Service Accomplishments

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

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☒

1

Briefly describe the organization's mission

THE CHRISTOPHER AND DANA REEVE FOUNDATION IS DEDICATED TO CURING SPINAL CORD INJURY BY FUNDING INNOVATIVE RESEARCH, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE LIVING WITH PARALYSIS THROUGH GRANTS, INFORMATION AND ADVOCACY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 6,137,278 including grants of \$ 1,508,783) (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 AND NOW THE ADMINISTRATION FOR COMMUNITY LIVING SINCE THEN, APPROPRIATIONS HAVE CONTINUED ANNUALLY, THE MOST RECENT, EFFECTIVE JUNE 1, 2015 FOR APPROXIMATELY \$6,530,000 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

4b

(Code) (Expenses \$ 4,838,308 including grants of \$ 4,329,807) (Revenue \$)

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

4c

(Code) (Expenses \$ 860,228 including grants of \$) (Revenue \$)

PUBLIC EDUCATION AND ADVOCACY IS A CORNERSTONE OF THE FOUNDATION THE FOUNDATION MAINTAINS A CONSTANT PRESENCE IN WASHINGTON, DC SPEAKING OUT AND EDUCATING THE PUBLIC AND LEGISLATORS ON BEHALF OF THE PARALYSIS COMMUNITY COMMUNITY OUTREACH THROUGH ITS WEBSITE ENABLES THE FOUNDATION TO EDUCATE THE PUBLIC ON RESEARCH INITIATIVES CURRENTLY UNDERWAY

4d






















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 11,835,814

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
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 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	88	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	58
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes
b If "Yes," enter the name of the foreign country: <u>BD</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
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?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
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?		No
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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK, AL, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	RICHARD SHERMAN CONTROLLER 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078 (973) 379-2690

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

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

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

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

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

[illegible]

[illegible]

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
	3		No
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? <i>If "Yes," complete Schedule J for such individual</i>		
	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		
	5		No

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.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	11
---	--	----

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	33,814				
	b	Membership dues	1b					
	c	Fundraising events	1c	1,351,428				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,715,600				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,156,481				
	g	Noncash contributions included in lines 1a-1f \$		391,651				
	h	Total. Add lines 1a-1f			14,257,323			
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,814			10,814	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a			(i) Real	(ii) Personal			
		Gross rents		171,530				
		b	Less rental expenses	72,710				
		c	Rental income or (loss)	98,820				
	d	Net rental income or (loss)		98,820	98,820			
	7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory		280,997				
		b	Less cost or other basis and sales expenses	280,997				
		c	Gain or (loss)	0				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 1,351,428 of contributions reported on line 1c) See Part IV, line 18 . . .						
		a	137,120					
		b	Less direct expenses					
	c	Net income or (loss) from fundraising events . .		-396,458			-396,458	
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances						
a								
b		Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			13,970,499	98,820	0	-385,644	

Part IX

Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments See Part IV, line 21	5,390,415	5,390,415		
2	Grants and other assistance to domestic individuals See Part IV, line 22	4,300	4,300		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	443,875	443,875		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,276,506	932,271	88,392	255,843
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,052,076	1,479,668	145,960	426,448
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,101	61,357	3,879	9,865
9	Other employee benefits	336,952	275,289	17,401	44,262
10	Payroll taxes	246,895	195,400	13,854	37,641
11	Fees for services (non-employees)				
a	Management				
b	Legal	77,739	52,862	19,435	5,442
c	Accounting	78,348	53,277	19,587	5,484
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	165,500			165,500
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,387,453	1,023,443	242,971	121,039
12	Advertising and promotion	67,548	43,883		23,665
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	172,165	155,505	3,700	12,960
17	Travel	247,281	211,897	7,580	27,804
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,004	71,907	97	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,294	5,950	965	3,379
23	Insurance	63,877	24,750	39,127	
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	INTERNET COMMUNICATIONS	512,012	500,738	1,879	9,395
b	BIG IDEA	208,897	190,096		18,801
c	PRINTING	207,473	193,557	6,958	6,958
d	MISCELLANEOUS	185,746	134,028	25,859	25,859
e	All other expenses	576,397	391,346	32,161	152,890
25	Total functional expenses. Add lines 1 through 24e	13,858,854	11,835,814	669,805	1,353,235
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)	858,808	160,691	217,970	480,147

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,650	1	100,368
	2	Savings and temporary cash investments			2,405,280	2	1,638,248
	3	Pledges and grants receivable, net			4,591,978	3	4,894,241
	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			138,006	9	180,504
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,158,584			
	b	Less: accumulated depreciation	10b	1,137,281	13,413	10c	21,303
	11	Investments—publicly traded securities			159,844	11	153,803
	12	Investments—other securities. See Part IV, line 11.			1,600,009	12	1,568,751
	13	Investments—program-related. See Part IV, line 11.				13	
Liabilities	14	Intangible assets				14	141,318
	15	Other assets. See Part IV, line 11.			13,663	15	20,495
	16	Total assets. Add lines 1 through 15 (must equal line 34).			8,923,843	16	8,719,031
	17	Accounts payable and accrued expenses			581,616	17	306,778
	18	Grants payable			2,253,298	18	2,846,473
	19	Deferred revenue			1,179,236	19	641,529
	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			113	23	0
Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.				25	
	26	Total liabilities. Add lines 17 through 25.			4,014,263	26	3,794,780
		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			2,576,073	27	1,824,166
	28	Temporarily restricted net assets			2,333,507	28	3,100,085
	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			4,909,580	33	4,924,251
	34	Total liabilities and net assets/fund balances			8,923,843	34	8,719,031

Part XIReconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,970,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,858,854
3	Revenue less expenses Subtract line 2 from line 1	3	111,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,909,580
5	Net unrealized gains (losses) on investments	5	-96,974
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,924,251

Part XIIFinancial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
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	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 22-2939536

Name: CHRISTOPHER REEVE FOUNDATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M HUGHES CHAIRMAN OF BOARD	1 00	X		X				0	0	0
JOHN E MCCONNELL VICE CHAIRMAN	1 00	X		X				0	0	0
MATTHEW REEVE VICE CHAIRMAN	1 00	X		X				0	0	0
HENRY G STIFEL III VICE CHAIRMAN	1 00	X		X				0	0	0
JOEL M FADEN TREASURER	1 00	X		X				0	0	0
JEFFREY P CUNARD ESQ SECRETARY	1 00	X		X				0	0	0
STEPHEN EVANS-FREKE DIRECTOR	1 00	X						0	0	0
SIMONE GEORGE DIRECTOR	1 00	X						0	0	0
KELLY ANNE HENEGHAN ESQ DIRECTOR	1 00	X						0	0	0
DANIEL HEUMANN DIRECTOR	1 00	X						0	0	0
LISA HENRY HOLMES DIRECTOR	1 00	X						0	0	0
MICHAEL HOOG DIRECTOR	1 00	X						0	0	0
SAL IANNUZZI DIRECTOR	1 00	X						0	0	0
TIM PERNETTI DIRECTOR	1 00	X						0	0	0
MARK POLLOCK DIRECTOR	1 00	X						0	0	0
MARCI SURFAS DIRECTOR	1 00	X						0	0	0
CHRISTOPHER TAGATAC DIRECTOR	1 00	X						0	0	0
PATRICIA J VOLLAND DIRECTOR	1 00	X						0	0	0
JAMES O WELCH JR DIRECTOR	1 00	X						0	0	0
ANITA MCGORTY DIRECTOR	1 00	X						0	0	0
TIM CONNORS DIRECTOR	1 00	X						0	0	0
WILLIAM REEVE DIRECTOR	1 00	X						0	0	0
TANIA LYNN TAYLOR DIRECTOR	1 00	X						0	0	0
DAVID SABLE DIRECTOR	1 00	X						0	0	0
PETER WILDEROTTER PRESIDENT & CEO	35 00			X				357,690	0	27,584

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD SHERMAN CONTROLLER	7 50			X				68,945	0	0
SUSAN HOWLEY EXECUTIVE VP, RESEARCH	35 00			X				184,710	0	18,852
AIMEE HUNNEWELL VP, DEVELOPMENT TO 3/20/15	35 00			X				52,192	0	9,654
REBECCA LAMING VP, MARKETING & COMMUNICAT	35 00			X				179,959	0	17,670
MICHELE LOIACONO VP, OPERATIONS	35 00			X				136,461	0	23,699
MARGARET GOLDBERG VP, POLICY & PROGRAMS	35 00			X				173,192	0	25,898
ALAN BROWN DIRECTOR OF PUBLIC IMPACT	35 00					X		146,988	0	22,192

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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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 (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	16,220,422	14,527,106	12,890,994	14,551,172	14,257,323	72,447,017
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16,220,422	14,527,106	12,890,994	14,551,172	14,257,323	72,447,017
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)						698,272
6 Public support. Subtract line 5 from line 4						71,748,745

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	16,220,422	14,527,106	12,890,994	14,551,172	14,257,323	72,447,017
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,639	10,183	9,456	86,255	182,344	301,877
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						72,748,894
12 Gross receipts from related activities, etc (see instructions)					12	722,772
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 2015 (line 6, column (f) divided by line 11, column (f))	14	98 630 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	98 450 %
16a	33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b	33 1/3% support test—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶ <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 IIISupport 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 year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015.If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2014.If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation.If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>			
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>			
<div>a</div> <div>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>			
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>			
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>			
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>			
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

☐

4

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

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment	1,158,584	1,137,281	21,303
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			21,303

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,479,813
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-96,974
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	606,288
e	Add lines 2a through 2d	2e	509,314
3	Subtract line 2e from line 1	3	13,970,499
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	13,970,499

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,465,142
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	606,288
e	Add lines 2a through 2d	2e	606,288
3	Subtract line 2e from line 1	3	13,858,854
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	13,858,854

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3) AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE. ADDITIONALLY, SINCE THE FOUNDATION IS PUBLICLY SUPPORTED, CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE MAXIMUM CHARITABLE CONTRIBUTION DEDUCTION UNDER THE CODE. THE FOUNDATION IS ALSO EXEMPT FROM NEW JERSEY STATE INCOME TAX. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES REQUIRE MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE FOUNDATION. THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED DECEMBER 31, 2015 AND 2014. THE FOUNDATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012 AND 2011, FOR THE STATE OF NEW JERSEY, RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 533,578 RENT EXPENSE 72,710
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 533,578 RENT EXPENSE 72,710

[illegible]

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I

General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

For grantmakers. Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

3

Activites 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	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATED TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY	400,000
(2) NORTH AMERICA	0	0	RESEARCH GRANTS TO ORGANIZATIONS	SCIENTIFIC RESEARCH RELATING TO SPINAL CORD INJURY INCLUDING TISSUE REPAIR, NEURON ACTIVATION AND REGENERATION, AND PHYSICAL THERAPY	43,875
(3)					
(4)					
(5)					
3a Sub-total	0	0			443,875
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			443,875

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE	SCIENCE RESEARCH	400,000	CHECKS			
(2)			NORTH AMERICA	SCIENCE RESEARCH	43,875	CHECKS			
(3)									
(4)									

2

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

3

Enter total number of other organizations or entities

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; do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES ARE THE SAME AS THOSE DESCRIBED IN SCHEDULE I PART 1, LINE 2 AND SCHEDULE I PART IV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I Fundraising Activities

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

1

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

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☐

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☒

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CMI INC 1325 6TH AVENUE NEW YORK, NY 10019	SPECIAL EVENTS		No	649,043	72,000	577,043
2 CREATIVE DIRECT RESPONSE 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DIRECT MAIL		No	472,983	93,500	379,483
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,122,026	165,500	956,526

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

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

Part II Fundraising Events.

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

Revenue		(a)Event #1 <u>NYC DINNER DANCE</u> (event type)	(b)Event #2 <u>TEAM REEVE</u> (event type)	(c)O ther events <u>4</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	649,043	635,816	203,689	1,488,548
	2	Less Contributions	551,123	635,816	164,489	1,351,428
	3	Gross income (line 1 minus line 2)	97,920		39,200	137,120
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	56,365		5,341	61,706
	7	Food and beverages	112,000		40,014	152,014
	8	Entertainment	3,500		750	4,250
	9	O ther direct expenses	175,514	132,146	7,948	315,608
	10	Direct expense summary Add lines 4 through 9 in column (d)				533,578
	11	Net income summary Subtract line 10 from line 3, column (d)				-396,458

Part III Gaming.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No


13


Indicate the percentage of gaming activity conducted in

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

14

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

Name 



Address 

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?


☐ Yes ☐ No


b

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

c


If "Yes," enter name and address of the third party


Name 


Address 

16

Gaming manager information

Name 

Gaming manager compensation  \$ _____

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

OMB No 1545-0047

▶ **Attach to Form 990.**

2015

22-2939536

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAIG HOSPITAL 3425 SOUTH CLARKSON STREET ENGLEWOOD,CO 80113	84-0404233	501(C)(3)	79,758				SCIENCE RESEARCH
DEVICIX LLC 7880 EXECUTIVE DRIVE EDEN PRAIRIE,MN 55344	20-1012616		293,515				DESIGN, DEVELOPMENT AND MANUFACTURE OF SPINAL CORD STIMULATOR SYSTEM
STANFORD UNIVERSITY PO BOX 44253 STANFORD,CA 94144	94-1156365	501(C)(3)	200,000				SCIENCE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE 6720A ROCKLEDGE DRIVE SUITE 100 BETHESDA,MD 20817	52-0317896	501(C)(3)	37,221				SCIENCE RESEARCH
THE METHODIST HOSPITAL RESEARCH INSTITUTE PO BOX 4805 HOUSTON,TX 77210	87-0721923	501(C)(3)	105,500				SCIENCE RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1400 BIOLOGICAL SCIENCES III IRVINE,CA 92697	95-2226406	501(C)(3)	425,000				SCIENCE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - UCLA 405 HILGARD AVE LOS ANGELES,CA 90095	95-6006143	501(C)(3)	245,455				SCIENCE RESEARCH
THE RESEARCH FOUNDATION OF THE STATE UNIV OF NY PO BOX 9 ALBANY,NY 12201	14-1368361	501(C)(3)	125,605				SCIENCE RESEARCH
THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	95-2160097	501(C)(3)	200,000				SCIENCE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE,MD 21203	52-6002033	501(C)(3)	30,000				SCIENCE RESEARCH
THE UNIVERSITY OF MIAMI PO BOX 025405 MIAMI,FL 331025405	59-0624458	501(C)(3)	43,125				SCIENCE RESEARCH
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET SHERIDAN BULDING 2ND FLOOR PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	32,438				SCIENCE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON,TX 770010988	74-6001399	501(C)(3)	61,939				SCIENCE RESEARCH
UNIVERSITY OF LOUISVILLE SPONSORED PRGS FINANCIAL ADMIN NUCLEUS BLDG 300 E MARKET ST SUITE LOUISVILLE,KY 402021959	61-1029626	501(C)(3)	100,000				SCIENCE RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 217 SERVICE COMPLEX BELKNAP CAMPUS LOUSIVILLE,KY 40292	61-1029626	501(C)(3)	1,293,988				SCIENCE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO 2300 MENAUL BLVD NE ALBUQUERQUE,NM 87107	85-0275408	501(C)(3)	196,558				SCIENCE RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON PO BOX 301418 HOUSTON,TX 753031418	74-1761309	501(C)(3)	75,063				SCIENCE RESEARCH
UNIVERSITY OF WASHINGTON BOX 356490 DEPT REHAB MEDICINE SEATTLE,WA 98195	91-6001537	501(C)(3)	50,000				SCIENCE RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 101 HOSPITAL DRIVE DAVIS 5 ROOM 5293 CHARLOTTESVILLE,VA 229080793	54-6001796	501(C)(3)	50,000				SCIENCE RESEARCH
ABILITYFIRST 1300 EAST GREEN STREET PASADENA,CA 91106	95-1690983	501(C)(3)	5,912				CAMP
ADAPTIVE SPORTS FOUNDATION INC POB 266 100 SILVERMAN WAY WINDHAM,NY 12496	14-1823155	501(C)(3)	8,805				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS PROGRAM OF OHIO 2829 CLEVELAND ROAD SUITE B WOOSTER, OH 44691	27-1144442	501(C)(3)	9,214				ADAPTIVE SPORTS
ALEGENT HEALTH-IMMANUEL MEDICAL CENTER 6901 NORTH 72ND STREET OMAHA, NE 68122	47-0376615	501(C)(3)	15,370				ADAPTIVE SPORTS
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 184112258	23-2523682	501(C)(3)	16,500				FITNESS AND WELLNESS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION GREATER PHILADELPHIA CHAPTER 321 NORRISTOWN ROAD SUITE 260 AMBLER,PA 19002	23-2387205	501(C)(3)	8,500				TRANSPORTATION
AMERICAN ASSOCIATION OF ADAPTED SPORTS PROGRAMS INC (AAASP) PO BOX 451047 ATLANTA,GA 31145	58-2269184	501(C)(3)	6,000				ADAPTIVE SPORTS
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION- LOUISIANAMISSISSIPPI CHAPTER 11725 INDUSTRIPLEX BLVD SUITE 4 BATON ROUGE,LA 70809	20-1742120	501(C)(3)	5,000				CAREGIVING INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCHORS AWAY FOUNDATION INC 20900 NE 30TH AVENUE SUITE 410 AVENTURA,FL 33180	33-1169852	501(C)(3)	7,750				ADAPTIVE SPORTS
ARIZONA PARALYZED VETERANS OF AMERICA 5015 N 7TH AVE STE 2 PHOENIX,AZ 85013	23-7174779	501(C)(3)	10,000				DURABLE MEDICAL EQUIPMENT
ARIZONA SPINAL CORD INJURY ASSOCIATION INC 5025 E WASHINGTON STREET STE 110 PHOENIX,AZ 85034	86-0953423	501(C)(3)	10,750				CONSUMER EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIANS AND PACIFIC ISLANDERS WITH DISABILITIES OF CALIFORNIA 1137 WILSHIRE BLVD LOS ANGELES,CA 90017	80-0211920	501(C)(3)	14,000				EDUCATION PROGRAM
AXIS DANCE COMPANY 1428 ALICE ST STE 200 OAKLAND,CA 94612	94-3124377	501(C)(3)	10,000				ARTS PROGRAM
BALTIMORE ADAPTED RECREATION AND SPORTS PO BOX 878 SPARKS,MD 21152	52-1954891	501(C)(3)	8,200				ADAPTIVE SPORTS

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BAY AREA & WESTERN CHAPTER - PARALYZED VETERANS OF AMERICA 3801 MIRANDA AVE MC 816 PALO ALTO,CA 94304	94-6132553	501(C)(3)	6,801				ADAPTIVE SPORTS
BAY AREA OUTREACH & RECREATION PROGRAM 3075 ADELINE STREET BERKELEY,CA 94703	94-2324340	501(C)(3)	6,891				ADAPTIVE SPORTS
BEYOND THE CHAIR 5310 JACKWOOD SUITE 2 SAN ANTONIO,TX 78238	45-2461969	501(C)(3)	7,285				FACILITY ACCESSIBILITY MODIFICATIONS

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BLAZESPORTS AMERICA 1670 OAKBROOK DRIVE SUITE 331 NORCROSS,GA 30093	58-2087265	501(C)(3)	8,320				ADAPTIVE SPORTS
BOOKS ALOUD INC 150 EAST SAN FERNANDO ST DR MARTIN LUTHER KING JR LIBRARY SAN JOSE,CA 95112	23-7317533	501(C)(3)	5,000				MEDIA DEVELOPMENT
BOTTINEAU WINTER PARK INC PO BOX 168 BOTTINEAU,ND 58318	45-6022687	501(C)(3)	5,000				ADAPTIVE SPORTS

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BRADFORD CREEK PUBLIC GOLF COURSE PO BOX 7207 4950 OLD PACTOLUS RD GREENVILLE, NC 278357207	56-6000229	501(C)(3)	11,026				ADAPTIVE SPORTS
BRUCE DRYSDALE ELEMENTARY SCHOOL 271 BEARCAT BLVD HENDERSONVILLE, NC 28792	56-1821543	501(C)(1)	5,000				ACCESSIBLE PLAYGROUND/BALL FIELD
CANINE SUPPORT TEAMS INC PO BOX 891767 TEMECULA, CA 92584	33-0434821	501(C)(3)	5,000				SERVICE ANIMAL PROGRAM

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CAPITAL ROWING CLUB 1900 M STREET SE WASHINGTON,DC 20003	52-1725928	501(C)(3)	8,000				ADAPTIVE SPORTS
CENTRASTATE MEDICAL CENTER 916 ROUTE 33 SUITE 6 FREEHOLD,NJ 07728	22-1750190	501(C)(3)	7,200				FITNESS AND WELLNESS PROGRAM
CEREBRAL PALSY OF WESTCHESTER 1186 KING STREET RYE BROOK,NY 10573	13-1690769	501(C)(3)	5,125				ADAPTIVE SPORTS

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CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	5,000				ADAPTIVE SPORTS
CHESHIRE HOME 9 RIDGEDALE AVENUE FLORHAM PARK, NJ 07932	22-1936587	501(C)(3)	7,500				PHYSICAL/OCCUPATIONAL THERAPY
CHILDREN'S ASSISTIVE TECHNOLOGY SERVICE 3579 KEMP FORD RD PO BOX 121 UNION HALL, VA 24176	46-4866068	501(C)(3)	10,083				ASSISTIVE TECHNOLOGY INITIATIVE

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CHILDRENS HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BOULEVARD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	10,814				ADAPTIVE SPORTS
CITY OF CLARKSVILLE ONE PUBLIC SQUARE CLARKSVILLE, TN 37040	62-6000261	501(C)(1)	7,580				ADAPTIVE SPORTS
CITY OF MAYER 413 BLUEJAY AVENUE PO BOX 102 MAYER, MN 55360	41-1444213	501(C)(1)	5,675				ACCESSIBLE PLAYGROUND/BALL FIELD

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CLEARVIEW MEDIATION AND DISABILITY RESOURCE CENTER 307 SW 6TH ST PENDLETON,OR 97801	27-2714653	501(C)(3)	8,400				DURABLE MEDICAL EQUIPMENT
CODY UNSER FIRST STEP FOUNDATION PO BOX 56696 ALBUQUERQUE,NM 87187	85-0465416	501(C)(3)	10,000				ADAPTIVE SPORTS
COLORADO NONPROFIT DEVELOPMENT CENTER (CNDC) ATTN DENVER HARLEQUINS WHEELCHAIR RUGBY CLUB 789 SHERMAN ST SUITE 250 DENVER,CO 80203	84-1493585	501(C)(3)	6,680				ADAPTIVE SPORTS

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COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD MINNEAPOLIS, MN 55422	41-1952989	501(C)(3)	8,200				FITNESS AND WELLNESS PROGRAM
COURAGE LEAGUE SPORTS 4405 121ST STREET URBANDALE,IA 50323	46-1443733	501(C)(3)	9,300				ADAPTIVE SPORTS
DARE FAMILY SERVICES INC 265 MEDFORD ST SUITE 500 SOMERVILLE,MA 021431963	04-2438910	501(C)(3)	5,000				TRANSPORTATION

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DISABILITY RESOURCE CENTER 1111 N CHERRY AVE TUCSON, AZ 85721	86-6050388	501(C)(3)	7,318				ADAPTIVE SPORTS
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 1 MINARET ROAD MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	6,400				ADAPTIVE SPORTS
DOUBLE H RANCH 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	6,500				CAMP

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DREAM ADAPTIVE RECREATION INC PO BOX 4084 WHITEFISH,MT 59937	36-3416198	501(C)(3)	12,650				ADAPTIVE SPORTS
EASTER SEAL SOCIETY OF IOWA INC 401 NE 66TH AVENUE DES MOINES,IA 50313	42-0707100	501(C)(3)	6,991				FITNESS AND WELLNESS PROGRAM
ENDLESS POSSIBILITIES FOR THE DISABLED INC 645 SAXONY N DELRAY BEACH,FL 334461053	46-2714628	501(C)(3)	19,500				ADAPTIVE SPORTS

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ESKENAZI HEALTH FOUNDATION 720 ESKENAZI AVENUE FIFTH THIRD BANK BUILDING INDIANAPOLIS,IN 46202	31-1132066	501(C)(3)	10,100				EMPLOYMENT PROGRAM
FAMILY RESOURCE NETWORK INC 1 AAA DR SUITE 203 TRENTON,NJ 08691	13-4205042	501(C)(3)	5,670				FITNESS AND WELLNESS
FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST ASHEVILLE 20 OAK STREET ASHEVILLE,NC 28801	56-6045945	501(C)(3)	5,000				FACILITY ACCESSIBILITY MODIFICATIONS

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GALLOPNYC 540 PRESIDENT STREET 3F BROOKLYN, NY 11215	05-0615968	501(C)(3)	5,852				THERAPEUTIC HORSEBACK RIDING
GLOBAL OPPORTUNITIES UNLIMITED PO BOX 10717 505 ELM STREET NE ALBUQUERQUE NM 87102 ALBUQUERQUE, NM 87184	87-0752044	501(C)(3)	9,500				ADAPTIVE SPORTS
GOODWILL INDUSTRIES OF ORANGE COUNTY 410 N FAIRVIEW ST SANTA ANA, CA 92703	95-1644018	501(C)(3)	5,000				FITNESS AND WELLNESS

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GREAT LAKES ADAPTIVE SPORTS ASSOCIATION 400 E ILLINOIS ROAD LAKE FOREST, IL 60045	36-4285965	501(C)(3)	6,860				ADAPTIVE SPORTS
HEALTH & DISABILITY ADVOCATES 205 W RANDOLPH SUITE 510 CHICAGO, IL 60606	36-4042562	501(C)(3)	6,000				EMPLOYMENT PROGRAM
HENDERSONVILLE ELEMENTARY SCHOOL PTO -- HIPP 1039 RANDALL CIRCLE HENDERSONVILLE, NC 28791	31-1788040	501(C)(1)	5,000				ACCESSIBLE PLAYGROUND/BALL FIELD

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HERITAGE VALLEY PARTNERS 203 SOUTH 7TH STREET SCRANTON,PA 18505	26-4203224	501(C)(3)	18,000				ACCESSIBLE PLAYGROUND/BALL FIELD
HORSEPOWER INC 8001 LEABOURNE RD COLFAX,NC 27235	56-1907424	501(C)(3)	9,055				THERAPEUTIC HORSEBACK RIDING
HSC COMMUNITY SERVICES INC 2150 CORBIN AVENUE NEW BRITAIN,CT 06053	06-1464179	501(C)(3)	19,991				ADAPTIVE SPORTS

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HUNKAPI PROGRAMS INC 8776 E SHEA BLVD STE B3A-522 SCOTTSDALE,AZ 85260	26-3902877	501(C)(3)	13,800				CAREGIVING INITIATIVE
ICE IN PARADISE PO BOX 478 SANTA BARBARA,CA 93102	45-0508885	501(C)(3)	10,000				ADAPTIVE SPORTS
INCIGHT 310 SW FOURTH AVENUE SUITE 630 PORTLAND,OR 97204	43-1985190	501(C)(3)	5,086				ADAPTIVE SPORTS

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INDEPENDENT LIVING SERVICES OF ASHTABULA COUNTY 26250 EUCLID AVENUE 801 EUCLID,OH 44132	34-1578825	501(C)(3)	15,000				HOME ACCESSIBILITY MODIFICATIONS
INFINITY DANCE THEATER COMPANY LTD 220 W 93RD ST NO 6C NEW YORK,NY 10025	13-3829236	501(C)(3)	10,000				ARTS PROGRAM
INNOVATION INSTITUTE 1219 CRESTDELL DRIVE DUNCANVILLE,TX 75137	37-1471471	501(C)(3)	10,550				ADAPTIVE SPORTS

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IOWA SPORTS FOUNDATION 1421 S BELL AVE SUITE 104 AMES,IA 50010	42-1278326	501(C)(3)	14,300				ADAPTIVE SPORTS
JOHN F KENNEDY MEDICAL CENTER FOUNDATION 80 JAMES STREET EDISON,NJ 08820	22-2315044	501(C)(3)	6,000				DURABLE MEDICAL EQUIPMENT
K2 ADVENTURES FOUNDATION 20707 N PIMA ROAD SUITE L130 SCOTTSDALE,AZ 85255	27-1302780	501(C)(3)	6,213				CAMP

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KESHET DANCE COMPANY 4121 CUTLER AVE NE ALBUQUERQUE,NM 87110	85-0436623	501(C)(3)	5,000				ARTS PROGRAM
LIBERTY PLACE INC PO BOX 446 313 LEGION STREET WHITEHALL,MT 59759	81-0507821	501(C)(3)	7,758				TRANSPORTATION INITIATIVE
LIFE WATERS 4725 GREEN PARK RD ST LOUIS,MO 63123	46-5104322	501(C)(3)	7,500				ADAPTIVE SPORTS

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LIVING INDEPENDENCE FOR EVERYONE (LIFE) INC 5105 PAULSEN STREET SUITE 143-B SAVANNAH,GA 31405	58-1720393	501(C)(3)	12,600				TRANSPORTATION
LOVING THUNDER THERAPEUTIC RIDING INC 5701 JACKSON LOOP NE PO BOX 44517 RIO RANCHO,NM 87144	01-0927472	501(C)(3)	6,030				THERAPEUTIC HORSEBACK RIDING
MATHENY MEDICAL AND EDUCATIONAL CENTER 65 HIGHLAND AVE PEAPACK,NJ 07977	22-1482276	501(C)(3)	5,000				ARTS PROGRAM

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MATTOON AREA FAMILY YMCA PO BOX 875 221 N 16TH ST MATTOON,IL 61938	37-1122559	501(C)(3)	7,000				FACILITY ACCESSIBILITY MODIFICATIONS
MERLIN'S KIDS INC PO BOX 21 MIDLAND PARK,NJ 07432	26-3493804	501(C)(3)	7,000				SERVICE ANIMAL PROGRAM
METROHEALTH FOUNDATION INC 2500 METROHEALTH DRIVE CLEVELAND,OH 441091998	34-6607695	501(C)(3)	10,000				DURABLE MEDICAL EQUIPMENT

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MISSISSIPPI YOUTH WHEELCHAIR LEAGUE 104 BRIDGE PARK DR CANTON,MS 390466041	47-1753324	501(C)(3)	12,900				ADAPTIVE SPORTS
MOVE ALONG INC PO BOX 5220 OSWEGO,NY 13126	22-2265949	501(C)(3)	10,618				ADAPTIVE SPORTS
MULTIPLE SCLEROSIS QUALITY OF LIFE PROJECT CORPORATION 519B HARTNELL ST MONTEREY,CA 93940	32-0035866	501(C)(3)	7,350				FITNESS AND WELLNESS PROGRAM

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MUSCULAR DYSTROPHY ASSOCIATION 849 WEST LEVOY DR 210 SALT LAKE CITY, UT 84123	13-1665552	501(C)(3)	10,000				CAMP
NANCY'S HOUSE 440 DEAYER RD WYNCOTE, PA 19095	74-3133561	501(C)(3)	9,650				CAREGIVING
NATIONAL SPORTS CENTER FOR THE DISABLED INC 1801 MILE HIGH STADIUM CIRCLE STE 1500 DENVER, CO 802041780	84-0738419	501(C)(3)	11,000				FITNESS AND WELLNESS PROGRAM

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NAVARINO NATURE CENTER INC W5646 LINDSTEN ROAD SHIOCTON, WI 54170	39-1558573	501(C)(3)	10,000				FACILITY ACCESSIBILITY MODIFICATIONS
NEU-LIFE COMMUNITY DEVELOPMENT INC 2014 W NORTH AVE MILWAUKEE, WI 53205	39-1805861	501(C)(3)	5,000				FACILITY ACCESSIBILITY MODIFICATIONS
NEW JERSEY BALLET COMPANY INC 15-17 MICROLAB ROAD SUITE 102 LIVINGSTON, NJ 07039	23-7447316	501(C)(3)	6,000				ARTS PROGRAM

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NORTH JERSEY NAVIGATORS PO BOX 1517 BAYONNE,NJ 07002	22-0007488	501(C)(3)	5,650				ADAPTIVE SPORTS
NORTHERN ARIZONA UNIVERSITY FOUNDATION PO BOX 4094 FLAGSTAFF,AZ 860114094	86-0193726	501(C)(3)	10,000				ASSISTIVE TECHNOLOGY INITIATIVE
NOTE-ABLE MUSIC THERAPY SERVICES 925 RIVERSIDE DRIVE RENO,NV 89503	86-1067227	501(C)(3)	7,900				ARTS PROGRAM

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NYS PARKS RECREATION AND HISTORIC PRESERVATION 625 BROADWAY ALBANY,NY 12233	14-6013200	501(C)(3)	12,111				ADAPTIVE SPORTS
OPERATION HOMEFRONT INC 1355 CENTRAL PARKWAY S 100 SAN ANTONIO,TX 78232	32-0033325	501(C)(3)	5,475				PEER MENTORING AND SUPPORT
ORLANDO HEALTH 1414 KUHL AVE ORLANDO,FL 32806	59-1726273	501(C)(3)	14,945				ASSISTIVE TECHNOLOGY INITIATIVE

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OTTAWA KIWANIS PROJECT INCLUSIVE PLAYGROUND CO YMCA OF OTTAWA ILLINOIS PO BOX 2206 OTTAWA,IL 61350	36-2337893	501(C)(3)	5,000				ACCESSIBLE PLAYGROUND/BALL FIELD
OUR LADY OF BELLEFONTE HOSPITAL FOUNDATION 1000 ASHLAND DRIVE - 4TH FLOOR ASHLAND,KY 41101	61-1381952	501(C)(3)	8,589				PHYSICAL/OCCUPATIONAL THERAPY
PHEASANTS FOREVER INC DANE COUNTY CHAPTER 5619 LACY RD FITCHBURG,WI 53711	41-1429149	501(C)(3)	15,110				FITNESS AND WELLNESS PROGRAM

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POCONO ENVIRONMENTAL EDUCATION CENTER 538 EMERY RD DINGMANS FERRY, PA 183289614	23-2424742	501(C)(3)	15,000				FACILITY ACCESSIBILITY MODIFICATIONS
PTA KENTUCKY CONGRESS 1251 BEAUMONT CENTRE LANE LEXINGTON, KY 40513	31-1537731	501(C)(3)	10,000				ACCESSIBLE PLAYGROUND/BALL FIELD
PUSH TO WALK 6 NORTH CORPORATE DRIVE RIVERDALE, NJ 074051715	20-8059368	501(C)(3)	5,399				FITNESS AND WELLNESS PROGRAM

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QUADRIPLIGICS UNITED AGAINST DEPENDENCY INC 5100 SW MACADAM AVENUE SUITE 130 PORTLAND,OR 982393820	93-0639118	501(C)(3)	5,000				FACILITY ACCESSIBILITY MODIFICATIONS
RAINBOW CENTER 4H THERAPEUTIC RIDING PO BOX 479 HAYMAERKET,VA 20168	54-1307995	501(C)(3)	15,000				THERAPEUTIC HORSEBACK RIDING
REAGAN'S JOURNEY 249 VINE STREET KITANNING,PA 16201	27-4648568	501(C)(3)	6,225				DURABLE MEDICAL EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHLAND COUNTY RECREATION FOUNDATION 7492 PARKLANE ROAD COLUMBIA,SC 29223	30-0217851	501(C)(3)	5,000				ADAPTIVE SPORTS
RIVER OF DREAMS DBA DARING ADVENTURES 5031 E WASHINGTON AVE PHOENIX,AZ 85034	86-0749240	501(C)(3)	7,298				DURABLE MEDICAL EQUIPMENT
ROLL CALL WHEELCHAIR DANCE INC 614 ANTRIM ROAD RIVER VALE,NJ 07675	45-3234757	501(C)(3)	7,200				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHWAB REHABILITATION HOSPITAL 1401 S CALIFORNIA AVE CHICAGO, IL 60608	36-2179802	501(C)(3)	5,000				TRANSITION FROM INSTITUTION TO HOME
SELF-RELIANCE INC 8901 NORTH ARMENIA AVENUE TAMPA, FL 33604	59-1855782	501(C)(3)	5,000				ASSISTIVE TECHNOLOGY INITIATIVE
SENECA CAYUGA ARC 1083 WATERLOO GENEVA RD WATERLOO, NY 13165	16-1124314	501(C)(3)	5,000				ARTS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAKE-A-LEG MIAMI INC 2620 SOUTH BAYSHORE DRIVE MIAMI,FL 33133	65-0611917	501(C)(3)	12,500				FITNESS AND WELLNESS PROGRAM
SHRINERS HOSPITALS FOR CHILDREN 2425 STOCKTON BLVD SACRAMENTO,CA 95817	36-2193608	501(C)(3)	11,930				DURABLE MEDICAL EQUIPMENT
SLED DOG SANCTUARY PO BOX 483 TALKEETNA,AK 99676	27-1306868	501(C)(3)	13,500				ADAPTIVE SPORTS

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

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SLIPPERY ROCK UNIVERSITY FOUNDATION INC 1 MORROW WAY ROOM 100 OLD MAIN SLIPPERY ROCK,PA 16057	23-7093388	501(C)(3)	5,000				ADAPTIVE SPORTS
SOJOURN THERAPEUTIC RIDING CENTER NFP 9139 S SPRINGFIELD 9335 WOFFNER PEOTONE IL BARN LOCATION EVERGREEN PARK,IL 60805	45-2435525	501(C)(3)	7,500				THERAPEUTIC HORSEBACK RIDING
SOUTHEASTERN OHIO CENTER FOR INDEPENDENT LIVING INC 418 SOUTH BROAD STREET LANCASTER,OH 43130	22-3882498	501(C)(3)	11,650				ADAPTIVE SPORTS

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

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SOUTHEASTERN WHEELCHAIR SPORTS ASSOCIATION 1100 SECOND AVENUE SOUTH NORTH MYRTLE BEACH,SC 29582	57-1014751	501(C)(3)	6,540				ADAPTIVE SPORTS
SPECIALIZED NEEDS RECREATION PO BOX 245 3700 N GOVERNMENT WAY STE J COEUR DALENE,ID 83816	82-0370987	501(C)(3)	5,000				CAMP
SPINA BIFIDA RESOURCE NETWORK 84 PARK AVENUE SUITE G-106 FLEMINGTON,NJ 08822	22-2562457	501(C)(3)	7,680				HEALTHCARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPORTABLE 1365 OVERBROOK ROAD ROOM 2 RICHMOND,VA 23220	20-8924701	501(C)(3)	8,156				ADAPTIVE SPORTS
ST BONIFACE HAITI FOUNDATION 383 ELLIOT ST DOOR G SUITE 100 NEWTON UPPER FALLS,MA 02464	04-3067595	501(C)(3)	5,000				TRANSITION FROM INSTITUTION TO HOME
ST LOUIS POWER SOCCER UNITED (SLPSU) 1913 THE WOODS CIRCLE BARNHART,MO 63012	47-2086677	501(C)(3)	11,300				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARKLOFF DISABILITY INSTITUTE 133 SOUTH 11TH STREET SUITE 500 ST LOUIS,MO 63102	84-1616567	501(C)(3)	5,000				EMPLOYMENT PROGRAM
STEFFI NOSSEN DANCE FOUNDATION 216 CENTRAL AVE WHITE PLAINS,NY 10606	13-3058080	501(C)(3)	5,000				ARTS PROGRAM
SUMMIT ASSISTANCE DOGS PO BOX 699 ANACORTES,WA 98221	91-2048706	501(C)(3)	5,000				SERVICE ANIMAL PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWIM WITH MIKE - UNIVERSITY OF SOUTHERN CALIFORNIA HERITAGE HALL 203A MC 0602 LOS ANGELES, CA 900890602	95-1642394	501(C)(3)	5,000				EDUCATION PROGRAM
TEAM RIVER RUNNER 5007 STONE ROAD ROCKVILLE,MD 20853	20-3838651	501(C)(3)	7,500				ADAPTIVE SPORTS
TEAMABILITY INC 1711 NORTH TRINITY SAN ANTONIO,TX 782016234	30-0208271	501(C)(3)	8,586				PHYSICAL/OCCUPATIONAL THERAPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TELLER SENIOR COALITION INC PO BOX 6956 WOODLAND PARK, CO 80866	84-1358087	501(C)(3)	25,000				TRANSPORTATION INITIATIVE
THE CHICKASAW NATION 520 E ARLINGTON BOX 1548 ADA,OK 748211548	73-1374986	501(C)(3)	24,715				DURABLE MEDICAL EQUIPMENT
THE FOUNDATION FOR THE LSU HEALTH SCIENCES CENTER 2000 TULANE AVENUE 4TH FLOOR NEW ORLEANS,LA 70112	77-1115391	501(C)(3)	12,000				PHYSICAL/OCCUPATIONAL THERAPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRAZER CENTER 1815 S PONCE DE LEON AVE NE ATLANTA,GA 30307	58-1824440	501(C)(3)	5,000				TRANSPORTATION
THE JEWISH COMMUNITY CENTER IN MANHATTAN INC 334 AMSTERDAM AVENUE NEWYORK,NY 10023	13-3490745	501(C)(3)	7,000				ARTS PROGRAM
THE LEGAL CLINIC FOR THE DISABLED INC 1513 RACE STREET PHILADELPHIA,PA 19102	23-2460392	501(C)(3)	5,000				ADVOCACY INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PAINTED TURTLE 1300 4TH ST SUITE 300 SANTA MONICA,CA 90401	95-4612481	501(C)(3)	7,500				CAMP
THE SPARKLE EFFECT 5080 CENTER COURT BETTENDORF,IA 52722	26-4572980	501(C)(3)	10,000				ADAPTIVE SPORTS
THE VISCARDI CENTER 201 IU WILLETS ROAD ALBERTSON,NY 115071599	11-1814883	501(C)(3)	5,000				ADVOCACY INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THERAPY CENTERS DBA CHALLENGE CENTER 5540 LAKE PARK WAY LA MESA,CA 91942	33-0248878	501(C)(3)	12,281				PHYSICAL/OCCUPATIONAL THERAPY
THROUGH THE LOOKING GLASS 3075 ADELINE STREET SUITE 120 BERKELEY,CA 94703	94-2823116	501(C)(3)	25,000				PHYSICAL/OCCUPATIONAL THERAPY
TOUCHSTONE FARM INC 13 PONY FARM LANE TEMPLE,NH 03084	02-0436529	501(C)(3)	9,956				THERAPEUTIC HORSEBACK RIDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIANGLE INC 420 PEARL STREET MALDEN, MA 02148	04-2486905	501(C)(3)	7,373				CONSUMER EDUCATION
TUCKERS HOUSE PO BOX 968 SPRING HILL, TN 37174	27-0896877	501(C)(3)	15,150				HOME ACCESSIBLITY MODIFICATIONS
UNITED STATES ADAPTIVE RECREATION CENTER POST OFFICE BOX 2897 43101 GOLDMINE DRIVE BIG BEAR LAKE, CA 923152897	95-3872771	501(C)(3)	8,723				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES CURLING ASSOCIATION 5525 CLEMS WAY STEVENS POINT,WI 54482	36-6066248	501(C)(3)	7,400				ADAPTIVE SPORTS
UNITED STATES QUAD RUGBY ASSOCIATION 726 PEACH PL DAVIS,CA 95616	36-3648503	501(C)(3)	5,000				ADAPTIVE SPORTS
UNITED STATES ROWING ASSOCIATION 2 WALL STREET PRINCETON,NJ 085401513	23-6275472	501(C)(3)	12,500				ADAPTIVE SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HOUSTON 5000 GULF FREEWAY BLDG 1 ROOM 300 HOUSTON,TX 77204	74-6001399	501(C)(3)	10,000				ADAPTIVE SPORTS
UNIVERSITY OF MONTANA AT MISSOULA NEW DIRECTIONS WELLNESS CENTER 600 CONNELL AVENUE PO BOX 7159 MISSOULA,MT 598077159	81-0362989	501(C)(3)	9,826				FACILITY ACCESSIBILITY MODIFICATIONS
VARIETY-THE CHILDREN'S CHARITY OF PITTSBURGH 11279 PERRY HIGHWAY SUITE 512 WEXFORD,PA 15090	25-1098099	501(C)(3)	7,500				FITNESS AND WELLNESS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VSA WISCONSIN INC 1709 ABERG AVE SUITE 1 MADISON,WI 53704	39-1526913	501(C)(3)	5,500				ARTS PROGRAM
WHEELCHAIR HELPPORG INC 515 EAST ST ELKHART,IN 46516	04-3683350	501(C)(3)	8,000				DURABLE MEDICAL EQUIPMENT
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD,NC 28025	56-2100632	501(C)(3)	9,324				THERAPEUTIC HORSEBACK RIDING

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

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WOLFSON CHILDREN'S SPECIALTY CENTER 164 NW MADISON STREET LAKE CITY,FL 32055	59-0747311	501(C)(3)	13,540				DURABLE MEDICAL EQUIPMENT
WORLD TEAM SPORTS 4250 VETERANS MEMORIAL HIGHWAY SUITE 420-E HOLBROOK,NY 11741	56-1827893	501(C)(3)	7,600				ADAPTIVE SPORTS
WYOMING DISABLED HUNTERS P O BOX 2232 CODY,WY 82414	26-3204990	501(C)(3)	8,500				ADAPTIVE SPORTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
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.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
7	For persons listed on 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.	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PETER WILDEROTTER PRESIDENT & CEO	(i)	357,690	0	0	15,825	11,759	385,274	0
	(ii)	0	0	0	0	0	0	0
2 SUSAN HOWLEY EXECUTIVE VP, RESEARCH	(i)	184,710	0	0	8,280	10,572	203,562	0
	(ii)	0	0	0	0	0	0	0
3 REBECCA LAMING VP, MARKETING & COMMUNICAT	(i)	172,459	7,500	0	5,473	12,197	197,629	0
	(ii)	0	0	0	0	0	0	0
4 MICHELE LOJACONO VP, OPERATIONS	(i)	136,461	0	0	6,307	17,392	160,160	0
	(ii)	0	0	0	0	0	0	0
5 MARGARET GOLDBERG VP, POLICY & PROGRAMS	(i)	163,192	10,000	0	5,400	20,498	199,090	0
	(ii)	0	0	0	0	0	0	0
6 ALAN BROWN DIRECTOR OF PUBLIC IMPACT	(i)	146,988	0	0	6,750	15,442	169,180	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 7	THE COMPENSATION AND THE EXECUTIVE COMMITTEE AWARDED BONUSES TO 2 OFFICERS BASED ON THEIR CONSIDERATION OF EXCELLENT PERFORMANCE

SCHEDULE M
(Form 990)

Noncash Contributions

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov /form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHRISTOPHER REEVE FOUNDATION

Employer identification number
22-2939536

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	391,651	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				<div>YesNo</div> <div>30aNo</div>
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				<div>31No</div>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				<div>32aYes</div>
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

SCHEDULE O
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization CHRISTOPHER REEVE FOUNDATION	Employer identification number 22-2939536
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Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE CHIEF FINANCIAL OFFICER'S RESPONSIBILITIES ARE PERFORMED BY AN OUTSIDE CONSULTANT

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO ANNUALLY THE CHAIRMAN OF THE COMMITTEE OBTAINS VARIOUS INDUSTRY BENCHMARKS FOR COMPARISON AFTER THE REVIEW PROCESS, THE COMPENSATION IS DETERMINED BASED ON THE DECISIONS OF THE EXECUTIVE COMMITTEE</p> <p>COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT & THE COMPENSATION COMMITTEE BASED ON WRITTEN PERFORMANCE EVALUATIONS AND OTHER BUDGET CONSIDERATIONS KEY EMPLOYEES HAVE ANNUAL PERFORMANCE EVALUATIONS AFTER WHICH COMPENSATION IS DETERMINED WHEN CONSIDERED NECESSARY, THE COMPENSATION COMMITTEE WILL MAKE COMPARISONS WITH OTHER SIMILAR ORGANIZATIONS BY REVIEWING OTHERS' COMPENSATION AS DISCLOSED IN THEIR RESPECTIVE FORM 990S AND DOCUMENT ITS EVALUATION PROCESS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990, ANNUAL REPORT, CONFLICT OF INTEREST POLICY, AND 501(C)(3) INTERNAL REVENUE SERVICE DETERMINATION LETTER ARE POSTED ON THE FOUNDATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER CONSULTANTS PROGRAM SERVICE EXPENSES 1,023,443 MANAGEMENT AND GENERAL EXPENSES 242,971 FUNDRAISING EXPENSES 121,039 TOTAL EXPENSES 1,387,453

Return Reference	Explanation
FORM 990, SECTION XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR THE YEAR ENDED DECEMBER 31, 2015, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.

Return Reference	Explanation
PART X, BALANCE SHEET, PAGE 11	RECLASSIFICATION CERTAIN PRIOR PERIOD AMOUNTS HAVE BEEN RECLASSIFIED TO CONFORM TO THE CURRENT YEAR PRESENTATION OF THE AUDITED FINANCIAL STATEMENTS SPECIFICALLY, CERTAIN NET ASSETS THAT WERE PREVIOUSLY REPORTED AS UNRESTRICTED ON THE STATEMENTS OF FINANCIAL POSITION AND STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS WERE RECLASSIFIED TO TEMPORARILY RESTRICTED NET ASSETS THE AUDITED FINANCIAL STATEMENTS REFLECT THE FOLLOWING CHANGES TO THE NET ASSETS 1 A DECREASE IN UNRESTRICTED BEGINNING BALANCE FROM \$4,622,729 TO \$2,576,073, A DECREASE OF \$2,046,656 2 AN INCREASE IN TEMPORARY RESTRICTED BEGINNING BALANCE FROM \$286,851 TO \$2,333,507, AN INCREASE OF \$2,046,656