

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 10-01-2023, and ending 09-30-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 733 THIRD AVENUE. City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 100173211

D Employer identification number: 13-5661935. E Telephone number: (855) 372-1331. G Gross receipts \$ 213,116,583

F Name and address of principal officer: TIMOTHY COETZEE, 733 THIRD AVENUE, NEW YORK, NY 100173211

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number 1048

I Tax-exempt status: 501(c)(3)

J Website: WWW.NATIONALMSSOCIETY.ORG

K Form of organization: Corporation

L Year of formation: 1946. M State of legal domicile: NY

Part I Summary

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, membership counts, revenue (Total: 171,750,637), expenses (Total: 169,076,414), and net assets (Total: 127,493,073).

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.

Sign Here: Signature of officer CINDY BERTRANDO, CHIEF FINANCIAL OFFICER. Date: 2025-05-21. Paid Preparer Use Only: Preparer's name GRANT THORNTON ADVISORS LLC, Date, Firm's name, Firm's EIN, Firm's address.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

WE WILL CURE MS WHILE EMPOWERING PEOPLE AFFECTED BY MS TO LIVE THEIR BEST LIVES.

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 \$ 47,201,303 including grants of \$ 2,963,901) (Revenue \$ 0)

CLIENT AND COMMUNITY SERVICES (SEE SCHEDULE O)CLIENT AND COMMUNITY SERVICES - THE SOCIETY EMPOWERS PEOPLE AFFECTED BY MS TO SOLVE EVERYDAY CHALLENGES. WE BELIEVE THAT WHEN INDIVIDUALS ARE INFORMED, CONNECTED AND SUPPORTED BY LOVED ONES, COMMUNITIES, HEALTHCARE PROVIDERS AND THE SOCIETY, THEY EXPERIENCE AN IMPROVED QUALITY OF LIFE, INCREASED CONFIDENCE, NEW CONNECTIONS, AND TAKE POSITIVE ACTIONS TOWARD LIVING THEIR BEST LIVES. WE ACHIEVE THIS BY SERVING AS A TRUSTED SOURCE OF SUPPORT, OFFERING EDUCATIONAL PROGRAMS, RELIABLE INFORMATION, AND ONE-ON-ONE GUIDANCE THROUGH MS NAVIGATORS. WE ALSO FOSTER CONNECTIONS BETWEEN PEOPLE IMPACTED BY MS, PROVIDING EMOTIONAL SUPPORT AND A SENSE OF COMMUNITY. IN FISCAL 2024, MS NAVIGATORS ASSISTED 28,129 INDIVIDUALS IN CONNECTING TO CRITICAL RESOURCES SUCH AS MS EDUCATION AND INFORMATION, HEALTHCARE, FINANCIAL, EMOTIONAL, AND PERSONALIZED CASE MANAGEMENT SUPPORT. THE SOCIETY DELIVERED OVER 106 VIRTUAL AND IN-PERSON EDUCATIONAL PROGRAMS, REACHING 5,912 ATTENDEES. PROGRAMS WERE MADE AVAILABLE ON DEMAND, ALLOWING AN ADDITIONAL 225,493 INDIVIDUALS TO ENGAGE WITH THE CONTENT. TOPICS INCLUDED SYMPTOM MANAGEMENT, TREATMENT OPTIONS, AND WELLNESS STRATEGIES. APPROXIMATELY 780 ACTIVE SUPPORT GROUP LEADERS SPANNED THE COUNTRY, HELPING PROVIDE CONNECTIONS BOTH IN-PERSON AND WITHIN VIRTUAL SETTING FOR PEOPLE LIVING WITH MS AND THEIR LOVED ONES. 1,900 INDIVIDUALS WERE REFERRED BY THEIR HEALTHCARE PROVIDER TO THE NATIONAL MS SOCIETY TO RECEIVE INFORMATION AND SUPPORT IN MANAGING MS.AS A RESULT OF THESE CLIENT AND COMMUNITY SERVICES, 78% OF PARTICIPATING INDIVIDUALS FEEL MORE CONFIDENT IN ADDRESSING CHALLENGES OF MS, 76% FEEL THE NATIONAL MS SOCIETY IS A TRUSTED SOURCE OF SUPPORT, AND 85% OF INDIVIDUALS MADE NEW CONNECTIONS TO INFORMATION, PEOPLE, AND OTHER SOURCES OF SUPPORT.THESE PROGRAMS AND SUPPORT DIRECTLY ADVANCE OUR MISSION TO CURE MS WHILE ENPOWERING PEOPLE AFFECTED BY MS TO LIVE THEIR BEST LIVES.

4b (Code:) (Expenses \$ 35,715,880 including grants of \$ 0) (Revenue \$ 0)

PUBLIC EDUCATION (SEE SCHEDULE O)PUBLIC EDUCATION - PEOPLE WITH MS CAN BETTER MANAGE THEIR DISEASE WHEN THEY HAVE THE SUPPORT AND UNDERSTANDING OF THE PEOPLE AROUND THEM-FROM DOCTORS TO EMPLOYERS TO FAMILY MEMBERS. THAT'S WHY WE WORK RELENTLESSLY TO TELL THE WORLD WHAT IT MEANS TO LIVE WITH MS. WE EDUCATE THE PUBLIC THROUGH THE SOCIETY'S AWARENESS CAMPAIGNS, PUBLIC SERVICE ANNOUNCEMENTS, AND MOMENTUM, WHICH IS THE SOCIETY'S FLAGSHIP MAGAZINE DISTRIBUTED QUARTERLY TO NEARLY 500,000 PEOPLE LIVING WITH MS, HEALTHCARE PROVIDERS, AND SUPPORTERS OF THE SOCIETY. WE SEND BIMONTHLY EMAILS WITH NEWS AND INFORMATION ABOUT MS TO 850,000 PEOPLE AND MORE THAN 6.2 MILLION PEOPLE VISIT THE SOCIETY'S WEBSITE EACH YEAR TO ACCESS INFORMATION AND SUPPORT AND GET INVOLVED.IN ADDITION, MANY PEOPLE GET ENGAGED IN CONVERSATIONS AND LEARN MORE ABOUT MS VIA THE SOCIETY'S SOCIAL MEDIA, WITH MORE THAN 1.1 MILLION FOLLOWERS.

4c (Code:) (Expenses \$ 30,721,142 including grants of \$ 25,529,051) (Revenue \$)

RESEARCH AND SCIENTIFIC STUDIES (SEE SCHEDULE O)RESEARCH AND SCIENTIFIC STUDIES - IN FISCAL 2024, THE SOCIETY INVESTED \$31.2 MILLION TO SUPPORT 271 NEW AND ONGOING RESEARCH PROJECTS AROUND THE WORLD AIMED AT STOPPING MS IN ITS TRACKS, RESTORING FUNCTION, AND ENDING THE DISEASE FOREVER. THE SOCIETY ENGAGED 104 EXPERT SCIENTIFIC AND PEER REVIEWERS TO EVALUATE 369 PROPOSALS FOR RESEARCH GRANTS, FELLOWSHIPS AND EARLY CAREER AWARDS, COMMERCIAL RESEARCH AND DEVELOPMENT AGREEMENTS, AND TARGETED RESEARCH GRANTS. WE ALSO ENGAGED 15 LAY COMMUNITY REVIEWERS TO HELP THE SOCIETY IDENTIFY THE MOST PROMISING AND APPROPRIATE RESEARCH INVESTMENTS.RESEARCH PRIORITY AREAS TO DRIVE BREAKTHROUGHS TO A CURE INCLUDE: ACCELERATING PROMISING RESEARCH TO EMPOWER PEOPLE AFFECTED BY MS TO LIVE THEIR BEST LIVES AND ADVANCE THE PATHWAYS TO MS CURES ROADMAP, INCLUDING: STOPPING DISEASE ACTIVITY AND PROGRESSION THROUGH PRECISION MEDICINE AND EARLY DETECTION; RESTORING WHAT'S BEEN LOST BY REVERSING SYMPTOMS AND DISABILITY THROUGH REGENERATION AND FUNCTIONAL RECOVERY ENHANCED BY REHABILITATION AND WELLNESS; AND ENDING THE DISEASE THROUGH PREVENTION BY LIMITING EXPOSURE TO RISK FACTORS ACROSS THE POPULATION AND FOR THOSE MOST AT-RISK.

(Code:) (Expenses \$ 6,563,759 including grants of \$ 1,708,037) (Revenue \$ 0)

PROFESSIONAL EDUCATION AND TRAINING - THE SOCIETY WANTS SCIENTISTS AND HEALTHCARE PROFESSIONALS TO BE AWARE OF AND TRAINED IN MS SO THAT THE VERY BEST EXPERTISE WORLDWIDE IS ENGAGED IN FINDING TREATMENTS AND SOLUTIONS FOR EVERYONE WITH MS. THIS INCLUDES ACTIVITIES AND PROGRAMS DESIGNED TO IMPROVE THE KNOWLEDGE, SKILLS, AND CRITICAL JUDGEMENT OF SCIENTISTS, PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS ENGAGED (DIRECTLY OR INDIRECTLY) IN PROVIDING SERVICES TO PEOPLE LIVING WITH MS BY KEEPING THEM ABREAST OF NEW DIAGNOSTIC TECHNIQUES AND THERAPIES. IN FISCAL 2024, 86 CLINICIANS, WHO PROVIDE CARE FOR APPROXIMATELY 12,500 PEOPLE WITH MS, PARTICIPATED IN ECHO MS, WHICH IS A CONTINUING MEDICAL EDUCATION PROGRAM THAT ESTABLISHES A PEER-TO-PEER KNOWLEDGE SHARING NETWORK TO IMPROVE OVERALL HEALTH OUTCOMES FOR INDIVIDUALS WITH MS. 91% OF PARTICIPANTS REPORTED THAT THEY WILL BE MAKING A CHANGE TO THEIR CLINICAL PRACTICE AS A RESULT OF THE PROGRAM. AS OF 2024, THE SOCIETY HAS FUNDED THE TRAINING OF 115 PHYSICIANS TO BECOME MS SPECIALISTS WHO ARE NOW PROVIDING CARE FOR NEARLY 18,000 PEOPLE LIVING WITH MS.

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

(Expenses \$ 6,563,759 including grants of \$ 1,708,037) (Revenue \$ 0)

4e Total program service expenses 120,202,084

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	Yes	
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>	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>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 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>		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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?	Yes	
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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		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>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

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 1,035
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
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 Yes
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)? Enter the name of the foreign country: 4a No
b 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
9 Sponsoring organizations maintaining donor advised funds.
a 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? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 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
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
16 If the organization is a trust and files Form 4720, Schedule N, Section 4968 excise tax on net investment income? 16 No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17
If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Row 18: Section 6104 requires an organization to make its Form 1023... Row 19: Describe in Schedule O whether... Row 20: State the name, address, and telephone number...

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA ZAGIEBOYLO PRESIDENT & CEO (THRU 07/2024)	40.00 0.00	X		X			630,435	0	13,200	
(2) TIMOTHY COETZEE PRESIDENT & CEO (AS OF 07/2024)	40.00 0.00	X		X			385,380	0	63,156	
(3) PETER PORRINO CHAIR	5.00 0.00	X		X			0	0	0	
(4) DANA M FOOTE VICE CHAIR	5.00 0.00	X		X			0	0	0	
(5) BONNIE HIGGINS VICE CHAIR	5.00 0.00	X		X			0	0	0	
(6) CAROLINE WHITACRE VICE CHAIR	5.00 0.00	X		X			0	0	0	
(7) DIANA TWADELL SECRETARY	5.00 0.00	X		X			0	0	0	
(8) HAFIZ CHANDIWALA TREASURER	5.00 0.00	X		X			0	0	0	
(9) MICHAEL BOGDONOFF DIRECTOR (THRU 11/2023)	5.00 0.00	X					0	0	0	
(10) CHRIS CAMPBELL DIRECTOR	5.00 0.00	X					0	0	0	
(11) MICHELE DINN DIRECTOR	5.00 0.00	X					0	0	0	
(12) KASSAUNDR A ESCALERA DIRECTOR	5.00 0.00	X					0	0	0	
(13) DON FRACCHIA DIRECTOR (AS OF 11/2023)	5.00 0.00	X					0	0	0	
(14) PETER GALLIGAN DIRECTOR	5.00 0.00	X					0	0	0	
(15) SHYAM GIDUMAL DIRECTOR	5.00 0.00	X					0	0	0	
(16) ANDY HARRIS DIRECTOR	5.00 0.00	X					0	0	0	
(17) IAN HARRIS DIRECTOR	5.00 0.00	X					0	0	0	

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

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) WILLIAM HOLLEY DIRECTOR	5.00 0.00	X					0	0	0
(19) TIMOTHY HUSKEY DIRECTOR	5.00 0.00	X					0	0	0
(20) RICHARD KNUTSON DIRECTOR (THRU 11/2023)	5.00 0.00	X					0	0	0
(21) JAMIE LARSEN DIRECTOR (AS OF 11/2023)	5.00 0.00	X					0	0	0
(22) ANDREA LINDSLEY DIRECTOR (AS OF 11/2023)	5.00 0.00	X					0	0	0
(23) MARK LIVINGSTON DIRECTOR	5.00 0.00	X					0	0	0
(24) LINDA MCALEER DIRECTOR	5.00 0.00	X					0	0	0
(25) RICK MCDERMOTT DIRECTOR	5.00 0.00	X					0	0	0
(26) WILLIAM T MONAHAN DIRECTOR (THRU 11/2023)	5.00 0.00	X					0	0	0
(27) HELEN MYERS DIRECTOR (AS OF 11/2023)	5.00 0.00	X					0	0	0
(28) ELIZABETH PAGE DIRECTOR (THRU 11/2023)	5.00 0.00	X					0	0	0
(29) RUSSELL PARKER DIRECTOR	5.00 0.00	X					0	0	0
(30) CHET POREMSKI DIRECTOR (THRU 11/2023)	5.00 0.00	X					0	0	0
(31) TOBI ROGOWSKY DIRECTOR	5.00 0.00	X					0	0	0
(32) DAVID M ROTTKAMP DIRECTOR	5.00 0.00	X					0	0	0
(33) ROBERT SHIN DIRECTOR	5.00 0.00	X					0	0	0
(34) NANCY SICOTTE DIRECTOR (AS OF 11/2023)	5.00 0.00	X					0	0	0
(35) JAMI STEWART DIRECTOR	5.00 0.00	X					0	0	0
(36) WENDI WASIK DIRECTOR	5.00 0.00	X					0	0	0
(37) MALCOLM P WATTMAN ESQ DIRECTOR (THRU 11/2023)	5.00 0.00	X					0	0	0
(38) CYNTHIA BERTRANDO CHIEF FINANCIAL OFFICER	40.00 0.00			X			275,591	0	52,587
(39) LISA GOLDFARB THRU 052024 CHIEF PPL, VOL & COMM ENG OFFICER	40.00 0.00			X			391,879	0	13,200
(40) TAMI CAESAR THRU 122023 CHIEF OPERATING OFFICER	40.00 0.00			X			704,634	0	33,730
(41) JENNIFER LEE EVP, DEVELOPMENT	40.00 0.00				X		292,165	0	34,237
(42) BRUCE BEBO EVP, RESEARCH	40.00 0.00				X		233,185	0	37,795
(43) RONDA KRIER EVP, TECHNOLOGY	40.00 0.00				X		217,874	0	61,568
(44) KAREN MARINER EVP, PROGRAMS & SUPPORT	40.00 0.00				X		194,331	0	22,048
(45) MISTY FLOWERS AS OF 062024 EVP, FINANCE & OPERATIONS	40.00 0.00				X		163,811	0	47,585
(46) PHYLLIS ROBESHAM THRU 072024 EVP, COMMUNITY LEADERSHIP	40.00 0.00					X	277,045	0	30,177
(47) WHITNIE GLADDEN GENERAL COUNSEL	40.00 0.00					X	270,835	0	25,810
(48) BARI TALENTE EVP, ADVOCACY & HEALTHCARE ACCESS	40.00 0.00					X	271,742	0	64,698
(49) RON ZWERIN THRU 062024 EVP, MKT, BRAND & COMMUNICATIONS	40.00 0.00					X	230,421	0	54,341
(50) REBECCA FEHLIG EVP, OPERATIONS (THRU 07/2024)	40.00 0.00					X	222,208	0	8,815
(51) GRAHAM MCREYNOLDS FORMER AVP, GLOBAL INITIATIVES	0.00 0.00					X	122,590	0	4,931
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						4,884,126	0	567,878	

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 **155**

	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 Yes	
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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MERKLE INC 7001 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	SEE SCHEDULE O	9,988,394
SLALOM INC 255 S KING ST STE 1800 SEATTLE, WA 98104	IT PROFESSIONAL SERVICES	3,424,178
GLOBAL CLOUD LTD 30 WEST THIRD STREET CINCINNATI, OH 45202	IT/PROCESSING SERVICES	1,568,667
PROVIDENT CONTRUCTION INC 12424 E WEAVER PLACE CENTENNIAL, CO 80111	CONSTRUCTION	849,159
INTECROWD LLC 8927 HYPOLUXO ROAD STE A4-330 LAKE WORTH, FL 33467	IT PROFESSIONAL SERVICES	754,004

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 **36**

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		
b Membership dues		1b		
c Fundraising events		1c	79,917,639	
d Related organizations		1d		
e Government grants (contributions)		1e	358,012	
f All other contributions, gifts, grants, and similar amounts not included above		1f	83,818,823	
g Noncash contributions included in lines 1a - 1f:\$		1g	2,511,664	
h Total. Add lines 1a-1f				164,094,474

Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f	All other program service revenue.				
g Total.	Add lines 2a-2f.				

3	Investment income (including dividends, interest, and other similar amounts)		4,121,225		4,121,225
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	(i) Real	20,106	(ii) Personal	
b	Less: rental expenses	6b	0		
c	Rental income or (loss)	6c	20,106		
d	Net rental income or (loss)		20,106		20,106
7a	Gross amount from sales of assets other than inventory	(i) Securities	20,431,044	(ii) Other	
b	Less: cost or other basis and sales expenses	7b	17,894,742		
c	Gain or (loss)	7c	2,536,302		
d	Net gain or (loss)		2,536,302		2,536,302
8a	Gross income from fundraising events (not including \$ 79,917,639 of contributions reported on line 1c). See Part IV, line 18	8a	23,465,772		
b	Less: direct expenses	8b	23,465,772		
c	Net income or (loss) from fundraising events		0		
9a	Gross income from gaming activities. See Part IV, line 19	9a	74,985		
b	Less: direct expenses	9b	5,432		
c	Net income or (loss) from gaming activities		69,553		69,553
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Net income or (loss) from sales of inventory				

Other Revenue		Business Code			
11a	ADVERTISING INCOME	900099	642,657		642,657
b	MISCELLANEOUS INCOME	900099	266,320		266,320
c					
d	All other revenue				
e Total.	Add lines 11a-11d		908,977		
12 Total revenue.	See instructions		171,750,637	0	642,657

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	23,849,553	23,849,553		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,972,701	2,972,701		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	3,378,735	3,378,735		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,169,243	2,964,189	480,919	724,135
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	68,233,910	48,511,984	7,870,726	11,851,200
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,175,478	1,546,691	250,940	377,847
9 Other employee benefits	14,279,185	10,152,013	1,647,092	2,480,080
10 Payroll taxes	5,438,158	3,866,345	627,287	944,526
11 Fees for services (non-employees):				
a Management	65,444		65,444	
b Legal	620,418		620,418	
c Accounting	179,230		179,230	
d Lobbying	72,567	72,567		
e Professional fundraising services. See Part IV, line 17	2,400,997			2,400,997
f Investment management fees	292,609		292,609	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,027,307	4,504,109	39,549	1,483,649
12 Advertising and promotion	3,361,682	841,901	120,281	2,399,500
13 Office expenses	3,439,444	96,582	71,601	3,271,261
14 Information technology	9,823,660	6,962,681	1,012,090	1,848,889
15 Royalties				
16 Occupancy	5,794,244	3,978,077	694,219	1,121,948
17 Travel	887,201	420,837	35,583	430,781
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,554,220	1,306,081	41,859	206,280
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,025,420	704,427	122,587	198,406
23 Insurance	1,312,107	900,715	157,284	254,108
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 PRINTING, PUB., & POST.	6,480,071	2,188,112	613,791	3,678,168
b AWARDS & PRIZES	439,110	421,990	3,513	13,607
c EQUIPMENT RENTAL	229,649	157,705	27,490	44,454
d BAD DEBTS	58,856	18,169	30,359	10,328
e All other expenses	515,215	385,920	70,501	58,794
25 Total functional expenses. Add lines 1 through 24e	169,076,414	120,202,084	15,075,372	33,798,958
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).	5,077,088	608,713	668,475	3,799,900

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	45,147,637	2	22,733,586
	3 Pledges and grants receivable, net	16,179,235	3	10,993,676
	4 Accounts receivable, net	426,663	4	343,656
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,743,599	9	6,471,020
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,439,020		
	b Less: accumulated depreciation	10b 5,553,046	3,025,924	10c 3,885,974
	11 Investments—publicly traded securities	97,185,609	11	111,852,609
	12 Investments—other securities. See Part IV, line 11	153,584	12	154,480
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,367,263	15	44,682,762
16 Total assets: Add lines 1 through 15 (must equal line 33)	184,229,514	16	201,117,763	
Liabilities	17 Accounts payable and accrued expenses	14,683,244	17	14,142,448
	18 Grants payable	24,307,666	18	24,049,274
	19 Deferred revenue	6,422,973	19	8,624,082
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	13,687,461	21	14,564,199
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	15,589,321	25	12,244,687
	26 Total liabilities. Add lines 17 through 25	74,690,665	26	73,624,690
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	59,017,006	27	54,418,000
	28 Net assets with donor restrictions	50,521,843	28	73,075,073
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	109,538,849	32	127,493,073
	33 Total liabilities and net assets/fund balances	184,229,514	33	201,117,763

Part XI Reconciliation 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	171,750,637
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,076,414
3	Revenue less expenses. Subtract line 2 from line 1	3	2,674,223
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,538,849
5	Net unrealized gains (losses) on investments	5	14,976,095
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	303,906
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	127,493,073

Part XII Financial 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 on 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		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	150,008,066	139,286,957	166,995,681	145,194,411	164,094,474	765,579,589
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	150,008,066	139,286,957	166,995,681	145,194,411	164,094,474	765,579,589
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)						7,572,010
6 Public support. Subtract line 5 from line 4.						758,007,579

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	150,008,066	139,286,957	166,995,681	145,194,411	164,094,474	765,579,589
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,899,079	2,907,536	3,602,458	4,712,323	4,141,331	19,262,727
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	1,190,061	1,262,718	760,548	409,144	642,657	4,265,128
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	7,629,516	8,188,509	19,870,045	22,796,887	23,807,077	82,292,034
11 Total support. Add lines 7 through 10						871,399,478
12 Gross receipts from related activities, etc. (see instructions)					12	38,195
13 First 5 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 2023 (line 6, column (f) divided by line 11, column (f))	14	86.990 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	88.160 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2023. 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.
b 33 1/3% support tests—2022. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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.		
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).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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.		
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.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
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.		
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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) 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 .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
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).		

Part IV Supporting Organizations (continued)

		Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	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>		
b	Did the activities described on line 2a, above 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>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

		Yes	No
a	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>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

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

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 (<i>explain in detail in Part VI</i>): | | | |
| 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 0.015 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 0.035 | 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)

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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 A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GROSS INCOME FROM FUNDRAISING - 2019 AMOUNT: \$ 7,531,945. 2020 AMOUNT: \$ 8,057,964. 2021 AMOUNT: \$ 19,793,927. 2022 AMOUNT: \$ 22,412,256. 2023 AMOUNT: \$ 23,465,772. GROSS RECEIPT FROM GAMING - 2019 AMOUNT: \$ 0. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 201,720. 2023 AMOUNT: \$ 74,985. MISCELLANEOUS INCOME - 2019 AMOUNT: \$ 97,571. 2020 AMOUNT: \$ 130,545. 2021 AMOUNT: \$ 76,118. 2022 AMOUNT: \$ 182,911. 2023 AMOUNT: \$ 266,320.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
 13-5661935

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
 13-5661935

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See Instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Table with columns Return Reference and Explanation. Row 1: PART II-B, LINE 1: APPROXIMATELY 45,000 MS ACTIVISTS WITH PERSONAL CONNECTIONS TO MULTIPLE SCLEROSIS ARE ON THE FRONTLINE, MOVING TOGETHER AND SPEAKING WITH ONE VOICE TO CREATE LEGISLATIVE AND REGULATORY CHANGES THAT BENEFIT PEOPLE LIVING WITH MS AND THEIR FAMILIES. THEIR ACTIONS DRIVE CHANGE IN PUBLIC POLICIES TO BRING POSITIVE IMPACT FOR PEOPLE AFFECTED BY MS. VOLUNTEERS SHARE STORIES ABOUT LIVING WITH MS, CONNECT WITH DECISION MAKERS, WORK WITH LIKE-MINDED PARTNERS AND CREATE SYSTEMIC CHANGE TO IMPACT THE GREATEST NUMBER OF PEOPLE POSSIBLE. STATE AND FEDERAL POLICY PRIORITIES ARE DETERMINED BY BOTH AN ORGANIZATIONAL PROCESS AND BY STAFF AND GOVERNMENT RELATIONS VOLUNTEERS. TOP AREAS OF FOCUS IN FISCAL 2024 INCLUDED ADVOCATING FOR ACCESS TO QUALITY, AFFORDABLE HEALTH COVERAGE; ACCESS TO AFFORDABLE MEDICATION (PHARMACY BENEFIT MANAGER REFORM); EXTENDING BENEFITS OF TELEHEALTH SERVICES; AND INCREASED FUNDING FOR MS RESEARCH.

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for types of easements, a table for 'Held at the End of the Year' (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,860,478	18,296,930	23,355,758	20,280,605	21,446,141
b Contributions		5,000	553	211,969	291,990
c Net investment earnings, gains, and losses	4,561,084	2,600,261	-4,254,137	5,090,737	-870,352
d Grants or scholarships					
e Other expenditures for facilities and programs	703,347	1,011,097	734,562	2,182,798	193,288
f Administrative expenses	60,885	30,616	70,682	44,755	393,886
g End of year balance	23,657,330	19,860,478	18,296,930	23,355,758	20,280,605

- 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 ▶ 70.292 %
 - c** Term endowment ▶ 29.708 %
- 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | No |
| (ii) Related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,527,792	619,253	908,539
d Equipment		5,127,436	2,158,301	2,969,135
e Other		2,783,792	2,775,492	8,300
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,885,974

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	29,509,660
(2) OPERATING LEASE RIGHT-OF-USE ASSETS	9,239,016
(3) OTHER NON-CURRENT ASSETS	5,934,086
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	44,682,762

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITIES	10,551,044
DUE TO ANNUITANTS	1,308,174
OTHER LIABILITIES	385,469
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,244,687

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	196,824,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	14,976,095
b	Donated services and use of facilities	2b	10,086,312
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	303,906
e	Add lines 2a through 2d	2e	25,366,313
3	Subtract line 2e from line 1	3	171,458,028
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	292,609
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	292,609
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	171,750,637

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	178,870,117
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,086,312
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,086,312
3	Subtract line 2e from line 1	3	168,783,805
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	292,609
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	292,609
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	169,076,414

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 IV, LINE 2B:	ESCROW LIABILITY ARRANGEMENT EXPLANATION THE SOCIETY IS THE LEAD AGENCY AND A MANAGING MEMBER OF THE PROGRESSIVE MS ALLIANCE, ALONG WITH ASSOCIAZIONE ITALIANA SCLEROSI MULTIPLA (ITALY), MS AUSTRALIA, MULTIPLE SCLEROSIS INTERNATIONAL FEDERATION, MS SOCIETY (UNITED KINGDOM), AND THE MULTIPLE SCLEROSIS SOCIETY OF CANADA. THE ALLIANCE IS OPEN TO MS ORGANIZATIONS FROM AROUND THE WORLD AND IT IS CONTINUALLY SEEKING NEW MEMBER ORGANIZATIONS FROM THE GLOBAL MS COMMUNITY. THE ALLIANCE MADE A JOINT COMMITMENT TO ACCELERATE THE DEVELOPMENT OF TREATMENT FOR PROGRESSIVE MS. THE ALLIANCE HAS THREE PRIORITY OBJECTIVES WHICH INCLUDE: UNDERSTAND, PREVENT AND REVERSE PROGRESSION, SPEED UP AND IMPROVE CLINICAL TRIALS, AND IMPROVE WELL-BEING THROUGH PROVEN THERAPEUTIC APPROACHES. OUR FOCUS AND MISSION REMAIN CLEAR: TO ACCELERATE THE DEVELOPMENT OF EFFECTIVE TREATMENTS FOR PEOPLE WITH MULTIPLE SCLEROSIS WORLDWIDE. THE ALLIANCE INVESTS IN RESEARCH THAT ADVANCES OUR UNDERSTANDING OF PROGRESSIVE MS, IDENTIFIES POTENTIAL NEW TREATMENTS, AND CREATES TOOLS TO SPEED UP AND IMPROVE CLINICAL TRIALS. AS A MANAGING MEMBER, THE SOCIETY CONTRIBUTED \$14,331,769 THROUGH FISCAL 2024 AND HAS COMMITTED \$558,036 OVER THE NEXT YEAR, CONDITIONAL ON VARIOUS FACTORS. IN ADDITION, AS THE LEAD AGENCY, THE SOCIETY MAINTAINS CUSTODY OF THE POOLED FUNDS CONTRIBUTED FROM OTHER ALLIANCE MEMBERS. THE DISBURSEMENT OF FUNDS FOR PROGRESSIVE MS RESEARCH INITIATIVES IS APPROVED BY THE EXECUTIVE COMMITTEE, MADE UP OF THE CEOS OF THE MANAGING MEMBER ORGANIZATIONS. THE SOCIETY RECEIVED A TOTAL OF \$2,912,489 DURING THE YEAR ENDING SEPTEMBER 30, 2024 FROM ALLIANCE MEMBERS, WHICH WILL BE HELD UNTIL SUCH TIME THE FUNDS ARE APPROVED FOR EXPENDITURE. AS OF SEPTEMBER 30, 2024, THE SOCIETY RECORDED UNSPENT DONATED FUNDS, CONSISTING OF BOTH SOCIETY AND OTHER ALLIANCE MEMBERS' MONIES, TOTALING \$14,564,199, AS A LIABILITY.
PART V, LINE 4:	INTENDED USES OF ENDOWMENT FUND THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER INTENDED TO PRESERVE THEIR VALUE CONSISTENT WITH SUCH DONOR STIPULATIONS, MINIMIZE THE EFFECT OF HIGH ECONOMIC VOLATILITY AND/OR LOW INVESTMENT RETURN AND PROVIDE FUNDING FOR THE PROGRAMS SPECIFIED BY THE DONORS, INCLUDING THE MARILYN HILTON MS ACHIEVEMENT CENTER, DIRECT FINANCIAL ASSISTANCE, RESEARCH, AND OTHER GENERAL SERVICES, PROGRAMS AND OPERATIONS.
PART X, LINE 2:	FIN 48 FOOTNOTE GUIDANCE IN "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNDER THE ASC OF THE FASB CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE SOCIETY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. FOR THE YEAR ENDING SEPTEMBER 30, 2024, THE SOCIETY RECORDED \$8,600 AS A PROVISION FOR INCOME TAXES FROM UNRELATED BUSINESS INCOME ACTIVITIES WHICH IS REFLECTED WITHIN ACCOUNTS PAYABLE AND ACCRUED LIABILITIES ON THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST 379,089. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -75,183.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

2023

Open to Public Inspection

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or 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 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	0	14	GRANTMAKING		1,787,068
(2) EAST ASIA AND THE PACIFIC	0	5	GRANTMAKING		1,051,271
(3) NORTH AMERICA	0	6	GRANTMAKING		540,396
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	25			3,378,735
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	25			3,378,735

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EAST ASIA AND THE PACIFIC	RESEARCH	65,380	WIRE	0		
(2)		EAST ASIA AND THE PACIFIC	RESEARCH	297,356	WIRE	0		
(3)		EAST ASIA AND THE PACIFIC	RESEARCH	161,762	WIRE	0		
(4)		EAST ASIA AND THE PACIFIC	RESEARCH	226,773	WIRE	0		
(5)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	162,623	WIRE	0		
(6)		NORTH AMERICA	RESEARCH	25,781	WIRE	0		
(7)		NORTH AMERICA	RESEARCH	65,509	WIRE	0		
(8)		NORTH AMERICA	RESEARCH	129,009	WIRE	0		
(9)		NORTH AMERICA	RESEARCH	175,167	WIRE	0		
(10)		NORTH AMERICA	RESEARCH	100,000	WIRE	0		
(11)		NORTH AMERICA	RESEARCH	44,930	WIRE	0		
(12)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	160,740	WIRE	0		
(13)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	250,544	WIRE	0		
(14)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	119,624	WIRE	0		
(15)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	193,746	WIRE	0		
(16)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	33,000	WIRE	0		
(17)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	223,131	WIRE	0		
(18)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	18,457	WIRE	0		
(19)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	100,000	WIRE	0		
(20)		EAST ASIA AND THE PACIFIC	RESEARCH	300,000	WIRE	0		
(21)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	84,594	WIRE	0		
(22)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	24,495	WIRE	0		
(23)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	147,102	WIRE	0		
(24)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	23,158	WIRE	0		
(25)		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	245,854	WIRE	0		

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 25

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

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

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If Yes, list the 10 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 MERKLE GROUP 7001 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046	DONOR DATA		No	8,113,445	2,272,601	5,840,844
2 CLINTON MATTHEW BELL 3262 WALDEN GLEN ESCONDIDO, CA 92027	EVENT AUCTIONEER		No	601,813	36,570	565,243
3 MATTHEW WALTER NEWSOM 1901 KILMONACK LANE CHARLOTTE, NC 28270	EVENT AUCTIONEER		No	189,892	12,150	177,742
4 SCOTT ROBERTSON PA 2759 JANET STREET MATLACHA, FL 33993	EVENT AUCTIONEER		No	77,900	5,800	72,100
5 BEN FARRELL AUCTION & REAL ESTATE LLC 920 GREEN VALLEY DRIVE NASHVILLE, TN 37220	EVENT AUCTIONEER		No	62,228	14,971	47,257
6 BENEFIT AUCTIONS 360 LLC PO BOX 12633 PORTLAND, OR 97212	EVENT AUCTIONEER		No	49,750	7,000	42,750
7 MENISH PRODUCTIONS INC PO BOX 221066 LOUISVILLE, KY 40252	EVENT AUCTIONEER		No	37,445	5,600	31,845
8 SUSAN L JOHNSON 7393 NORTH DEARBORN RD GUILFORD, IN 47022	EVENT AUCTIONEER		No	29,897	6,275	23,622
9 HUNT AUCTIONEERS 2 GOLD STREET 4503 NEW YORK, NY 10038	EVENT AUCTIONEER		No	23,606	5,500	18,106
10						
Total				9,185,976	2,366,467	6,819,509

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		BIKE MS (50) (event type)	WALK MS (218) (event type)	96 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	51,813,064	33,645,011	17,925,336	103,383,411
	2 Less: Contributions	38,551,089	27,694,542	13,672,008	79,917,639
	3 Gross income (line 1 minus line 2)	13,261,975	5,950,469	4,253,328	23,465,772
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,539,045	1,004,590	72,601	2,616,236
	6 Rent/facility costs	1,331,701	964,354	732,456	3,028,511
	7 Food and beverages	2,483,465	384,423	1,903,026	4,770,914
	8 Entertainment	286,268	229,992	635,891	1,152,151
	9 Other direct expenses	7,621,496	3,367,110	909,354	11,897,960
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				23,465,772
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			5,432	5,432
6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				5,432	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					69,553

9 Enter the state(s) in which the organization conducts gaming activities:
 DE, FL, MA, MI, MO, NC, OR, PA, TX

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	0 %
b	An outside facility	100.000 %
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ CYNTHIA BERTRANDO CFO

Address ▶ 733 THIRD AVENUE NEW YORK, NY 100173211

- 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 ▶ CYNTHIA BERTRANDO CFO

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ CYNTHIA BERTRANDO, THE CHIEF FINANCIAL OFFICER, PREPARES THE BOOKS AND RECORDS FOR THE ORGANIZATION'S GAMING/SPECIAL EVENTS AND OVERSEES THE MANAGEMENT OF THE GAMING OPERATION. THESE RESPONSIBILITIES ARE PART OF HER ROLE AS CFO. SHE DOES NOT RECEIVE SEPARATE COMPENSATION RELATED TO MANAGEMENT OF THE GAMING ACTIVITIES.

- 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 ▶ \$ 62,230

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PROFESSIONAL FUNDRAISERS THE SOCIETY USED MERKLE FOR THE MAJORITY OF ITS DIRECT MAIL CAMPAIGNS IN FY2024. THESE CAMPAIGNS COLLECTIVELY RAISED \$8,113,445 IN REVENUE FOR FY2024. ADDITIONALLY, EVENT AUCTIONEERS ASSIST THE SOCIETY IN ACQUIRING MERCHANDISE TO BE AUCTIONED. COLLECTIVELY, THEY RAISED \$1,072,531 IN REVENUE FOR 2024.
SCHEDULE G, PART II	FUNDRAISING EVENTS BIKE MS BIKE MS IS THE LARGEST CHARITY CYCLING SERIES IN THE WORLD. BIKE MS HAS 50 RIDES ACROSS THE U.S. WITH EXPERIENCES THAT ARE UNIQUE TO EACH RIDE FOR CASUAL, NOVICE, AND EXPERIENCED CYCLISTS. IN FISCAL 2024, NEARLY 40,000 CYCLISTS AND MORE THAN 4,000 TEAMS RODE AND PROVIDED FUNDRAISING SUPPORT FOR THE SOCIETY. WALK MS 136,000 PEOPLE PARTICIPATED IN WALK MS EVENTS IN FISCAL 2024. WALK MS IS THE PERFECT PLACE TO RAISE FUNDS AND CONNECT TO THE SERVICES AND SUPPORT OFFERED BY THE NATIONAL MS SOCIETY. THERE WERE 218 HOSTED EVENTS AND 1,600 PARTICIPANTS IN OUR VIRTUAL WALK MS YOUR WAY PROGRAM.

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments and Individuals in the United States. OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY Employer identification number: 13-5661935

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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. Rows include various organizations like ACCELERATED CURE PROJECT FOR MS, AMERICAN BRAIN FOUNDATION, BEHARROYA RESEARCH INSTITUTE, etc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 83

3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL ASSISTANCE	3938	2,963,901			
(2) RESEARCH GRANT	1	8,800			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS RESEARCH GRANTS THE SOCIETY UTILIZES VOLUNTEER COMMITTEES OF RENOWNED SCIENTISTS AND NEUROLOGISTS TO SELECT RESEARCH GRANTS FOR FUNDING IN THE UNITED STATES AND ABROAD. ALL GRANTEEES ARE TO PROVIDE SCIENTIFIC AND FINANCIAL PROGRESS REPORTS ON A REGULAR BASIS WHICH ARE REVIEWED BY QUALIFIED STAFF. FINANCIAL ASSISTANCE GRANTS MS NAVIGATORS WORK WITH EACH INDIVIDUAL TOWARD A CUSTOMIZED AND SUSTAINABLE SOLUTION THAT SOMETIMES INCLUDES FINANCIAL ASSISTANCE. APPROVED REQUESTS RESULT IN PAYMENTS MADE DIRECTLY TO THE VENDOR DETERMINED TO BE BEST SUITED TO ADDRESS THE NEED.

Additional Data

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Software ID:
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Questions Regarding Compensation

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

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

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?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TAMI CAESAR THRU 122023 CHIEF OPERATING OFFICER	(i)	393,122	0	311,512	13,200	20,530	738,364	0
	(ii)	0	0	0	0	0	0	0
2 CYNTHIA ZAGIEBOYLO PRESIDENT & CEO (THRU 07/2024)	(i)	630,435	0	0	13,200	1,758	645,393	0
	(ii)	0	0	0	0	0	0	0
3 TIMOTHY COETZEE PRESIDENT & CEO (AS OF 07/2024)	(i)	385,380	0	0	13,200	49,956	448,536	0
	(ii)	0	0	0	0	0	0	0
4 LISA GOLDFARB THRU 052024 CHIEF PPL, VOL & COMM ENG OFFICER	(i)	391,879	0	0	13,200	2,791	407,870	0
	(ii)	0	0	0	0	0	0	0
5 BARI TALENTE EVP, ADVOCACY & HEALTHCARE ACCESS	(i)	271,742	0	0	11,552	53,146	336,440	0
	(ii)	0	0	0	0	0	0	0
6 CYNTHIA BERTRANDO CHIEF FINANCIAL OFFICER	(i)	275,591	0	0	11,308	41,279	328,178	0
	(ii)	0	0	0	0	0	0	0
7 JENNIFER LEE EVP, DEVELOPMENT	(i)	292,165	0	0	11,913	22,324	326,402	0
	(ii)	0	0	0	0	0	0	0
8 PHYLLIS ROBSHAM THRU 072024 EVP, COMMUNITY LEADERSHIP	(i)	277,045	0	0	11,004	19,173	307,222	0
	(ii)	0	0	0	0	0	0	0
9 WHITNIE GLADDEN GENERAL COUNSEL	(i)	270,835	0	0	10,958	14,852	296,645	0
	(ii)	0	0	0	0	0	0	0
10 RON ZWERIN THRU 062024 EVP, MKT, BRAND & COMMUNICATIONS	(i)	230,421	0	0	9,581	44,760	284,762	0
	(ii)	0	0	0	0	0	0	0
11 RONDA KRIER EVP, TECHNOLOGY	(i)	217,874	0	0	9,391	52,177	279,442	0
	(ii)	0	0	0	0	0	0	0
12 BRUCE BEBO EVP, RESEARCH	(i)	233,185	0	0	9,500	28,295	270,980	0
	(ii)	0	0	0	0	0	0	0
13 REBECCA FEHLIG EVP, OPERATIONS (THRU 07/2024)	(i)	222,208	0	0	8,815	1,968	232,991	0
	(ii)	0	0	0	0	0	0	0
14 KAREN MARINER EVP, PROGRAMS & SUPPORT	(i)	194,331	0	0	7,807	14,241	216,379	0
	(ii)	0	0	0	0	0	0	0
15 MISTY FLOWERS AS OF 062024 EVP, FINANCE & OPERATIONS	(i)	163,811	0	0	6,854	40,731	211,396	0
	(ii)	0	0	0	0	0	0	0
16 GRAHAM MCREYNOLDS FORMER AVP, GLOBAL INITIATIVES	(i)	122,590	0	0	4,931	3,289	130,810	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 4A	TAMI CAESAR RECEIVED A SEVERANCE PAYMENT IN CALENDAR YEAR 2023 OF \$311,512 THAT IS INCLUDED IN HER WAGES IN SCHEDULE J, PART II, COLUMN (B)(III).

Additional Data

[Return to Form](#)

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Noncash Contributions

2023

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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	222	2,511,664	FMV
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**

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	30a		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II.	32a		No
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF NONCASH CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Additional Data

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Software Version:

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****2023****Attach to Form 990 or 990-EZ.****Open to Public
Inspection**Go to www.irs.gov/Form990 for the latest information.Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS THE VOTING MEMBERS OF THE SOCIETY SERVE ON THE DELEGATE ASSEMBLY AND ARE COMPRISED OF CHAIRS OF THE BOARDS OF TRUSTEES AND GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE CHAIRS FROM EACH OF THE 31 CHAPTERS OF THE NATIONAL MS SOCIETY, THE NATIONAL BOARD OF DIRECTORS, AND THE CEO ADVISORY COMMITTEE CHAIRS.
FORM 990, PART VI, SECTION A, LINE 7A	ELECTION OF MEMBERS AND THEIR RIGHTS ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE DELEGATE ASSEMBLY, WHICH IS COMPRISED OF VOTING MEMBERS OF THE ORGANIZATION, AS OUTLINED IN THE BYLAWS. THE DELEGATE ASSEMBLY IS COMPRISED OF (1) THE DIRECTORS OF THE SOCIETY; (2) THE CHAIR OF THE BOARD OF TRUSTEES FOR EACH CHAPTER OF THE SOCIETY; (3) THE CHAIR OF EACH CHAPTER'S COMMUNITY ENGAGEMENT COMMITTEE; (4) THE CHAIR OF EACH CHAPTER'S GOVERNANCE COMMITTEE; AND (5) THE CHAIR OF EACH CEO ADVISORY COMMITTEE.
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE DELEGATE ASSEMBLY ELECTS THE GOVERNING BODY, APPROVES ANY BY-LAW CHANGES AND APPROVES THE SOCIETY'S STRATEGIC PLAN.
FORM 990, PART VI, SECTION B, LINE 11B	ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN EXTERNAL INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH MANAGEMENT. IT IS THEN PROVIDED TO THE AUDIT COMMITTEE MEMBERS FOR REVIEW, COMMENTS, CORRECTIONS, AND EDITS. A MEETING OF THE AUDIT COMMITTEE IS HELD TO DISCUSS ANY EDITS, APPROVE THE REVISED FORM 990, AND APPROVE DISTRIBUTION TO THE SOCIETY BOARD OF DIRECTORS. THE SOCIETY BOARD IS GIVEN A TWO-WEEK PERIOD TO REVIEW AND COMMENT ON FORM 990 BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICTS POLICY EACH DIRECTOR MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE PRIOR TO BECOMING A DIRECTOR AND ANNUALLY THEREAFTER. EACH OFFICER, KEY PERSON OR COVERED INDIVIDUAL MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE WHEN ASSUMING THE RELEVANT POSITION AND ANNUALLY THEREAFTER. ALL INFORMATION IN COMPLETED QUESTIONNAIRES OR SUBSEQUENT DISCLOSURES SHALL BE COMPILED AND REPORTED BY MANAGEMENT TO THE BOARD OF DIRECTORS. A LIST OF INDIVIDUALS AND ORGANIZATIONS IDENTIFIED AS RELATED PARTIES THROUGH THE ANNUAL DISCLOSURE PROCESS ("RELATED PARTY LIST") SHALL BE ASSEMBLED AND PROVIDED TO EMPLOYEES OF THE SOCIETY OR OTHER INDIVIDUALS WHO HAVE AUTHORITY TO SIGN CONTRACTS, ENTER INTO TRANSACTIONS, OR SIGN CHECKS ON BEHALF OF THE SOCIETY. SUCH INDIVIDUALS SHALL BE RESPONSIBLE FOR REVIEWING THE RELATED PARTY LIST BEFORE ENTERING INTO A TRANSACTION OR SIGNING A CHECK TO CONFIRM WHETHER IT IS A POTENTIAL RELATED PARTY TRANSACTION. IN ADDITION, TO PROACTIVELY IDENTIFY POTENTIAL CONFLICTS, WE INQUIRE THE BOARD AT THE START OF EACH BOARD MEETING. IF A POTENTIAL RELATED PARTY TRANSACTION IS IDENTIFIED, INFORMATION REGARDING THE PROPOSED TRANSACTION MUST BE PROVIDED TO THE EVP, GENERAL COUNSEL, FOR REVIEW. SUCH INDIVIDUAL SHALL BE RESPONSIBLE FOR CONFIRMING WHETHER THE PROPOSED TRANSACTION IS A RELATED PARTY TRANSACTION AND MAY CONSULT WITH OUTSIDE LEGAL COUNSEL TO ASSIST WITH THIS REVIEW.
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION PROCESS THE COMPENSATION COMMITTEE IS COMPRISED OF AT LEAST THREE (3) INDEPENDENT BOARD MEMBERS, INCLUDING THE BOARD CHAIR. ON AN ANNUAL BASIS, THE COMMITTEE IS PROVIDED WITH COMPARABLE SALARY INFORMATION AND DATA FOR EXECUTIVE POSITIONS AT OTHER VOLUNTARY HEALTHCARE AGENCIES OF SIMILAR SIZE AND NATIONAL INFLUENCE. THIS INFORMATION IS USED TO EVALUATE THE PERFORMANCE OF AND DETERMINE ANY COMPENSATION CHANGES FOR THE PRESIDENT AND CEO AS WELL AS ENSURE THE EQUITABILITY OF SOCIETY OFFICERS. RESULTS OF THE PRESIDENT AND CEO'S COMPENSATION ARE REVIEWED WITH THE BOARD DURING EXECUTIVE SESSION. FORM 990, PART VI, LINE 17 & SCHEDULE G, PART I, LINE 3 THE SOCIETY IS REGISTERED OR LICENSED TO SOLICIT IN THE FOLLOWING STATES AND JURISDICTIONS: AL, AK, AR, CA, CO, CT, D.C., FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE SOCIETY'S IRS FORM 990, IRS FORM 990-T AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.NATIONALMSSOCIETY.ORG , AND ON THE CHARITY NAVIGATOR WEBSITE. THE SOCIETY'S GOVERNING DOCUMENTS, RECORD RETENTION AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART VII/SCHEDULE J TIM COETZEE WAS PROMOTED TO CEO AS OF JULY 2024. THE CALENDAR YEAR 2023 COMPENSATION REFLECTED ON BOTH PART VII AND SCHEDULE J CORRESPONDS TO HIS PREVIOUS ROLE AS CHIEF ADVOCACY, SERVICES & SCIENCE OFFICER. MISTY FLOWERS WAS PROMOTED TO EVP, FINANCE AND OPERATIONS AS OF JUNE 2024. THE CALENDAR YEAR 2023 COMPENSATION REFLECTED ON BOTH PART VII AND SCHEDULE J CORRESPONDS TO HER PREVIOUS ROLE AS VP, FINANCIAL PLANNING AND ENTERPRISE ANALYTICS. FORM 990, PART VII-B, THE PROFESSIONAL SERVICES FROM INDEPENDENT CONTRACTOR, MERKLE INC. MERKLE INC. SUPPORTS THE SOCIETY BY DEVELOPING STRATEGIES, SEGMENTATION PLANS, AND TACTICAL APPROACHES FOR ITS DIRECT MARKETING INITIATIVES. THESE EFFORTS ENCOMPASS FUNDRAISING AND STEWARDSHIP THROUGH VARIOUS CHANNELS SUCH AS DIRECT MAIL, EMAIL, AND WEB ASSET CAMPAIGNS. BEYOND STRATEGIC PLANNING, MERKLE ALSO MANAGES THE EXECUTION OF THE SOCIETY'S COMPREHENSIVE DIRECT MARKETING PROGRAM, ENCOMPASSING OVER TWENTY-ONE ACQUISITION CAMPAIGNS EACH YEAR, MONTHLY RENEWAL CAMPAIGNS, MONTHLY EMAIL COMMUNICATIONS, AND ONGOING ACKNOWLEDGMENT AND TAX RECEIPTING OF DONOR GIFTS.
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST 379,089. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -75,183.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FAST FORWARD LLC 733 THIRD AVENUE NEW YORK, NY 100173822 26-1933619	RESEARCH	DE	28,133	1,573,397	NMSS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
SCHEDULE R, PART I:	DISREGARDED ENTITIES FAST FORWARD LLC ("FAST FORWARD"), A CONSOLIDATED NOT-FOR-PROFIT AFFILIATE OF THE SOCIETY DERIVES ITS TAX EXEMPTION FROM THE SOCIETY AND IS TREATED AS A "DISREGARDED ENTITY" FOR TAX PURPOSES. FAST FORWARD PARTNERS WITH SELECTED BIOTECHNOLOGY COMPANIES AND ACADEMIC INSTITUTIONS ENGAGED IN RESEARCH AND DEVELOPMENT PROJECTS AIMED AT IDENTIFYING AND DEVELOPING THERAPIES AND/OR DIAGNOSTICS TO IMPROVE THE TREATMENT OF MS.

Schedule R (Form 990) 2023

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