Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**For the 2009 calendar year, or tax year beginning** 10/01 **, 2009, and ending** 9/30 **, 2010**

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

C
NATIONAL MULTIPLE SCLEROSIS SOCIETY
SOUTHERN CALIFORNIA CHAPTER
2440 S SEPULVEDA BLVD #215
LOS ANGELES, CA 90064

CLIENT'S COPY

D Employer Identification Number: 95-1727656

E Telephone number: (310) 479-4456

G Gross receipts $ 11,805,939.

F Name and address of principal officer: LEON LEBUFFE, PH.D
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status [X] 501(c) ( 3 )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.NATIONALMSSOCIETY.ORG/CAL

H(c) Group exemption number ► 1048

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1946

M State of legal domicile:

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: WE MOBILIZE PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MS.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 53 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 52 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 63 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 6,593,897. | 10,355,145. |
| | 9 | Program service revenue (Part VIII, line 2g) | 97,971. | 68,524. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 44,046. | 99,014. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 33,023. |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,735,914. | 10,555,706. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 670,655. | 719,325. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,300,156. | 3,445,591. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ► 928,100. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 4,387,180. | 5,779,790. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,357,991. | 9,944,706. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -1,622,077. | 611,000. |
| | | | **Beginning of Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 3,543,000. | 5,206,253. |
| | 21 | Total liabilities (Part X, line 26) | 1,237,094. | 2,289,347. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,305,906. | 2,916,906. |

## Part II Signature Block

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

**Sign Here**

► Signature of officer — Date 5/4/11

CLIENT'S COPY

► LEON LEBUFFE, PH.D — PRESIDENT
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ► — Date — Check if self-employed ► [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► RBZ LLP
11755 WILSHIRE BLVD NINTH FL
LOS ANGELES, CA 90025-1540

EIN ►

Phone no. ► (310) 478-4148

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

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

TEEA0113L 12/29/09 Form 990 (2009)

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Internal Revenue Service

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NATIONAL MULTIPLE SCLEROSIS SOCIETY
SOUTHERN CALIFORNIA CHAPTER
2440 S SEPULVEDA BLVD #215
LOS ANGELES, CA 90064

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**E** Telephone number: (310)479-4456

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**F** Name and address of principal officer: LEON LEBUFFE, PH.D
SAME AS C ABOVE

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If 'No,' attach a list. (see instructions)

**I** Tax-exempt status [X] 501(c) ( 3 )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

**J** Website: ► WWW.NATIONALMSSOCIETY.ORG/CAL

**H(c)** Group exemption number ► 1048

**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

**L** Year of Formation: 1946

**M** State of legal domicile:

## Part I Summary

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## Part II Signature Block

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

**Sign Here**

► Signature of officer — Date

► LEON LEBUFFE, PH.D — PRESIDENT
Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ► — Date — Check if self-employed ► [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► RBZ LLP
11755 WILSHIRE BLVD NINTH FL
LOS ANGELES, CA 90025-1540

EIN ►

Phone no. ► (310) 478-4148

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

## Part III Statement of Program Service Accomplishments

**1** Briefly describe the organization's mission:
SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses $ 3,185,773. including grants of $ ) (Revenue $ )
RESEARCH:
RESEARCH PROGRAM PROVIDES GRANTS AND TRAINING FELLOWSHIPS ON A BROAD RANGE OF TOPICS RELEVANT TO MS, INCLUDING IMMUNE ASPECTS, NERVE TISSUE REPAIR, CLINICAL TRIALS, REHABILITATION, AND ETC. THE PURPOSE OF THIS PROGRAM IS TO FIND THE PREVENTION, TREATMENT, AND CURE OR MULTIPLE SCLEROSIS.

**4b** (Code: ) (Expenses $ 1,775,279. including grants of $ 719,325. ) (Revenue $ 68,524. )
CLIENT SERVICES:
CLIENT SERVICES ARE THOSE PROGRAMS AND SERVICES PROVIDED DIRECTLY TO INDIVIDUALS WHO ARE LIVING WITH MULTIPLE SCLEROSIS. THE PURPOSE OF THESE SERVICES IS TO PROVIDE PHYSICAL, EMOTIONAL, OR ASSISTIVE DEVICE SUPPORT. IT ALSO INCLUDES FURNISHING OF EQUIPMENT AND OTHER TANGIBLE ITEMS TO THOSE IN NEED PLUS ALL OTHER COSTS OR EXPENSES INCURRED AS A RESULT OF LIVING WITH MULTIPLE SCLEROSIS.

**4c** (Code: ) (Expenses $ 1,521,920. including grants of $ ) (Revenue $ )
COMMUNITY SERVICES:
COMMUNITY SERVICES INCLUDES NETWORKING AND COLLABORATING WITH OTHER COMMUNITY ORGANIZATIONS THAT CAN AND DO HAVE AN IMPACT ON THOSE AFFECTED BY MULTIPLE SCLEROSIS, INCLUDING PROGRAMS DESIGNED TO DETECT DISEASE OR HEALTH PROBLEMS, PLANNING AND IMPROVING COMMUNITY HEALTH PRACTICES, SUPPORTING CLINICS OR OTHER PUBLIC HEALTH FACILITIES, CONDUCTING REHABILITATIVE AND SIMILAR-TYPE PROGRAMS, PLUS ALL OTHER EXPENSES INCURRED IN PERFORMING FUNCTIONS WHICH, DIRECTLY OR INDIRECTLY, BENEFIT THE MULTIPLE SCLEROSIS COMMUNITY.

**4d** Other program services. (Describe in Schedule O.) SEE SCHEDULE O
(Expenses $ 2,077,713. including grants of $ ) (Revenue $ )

**4e Total program service expenses** ► 8,560,685.

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations**. Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II* | 4 | X | |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V* | 10 | X | |
| 11 | Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| | • Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI* | | | |
| | • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII* | | | |
| | • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII* | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X* | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X* | | | |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII* | 12 | X | |
| 12A | Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* — 12 A: Yes [ ] No [X] | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? I*f 'Yes,' complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III* | 19 | | X |
| 20 | Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H* | 20 | | X |

## Part IV Checklist of Required Schedules *(continued)*

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | **1a** | 96 | | | |
| **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | **1b** | 0 | | | |
| **c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | **1c** | X | |
| **2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 63 | | | |
| **2b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | X | |
| **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | | | |
| **3a** Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | **3a** | | X |
| **b** If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O.* | | | **3b** | | |
| **4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | | X |
| **b** If 'Yes,' enter the name of the foreign country: ► | | | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | |
| **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | **5a** | | X |
| **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | X |
| **c** If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | **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? | | | **6a** | | X |
| **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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** | X | |
| **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | | **7b** | X | |
| **c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | | X |
| **d** If 'Yes,' indicate the number of Forms 8282 filed during the year | **7d** | | | | |
| **e** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | X |
| **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | | X |
| **g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | | X |
| **h** For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | **7h** | | X |
| **8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | **8** | | |
| **9 Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** Did the organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** Did the organization make any 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 other 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** | | | | |

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

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| **1a** Enter the number of voting members of the governing body | 1a | 53 | | |
| **b** Enter the number of voting members that are independent | 1b | 52 | | |
| **2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O | 2 | | X | |
| **3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | X |
| **4** Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | | X |
| **5** Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | | X |
| **6** Does the organization have members or stockholders? | 6 | | | X |
| **7a** Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | | X |
| **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | | X |
| **8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** The governing body? | 8a | | X | |
| **b** Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| **9** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O* | 9 | | | X |

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

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

## Section C. Disclosures

**17** List the states with which a copy of this Form 990 is required to be filed ► CA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

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

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

► CHERI LOPEZ, DIRECTOR OF FINAN 2440 SEPULVEDA BLVD. SUITE 115 LOS ANGELES CA 90064 31

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week | (c) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| SEE SCHEDULE O | | | | | | | | | | |
| BYRON ALLEN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| ARTURO BARQUET<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| RHONA BADER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| JOHN V. BOCK JR.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| RICHARD CORGEL<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| BRUCE C. CORWIN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| BARRY ENGELMAN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| BRIAN D. FOX<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| DR. BARBARA GIESSER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| WENDY GILMORE<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| KEVIN GOETZ<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| DAVID M. GOLDSTEIN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| ROBERT E. "BOB" HARPER<br>VICE PRESIDENT | 1 | X | | | | | | 0. | 0. | 0. |
| BRUCE HECKER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| LISA KARPE<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| RAY KARPE<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| JULIE KAUFER, ESQ.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| ANNISH KISHNER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| LEON LEBUFFE, PH.D<br>PRESIDENT | 36 | X | | X | | | | 241,639. | 0. | 0. |
| JASON LEN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| SIMPSON C. LEONARD, JR.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| PAUL M. MAHONEY, ESQ<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| ROBERT MANCINI<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| STANLEY E. MARON<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| LARRY MCEWEN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| ROLAND MESA<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| JOHN F. MURPHY<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| CHRIS OJAKIAN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| DAVID PERREN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| SCOTT PEREN, CPA<br>VICE PRESIDENT | 1 | X | | | | | | 0. | 0. | 0. |
| **1 b Total** ► | | | | | | | | 821,887. | 0. | 0. |

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

| | | Yes | No |
|---|---|---|---|
| **3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual* | 3 | X | |
| **4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual* | 4 | X | |
| **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of Services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

**SCHEDULE J-2**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
► See instructions for Form 990.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer Identification number: 95-1727656

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| KIM PHILLIPS<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| JAMES D. POWER IV<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| KAREN RANDALL<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| SHERI SAFAN<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| JOAN SANDERS<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| ARTHUR E. SCHRAMM, JR.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| BRITTA SCHRAMM<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| SUE SCHROEDER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| FERN SEIZER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| MADELINE SHERAK, PH.D<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| THOMAS SHERAK<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| ERIC L. SMALL<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| JOHN STRUM<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| HENRY L. TAYLOR, JR.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| DINA TECIMER, ESQ.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| LARRY WINTER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| TIMUR TECIMER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| BILL TODMAN, JR.<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| RENE WEBB<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| DAVUD WEISE<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| GWEN WEISE<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |

**SCHEDULE J-2**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
► See instructions for Form 990.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer Identification number: 95-1727656

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| CHET WIDOM<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| STACY WILDER<br>TRUSTEE | 1 | X | | | | | | 0. | 0. | 0. |
| CHERI LOPEZ<br>DIR- FINANCE | 36 | | | | X | | | 0. | 0. | 0. |
| DENISE NOWACK<br>VP PROGRAMS | 36 | | | | X | | | 117,435. | 0. | 0. |
| JIM ELFLINE<br>VP OPERATIONS | 36 | | | | X | | | 103,639. | 0. | 0. |
| PAMELA THOMPSON<br>VP SPECIAL EVEN | 36 | | | | X | | | 108,660. | 0. | 0. |
| SUSAN BRADLEY<br>EXECUTIVE VP | 36 | | | | X | | | 110,013. | 0. | 0. |
| ALICE KESHISHIAN<br>VP FINANCE | 0 | | | | | | X | 140,501. | 0. | 0. |
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## Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|
| **CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS** | | | | | |
| 1a Federated campaigns | 1a | | | | |
| b Membership dues | 1b | | | | |
| c Fundraising events | 1c | 3,661,394. | | | |
| d Related organizations | 1d | | | | |
| e Government grants (contributions) | 1e | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,693,751. | | | |
| g Noncash contribns included in lns 1a-1f: $ | | 77,431. | | | |
| h **Total.** Add lines 1a-1f ► | | 10,355,145. | | | |
| **PROGRAM SERVICE REVENUE** | Business Code | | | | |
| 2a REGISTRATION FEES | | 68,524. | 68,524. | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue | | | | | |
| g **Total.** Add lines 2a-2f ► | | 68,524. | | | |
| **OTHER REVENUE** | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) ► | | 99,014. | | | 99,014. |
| 4 Income from investment of tax-exempt bond proceeds ► | | | | | |
| 5 Royalties ► | | | | | |
| | (i) Real / (ii) Personal | | | | |
| 6a Gross Rents | | | | | |
| b Less: rental expenses | | | | | |
| c Rental income or (loss) | | | | | |
| d Net rental income or (loss) ► | | | | | |
| | (i) Securities / (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory | | | | | |
| b Less: cost or other basis and sales expenses | | | | | |
| c Gain or (loss) | | | | | |
| d Net gain or (loss) ► | | | | | |
| 8a Gross income from fundraising events (not including $ 3,661,392. of contributions reported on line 1c). See Part IV, line 18 | a 1,250,233. | | | | |
| b Less: direct expenses | b 1,250,233. | | | | |
| c Net income or (loss) from fundraising events ► | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b Less: direct expenses | b | | | | |
| c Net income or (loss) from gaming activities ► | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory ► | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a REFUNDS OF EXPENSES | 900099 | 33,023. | 33,023. | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e **Total.** Add lines 11a-11d ► | | 33,023. | | | |
| 12 **Total revenue.** See instructions ► | | 10,555,706. | 101,547. | 0. | 99,014. |

## Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 719,325. | 719,325. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,111,209. | 743,148. | 251,106. | 116,955. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 Other salaries and wages | 1,957,705. | 1,502,948. | 12,496. | 442,261. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 132,884. | 99,371. | 5,410. | 28,103. |
| 10 Payroll taxes | 243,793. | 178,601. | 20,469. | 44,723. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 34,000. | 24,908. | 2,855. | 6,237. |
| d Lobbying | | | | |
| e Prof fundraising svcs. See Part IV, ln 17 | | | | |
| f Investment management fees | | | | |
| g Other | 510,487. | 417,859. | 10,631. | 81,997. |
| 12 Advertising and promotion | 1,732. | 1,270. | 144. | 318. |
| 13 Office expenses | 130,878. | 91,178. | 8,770. | 30,930. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 448,431. | 327,211. | 37,460. | 83,760. |
| 17 Travel | 109,736. | 86,369. | 6,421. | 16,946. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 84,055. | 67,005. | 744. | 16,306. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 3,988,201. | 3,988,201. | | |
| 22 Depreciation, depletion, and amortization | 29,816. | 21,843. | 2,503. | 5,470. |
| 23 Insurance | 57,553. | 42,163. | 4,832. | 10,558. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MISCELLANEOUS | 109,577. | 90,331. | 10,340. | 8,906. |
| b PRINTING AND PUBLICATIONS | 100,215. | 84,977. | 798. | 14,440. |
| c REPAIR AND MAINTENANCE | 93,429. | 68,445. | 7,845. | 17,139. |
| d BAD DEBT | 72,534. | | 72,534. | |
| e DUES AND SUBSCRIPTIONS | 9,146. | 5,532. | 563. | 3,051. |
| f All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 9,944,706. | 8,560,685. | 455,921. | 928,100. |
| 26 **Joint costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| ASSETS | 1 | Cash — non-interest-bearing | | 380,001. | 1 | 508,899. |
| | 2 | Savings and temporary cash investments | | 586,342. | 2 | |
| | 3 | Pledges and grants receivable, net | | 1,616,649. | 3 | 2,677,173. |
| | 4 | Accounts receivable, net | | 37,227. | 4 | 52,871. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 40,509. | 9 | 9,745. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 192,020. | | | |
| | b | Less: accumulated depreciation | 10b 103,266. | 118,571. | 10c | 88,754. |
| | 11 | Investments — publicly-traded securities | | 297,924. | 11 | |
| | 12 | Investments — other securities. See Part IV, line 11 | | 465,777. | 12 | |
| | 13 | Investments — program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | 1,868,811. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 3,543,000. | 16 | 5,206,253. |
| LIABILITIES | 17 | Accounts payable and accrued expenses | | 1,237,094. | 17 | 484,808. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | 1,804,539. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 1,237,094. | 26 | 2,289,347. |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 1,756,406. | 27 | -311,690. |
| | 28 | Temporarily restricted net assets | | 549,500. | 28 | 3,228,596. |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 2,305,906. | 33 | 2,916,906. |
| | 34 | Total liabilities and net assets/fund balances | | 3,543,000. | 34 | 5,206,253. |

## Part XI Financial Statements and Reporting

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

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

**Employer identification number**: 95-1727656

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

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

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**a** [ ] Type I **b** [ ] Type II **c** [ ] Type III – Functionally integrated **d** [ ] Type III– Other

**e** [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . . [ ]

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | | Yes | No |
|---|---|---|---|---|
| **(i)** | a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | **11 g (i)** | | |
| **(ii)** | a family member of a person described in (i) above? | **11 g (ii)** | | |
| **(iii)** | a 35% controlled entity of a person described in (i) or (ii) above? | **11 g (iii)** | | |

**h** Provide the following information about the supported organizations.

| **(i)** Name of Supported Organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**) | **(iv)** Is the organization in col. **(i)** listed in your governing document? | | **(v)** Did you notify the organization in col. **(i)** of your support? | | **(vi)** Is the organization in col. **(i)** organized in the U.S.? | | **(vii)** Amount of Support |
|---|---|---|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

| **Calendar year (or fiscal year beginning in)** ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| **1** Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | 7,549,052. | 7,442,631. | 8,930,026. | 6,593,897. | 10940988. | 41,456,594. |
| **2** Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| **3** The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | | 0. |
| **4** **Total.** Add lines 1-through 3 | 7,549,052. | 7,442,631. | 8,930,026. | 6,593,897. | 10940988. | 41,456,594. |
| **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 2,903,530. |
| **6** **Public support.** Subtract line 5 from line 4 | | | | | | 38,553,064. |

## Section B. Total Support

| **Calendar year (or fiscal year beginning in)** ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| **7** Amounts from line 4 | 7,549,052. | 7,442,631. | 8,930,026. | 6,593,897. | 10940988. | 41,456,594. |
| **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | 111,674. | 108,385. | 79,531. | 44,046. | 99,014. | 442,650. |
| **9** Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| **11** **Total support.** Add lines 7 through 10 | | | | | | 41,899,244. |

**12** Gross receipts from related activities, etc. (see instructions) **12** 0.

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

## Section C. Computation of Public Support Percentage

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) **14** 92.0 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 **15** 98.1 %

**16 a** **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

**b** **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

**17 a** **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

**b** **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

**18** **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

### Section A. Public Support

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

### Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support.** (add lns 9, 10c, 11, and 12.) | | | | | | |

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

### Section C. Computation of Public Support Percentage

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

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

# Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

| **Name of the organization** | **Employer identification number** |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>SOUTHERN CALIFORNIA CHAPTER | 95-1727656 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (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, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** —

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ _____

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

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

**Name of organization**: NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number**: 95-1727656

## Part I Contributors (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 270,268. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 2 | | $ 1,500,000. | Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.) |
| 3 | | $ 800,000. | Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

| Name of organization | Employer identification number |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | 95-1727656 |

**Part II** **Noncash Property** (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| 2 | PLEDGED FOR PAYMENT IN FUTURE YEARS | $ 950,000. | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| 3 | PLEDGES FOR PAYMENTS IN FUTURE YEARS. | $ 800,000. | |

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

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

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

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

| Name of organization | Employer identification number |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | 95-1727656 |

**Part III** ***Exclusively*** **religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete cols **(a)** through **(e) and** the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) ..... ► $ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | N/A | | |
| | | | |
| | | | |
| | | | |

| (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 |
| | |
| | |
| | |
| | |

**SCHEDULE C**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# 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.** ► **See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax), then**

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

| Name of organization | Employer identification number |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | 95-1727656 |

## 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.

2 Political expenditures ► $

3 Volunteer hours

## 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 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 of 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? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

**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.

**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 |
|---|---|---|
| **1 a** 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. | | |
| **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- | | |

| **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. |

**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? ☐ **Yes** ☐ **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 instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| **Calendar year (or fiscal year beginning in)** | **(a)** 2006 | **(b)** 2007 | **(c)** 2008 | **(d)** 2009 | **(e)** Total |
|---|---|---|---|---|---|
| **2 a** Lobbying non-taxable 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)).**

| | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| **1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| **a** Volunteers? | X | | |
| **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| **c** Media advertisements? | | X | |
| **d** Mailings to members, legislators, or the public? | X | | |
| **e** Publications, or published or broadcast statements? | X | | |
| **f** Grants to other organizations for lobbying purposes? | | X | |
| **g** Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | |
| **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| **i** Other activities? If 'Yes,' describe in Part IV | | X | |
| **j** Total. Add lines 1c through 1i | | | 0. |
| **2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| **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? | | X | |

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

| | | Yes | No |
|---|---|---|---|
| **1** Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| **2** Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| **3** Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | | |

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

| | | |
|---|---|---|
| **1** Dues, assessments and similar amounts from members | 1 | |
| **2** Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| **a** Current year | 2a | |
| **b** Carryover from last year | 2b | |
| **c** Total | 2c | |
| **3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| **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? | 4 | |
| **5** Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

**Part IV** **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**Part IV** **Supplemental Information** *(continued)*

**SCHEDULE D (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**

NATIONAL MULTIPLE SCLEROSIS SOCIETY
SOUTHERN CALIFORNIA CHAPTER

**Employer Identification number**

95-1727656

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? ☐ Yes ☐ No

## Part II Conservation Easements

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

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

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

| | | Held at the End of the Year |
|---|---|---|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $

(ii) Assets included in Form 990, Part X ► $

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

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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

**a** ☐ Public exhibition
**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 XIV.

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

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

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

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

| | | Amount |
|---|---|---|
| **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? ☐ **Yes** ☐ **No**

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| **1a** Beginning of year balance | 0. | 0. | | | |
| **b** Contributions | 1,148,686. | | | | |
| **c** Net Investment earnings, gains, and losses | | | | | |
| **d** Grants or scholarships | | | | | |
| **e** Other expenditures for facilities and programs | | | | | |
| **f** Administrative expenses | | | | | |
| **g** End of year balance | 1,148,686. | 0. | | | |

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

**a** Board designated or quasi-endowment ► _____ %
**b** Permanent endowment ► _____ %
**c** Term endowment ► 100.00 %

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Value |
|---|---|---|---|---|
| **1a** Land | | | | |
| **b** Buildings | | | | |
| **c** Leasehold improvements | | 5,807. | 1,745. | 4,062. |
| **d** Equipment | | | | |
| **e** Other | | 186,213. | 101,521. | 84,692. |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ► | | | | 88,754. |

**Part VII** **Investments—Other Securities** See Form 990, Part X, line 12. N/A

| **(a)** Description of security or category (including name of security) | **(b)** Book value | **(c)** Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990 Part X, col. (B) line 12.)* ► | | |

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

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

**Part IX** **Other Assets** (See Form 990, Part X, line 15)

| **(a)** Description | **(b)** Book value |
|---|---|
| NMSS POOLED INVESTMENT FUND | 1,868,811. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B), line 15)* ► | 1,868,811. |

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

| **(a)** Description of Liability | **(b)** Amount |
|---|---|
| Federal Income Taxes | |
| LONG-TERM DUE TO NATIONAL | 750,000. |
| PAYABLES DUE TO NATIONAL | 10,359. |
| REMITTANCE DUE TO NATIONAL | 1,044,180. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 25)* ► | 1,804,539. |

**2.** FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

| | | |
|---|---|---|
| **1** | Total revenue (Form 990, Part VIII,column (A), line 12) | 10,555,706. |
| **2** | Total expenses (Form 990, Part IX, column (A), line 25) | 9,944,706. |
| **3** | Excess or (deficit) for the year. Subtract line 2 from line 1 | 611,000. |
| **4** | Net unrealized gains (losses) on investments | |
| **5** | Donated services and use of facilities | 219,419. |
| **6** | Investment expenses | |
| **7** | Prior period adjustments | |
| **8** | Other (Describe in Part XIV) | |
| **9** | Total adjustments (net). Add lines 4 through 8 | 219,419. |
| **10** | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 830,419. |

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

| | | | | | |
|---|---|---|---|---|---|
| **1** | Total revenue, gains, and other support per audited financial statements | | | **1** | 11,141,549. |
| **2** | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| **a** | Net unrealized gains on investments | **2a** | | | |
| **b** | Donated services and use of facilities | **2b** | 219,419. | | |
| **c** | Recoveries of prior year grants | **2c** | | | |
| **d** | Other (Describe in Part XIV) SEE PART XIV | **2d** | 366,424. | | |
| **e** | Add lines **2a** through **2d** | | | **2e** | 585,843. |
| **3** | Subtract line **2e** from line **1** | | | **3** | 10,555,706. |
| **4** | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| **a** | Investments expenses not included on Form 990, Part VIII, line 7b | **4a** | | | |
| **b** | Other (Describe in Part XIV) | **4b** | | | |
| **c** | Add lines **4a** and **4b** | | | **4c** | |
| **5** | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | **5** | 10,555,706. |

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

| | | | | | |
|---|---|---|---|---|---|
| **1** | Total expenses and losses per audited financial statements | | | **1** | 10,530,549. |
| **2** | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| **a** | Donated services and use of facilities | **2a** | 219,419. | | |
| **b** | Prior year adjustments | **2b** | | | |
| **c** | Other losses | **2c** | | | |
| **d** | Other (Describe in Part XIV) SEE PART XIV | **2d** | 366,424. | | |
| **e** | Add lines **2a** through **2d** | | | **2e** | 585,843. |
| **3** | Subtract line **2e** from line **1** | | | **3** | 9,944,706. |
| **4** | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| **a** | Investments expenses not included on Form 990, Part VIII, line 7b | **4a** | | | |
| **b** | Other (Describe in Part XIV) | **4b** | | | |
| **c** | Add lines **4a** and **4b** | | | **4c** | |
| **5** | Total expenses. Add lines **3** and **4c** (This must equal Form 990, Part I, line 18.) | | | **5** | 9,944,706. |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV** **Supplemental Information** *(continued)*

**SCHEDULE D, PART XII, LINE 2D**
**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

| | | |
|---|---|---|
| DIRECT COSTS OF SPECIAL EVENTS | $ | 366,424. |
| TOTAL | $ | 366,424. |

**SCHEDULE D, PART XIII, LINE 2D**
**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

| | | |
|---|---|---|
| DIRECT COSTS OF SPECIAL EVENTS | $ | 366,424. |
| TOTAL | $ | 366,424. |

**SCHEDULE G**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

**Employer identification number**: 95-1727656

## Part I Fundraising Activities.

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

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

- [ ] Mail solicitations
- [ ] Internet and email solicitations
- [ ] Phone solicitations
- [ ] In-person solicitations
- [ ] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [X] Special fundraising events

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

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

| **(i)** Name of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(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 |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| **Total** . . . . . ► | | | | | | 0. |

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

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

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

| | | (a) Event #1 MS WALK (event type) | (b) Event #2 DINNER OF CHAM (event type) | (c) Other Events 4 (total number) | (d) Total Events (Add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| REVENUE | 1 Gross receipts | 1,955,061. | 1,866,891. | 1,089,673. | 4,911,625. |
| | 2 Less: Charitable contributions | 1,653,229. | 1,463,876. | 544,287. | 3,661,392. |
| | 3 Gross income (line 1 minus line 2) | 301,832. | 403,015. | 545,386. | 1,250,233. |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 43,438. | 112,473. | 48,714. | 204,625. |
| | 6 Rent/facility costs | 23,897. | 47,884. | 75,279. | 147,060. |
| | 7 Food and beverages | 40,702. | 168,361. | 77,206. | 286,269. |
| | 8 Entertainment | 6,421. | 42,360. | 4,085. | 52,866. |
| | 9 Other direct expenses | 187,374. | 31,938. | 340,101. | 559,413. |
| | 10 Direct expense summary. Add lines 4- through 9 in column (d) ► | | | | 1,250,233. |
| | 11 Net income summary. Combine lines 3, column (d) and line 10 ► | | | | |

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

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

| | | YES | NO |
|---|---|---|---|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b If 'No,' explain: | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b If 'Yes,' explain: | | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | | |
| 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? | 12 | | |

| | | | YES | NO |
|---|---|---|---|---|
| **13** Indicate the percentage of gaming activity operated in: | | | | |
| **a** The organization's facility | **13a** | % | | |
| **b** An outside facility | **13b** | % | | |
| **14** Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | |
| Name: ► | | | | |
| Address: ► | | | | |
| **15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? | | **15a** | | |
| **b** If 'Yes,' enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____. | | | | |
| **c** If 'Yes,' enter name and address of the third party: | | | | |
| Name: ► | | | | |
| Address: ► | | | | |
| **16** Gaming manager information | | | | |
| Name: ► | | | | |
| Gaming manager compensation ► $ _____ | | | | |
| Description of services provided: ► | | | | |
| ☐ Director/officer ☐ Employee ☐ Independent contractor | | | | |
| **17** Mandatory distributions | | | | |
| **a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | | **17a** | | |
| **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $ | | | | |

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.**
**► Attatch to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number:** 95-1727656

## 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? ..... [X] **Yes** [ ] **No**

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 Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ..... ► [X]

| 1 **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
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2 Enter total number of section 501(c)(3) and government organizations ..... ► 0

3 Enter total number of other organizations ..... ► 0

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

TEEA3901L 02/10/10

Schedule **I** (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| GRANTS/ASSISTANCE | | 719,325. | | BOOK | N/A |
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

DISBURSEMENTS ARE IN THE FORM OF PROVIDING MEDICAL AID AND EQUIPMENT; PHYSICIAL THERAPY; SELF HELP GROUPSL COUNSELING; PROGRAMS FOR EMOTIONAL, SOCIAL OR RECREATIONAL BETTERMENT, ETC. THESE PAYMENTS HELP SUPPORT THE SPECIFIC PROGRAMS AND PROVIDE CARE FOR THE MULTIPLE SCLEROSIS PATIENTS WHO ARE UNABLE TO PAY FOR HTE SERVICES. PAYMENTS ARE MADE TO CAREFULLY SCREEN MEDICAL INSTITUTIONS WHOSE FACILITIES AND PROGRAMS INCLUDE SERVICES WITHF PEOPLE WITH MULTIPLE SCLEROSIS.

ALL SERVICES ARE AVAILABLE TO MEDICALLY DIAGNOSED MULTIPLE SCLEROSIS PATIENTS, THEIR IMMEDIATE FAMILIES AND ATTENDANTS, INDIVIDUALS ARE SCREENED BY A PANEL OF NEUROLOGISTS AND OTHER PROFESSIONALS WHO ARE KNOWLEDGABLE ABOUT THE DISEASE.

**SCHEDULE J**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number**
95-1727656

## Part I Questions Regarding Compensation

| | | Yes | No |
|---|---|---|---|
| **1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| ☐ First-class or charter travel | | | |
| ☐ Travel for companions | | | |
| ☐ Tax indemnification and gross-up payments | | | |
| ☐ Discretionary spending account | | | |
| ☐ Housing allowance or residence for personal use | | | |
| ☐ Payments for business use of personal residence | | | |
| ☐ Health or social club dues or initiation fees | | | |
| ☐ Personal services (e.g., maid, chauffeur, chef) | | | |
| **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain | 1b | | |
| **2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| **3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. | | | |
| ☐ Compensation committee | | | |
| ☐ Independent compensation consultant | | | |
| ☐ Form 990 of other organizations | | | |
| ☐ Written employment contract | | | |
| ☒ Compensation survey or study | | | |
| ☒ Approval by the board or compensation committee | | | |
| **4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: | | | |
| **a** Receive a severance payment or change-of-control payment? | 4a | X | |
| **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| **c** Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.** | | | |
| **5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** The organization? | 5a | | X |
| **b** Any related organization? | 5b | | X |
| If 'Yes' to line 5a or 5b, describe in Part III. | | | |
| **6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** The organization? | 6a | | X |
| **b** Any related organization? | 6b | | X |
| If 'Yes' to line 6a or 6b, describe in Part III. | | | |
| **7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III | 7 | | X |
| **8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III | 8 | | X |
| **9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | X |

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus and incentive compensation | (iii) Other reportable compensation | | | | |
| LEON LEBUFFE, PH.D | (i) | 241,639. | 0. | 0. | 0. | 0. | 241,639. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ALICE KESHISHIAN | (i) | 140,501. | 0. | 0. | 0. | 0. | 140,501. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III** **Supplemental Information**

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

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

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

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

Employer identification number: 95-1727656

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|---|---|---|---|---|
| 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 | | | | |
| 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 ► (FOOD) | X | 34 | 74,581. | FMV |
| 26 | Other ► (PROMOTIONAL ITE) | X | 5 | 2,850. | FMV |
| 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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If 'Yes,' describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | X |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b | If 'Yes,' describe in Part II. | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

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

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE R**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

**Name of the organization**
NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

**Employer identification number**
95-1727656

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

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
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**Part II** **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|---|---|---|---|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>733 THIRD AVENUE<br>NEW YORK, NY 10017 | UTILIZE SERVICES OF THE NATIONAL ORGANIZATION | NY | 501(C)(3) | 509(A)(1) | N/A |
| | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (A) Name, address, and EIN of related organization | (B) Primary Activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part V** **Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

| | | | Yes | No |
|---|---|---|---|---|
| | **Note**. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | |
| **1** | During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV: | | | |
| **a** | Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity | **1 a** | | X |
| **b** | Gift, grant, or capital contribution to other organization(s) | **1 b** | | X |
| **c** | Gift, grant, or capital contribution from other organization(s) | **1 c** | | X |
| **d** | Loans or loan guarantees to or for other organization(s) | **1 d** | | X |
| **e** | Loans or loan guarantees by other organization(s) | **1 e** | | X |
| **f** | Sale of assets to other organization(s) | **1 f** | | X |
| **g** | Purchase of assets from other organization(s) | **1 g** | | X |
| **h** | Exchange of assets | **1 h** | | X |
| **i** | Lease of facilities, equipment, or other assets to other organization(s) | **1 i** | | X |
| **j** | Lease of facilities, equipment, or other assets from other organization(s) | **1 j** | | X |
| **k** | Performance of services or membership or fundraising solicitations for other organization(s) | **1 k** | | X |
| **l** | Performance of services or membership or fundraising solicitations by other organization(s) | **1 l** | | X |
| **m** | Sharing of facilities, equipment, mailing lists, or other assets | **1 m** | | X |
| **n** | Sharing of paid employees | **1 n** | | X |
| **o** | Reimbursement paid to other organization for expenses | **1 o** | | X |
| **p** | Reimbursement paid by other organization for expenses | **1 p** | | X |
| **q** | Other transfer of cash or property to other organization(s) | **1 q** | | X |
| **r** | Other transfer of cash or property from other organization(s) | **1 r** | | X |

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

| | **(A)** Name of other organization | **(B)** Transaction type (a-r) | **(C)** Amount involved |
|---|---|---|---|
| **(1)** | | | |
| **(2)** | | | |
| **(3)** | | | |
| **(4)** | | | |
| **(5)** | | | |
| **(6)** | | | |

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

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

| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Disproportionate allocations? | | (G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065) | (H) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
| | | | | | | | | | | |
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**SCHEDULE O**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

Employer identification number: 95-1727656

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

THE NATIONAL MULTIPLE SCLEROSIS SOCIETY, SOUTHERN CALIFORNIA CHAPTER ("THE CHAPTER") PROVIDES SERVICES TO PEOPLE WITH MULTIPLE SCLEROSIS, SUPPORT MULTIPLE SCLEROSIS RESEARCH THROUGH ITS NATIONAL ORGANIZATION AND EDUCATE THE PUBLIC ABOUT THE IMPACT OF MULTIPLE SCLEROSIS

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PUBLIC EDUCATION:

PUBLIC EDUCATION REPRESENTS PROGRAMS CONDUCTED FOR THE PURPOSE OF INFORMING AND ALERTING THE GENERAL PUBLIC ABOUT MULTIPLE SCLEROSIS AND ITS EFFECTS, THE DISTRIBUTION OF LITERATURE AND OTHER MATERIALS DESIGNED TO INCREASE THE PUBLIC'S AWARENESS AND KNOWLEDGE ABOUT THIS DISEASE, INCLUDING COMPLEXITY AND VARIETY OF SYMPTOMS OR PHYSICAL CONDITION, PLUS ALL OTHER COSTS OR EXPENSES WHICH DIRECTLY RELATE TO THE PERFORMANCE OF HEALTH EDUCATIONAL SERVICE.

OTHER PROGRAM SERVICES

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT**

THE FOLLOWING TRUSTEES HAVE FAMILY RELATIONSHIPS:

BRITTA AND ART SCHRAMM, DAVE AND SCOTT PERREN, DINA AND TIMUR TECIMER, THOMAS AND MADELEINE SHERAK, LISA AND RAY KARPE, DAVID AND GWEN WEISE

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

FORM 990 IS DRAFTED BY THE CHAPTER'S OUTSIDE ACCOUNTANTS. IT IS THEN REVIEWED BY THE DIRECTOR OF FINANCE, VP OF OPERATIONS AND THE CHAPTER PRESIDENT. A COPY OF THE FORM 990 AND ACCOMPANYING SCHEDULES IS PROVIDED TO THE ENTIRE BOARD WITH A PERIOD FOR PROVIDING COMMENTS, EDITS OR CORRECTIONS PRIOR TO SUBMISSION TO THE IRS.

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

**Employer identification number** 95-1727656

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ON AN ANNUAL BASIS, THE AUDIT COMMITTEE REVIEWS THE CONFLICT OF INTEREST FORMS FILED BY TRUSTEES, OFFICES AND EMPLOYEES FOR POTENTIAL CONFLICTS. WHERE POTENTIAL CONFLICTS EXIST, THE TRUSTEE, OFFICE OR EMPLOYEE IS NOT ALLOWED TO PARTICIPATE IN ANY VOTE AND TRANSACTIONS ARE SUBJECT TO COMPETITIVE BIDDING.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG**

THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF AT LEAST THREE BUT NO MORE THAN FIVE INDEPENDENT TRUSTEES, DETERMINES THE COMPENSATION OF THE PRESIDENT AND REVIEWS COMPENSATION FOR OTHER KEY EMPLOYEES. THE NATIONAL ORGANIZATION PROVIDES EACH CHAPTER WITH COMPARABLE SALARY DATA FOR PRESIDENTS AND OTHER KEY POSITIONS AT NATIONAL MULTIPLE SCLEROSIS SOCIETY CHAPTERS AND OTHER VOLUNTARY HEALTH AGENCIES OF SIMILAR BUDGET SIZE AND GEOGRAPHIC LOCATIONS.

IN ADDITION, THE PRESIDENT'S PERFORMANCE IS EVALUATED ANNUALLY IN A JOINT REVIEW PROCESS BY THE NATIONAL ORGANIZATION'S CEO OR HER DESIGNEE AND THE LOCAL COMMITTEE OF INDEPENDENT TRUSTEES. THE PRESIDENT CONDUCTS PERFORMANCE EVALUATIONS OF THE OTHER KEY EMPLOYEES, THE OUTCOME OF WHICH IS SHARED THE THE COMPENSATION COMMITTEE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE CHAPTER'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE CHAPTER'S FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE CHAPTER'S WEBSITE AND WILL ALSO BE PROVIDED IN A HARD COPY FORMAT UPON REQUEST.

**FORM 990, PART VII - COMPENSATION EXPLANATION**

**ALICE KESHISHIAN**

ALICE KESHISHIAN WAS PAID $54,852 AS PART OF A SEVERANCE PACKAGE. ALL AMOUNTS INCLUDED IN HER 2009 FORM W-2 WERE REPORTED WITHIN THE SALARY EXPENSES ON THE 2008 FORM 990.

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

**Employer identification number** 95-1727656

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ► [ ]

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing *(e-file).*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

| **Type or print**<br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br>NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>SOUTHERN CALIFORNIA CHAPTER | **Employer identification number**<br>95-1727656 |
|---|---|---|
| | Number, street, and room or suite number. If a P.O. box, see instructions.<br>2440 S SEPULVEDA BLVD #215 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>LOS ANGELES, CA 90064 | |

**Check type of return to be filed** (file a separate application for each return):

| | | |
|---|---|---|
| [X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (section 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ► CHERI LOPEZ, DIRECTOR OF FINAN

Telephone No. ► 310-479-4456 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ] . If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ___ or

► [X] tax year beginning 10/01, 20 09, and ending 9/30, 20 10.

**2** If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | |
|---|---|---|
| **3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | **3a** | $ 0. |
| **b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | **3b** | $ 0. |
| **c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | **3c** | $ 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

TAXABLE YEAR **2009**

# California Exempt Organization Annual Information Return

FORM **199**

Calendar year 2009 or fiscal year beginning month 10 day 01 year 2009, and ending month 09 day 30 year 2010

**A** First Return Filed? [ ] Yes [X] No

**B** Type of organization: Exempt under Section 23701... D (insert letter); IRC Section 4947(a)(1) trust ... [ ]

CORP # C0224709

Corporation/Organization Name: NATIONAL MULTIPLE SCLEROSIS SOCIETY SOUTHERN CALIFORNIA CHAPTER

FEIN 95-1727656

Address: 2440 S SEPULVEDA BLVD #215

City: LOS ANGELES, CA 90064 State ZIP Code

**C** Amended Return? ● [ ] Yes [X] No

**D** Are you a subordinate/affiliate in a group exemption? [ ] Yes [X] No

**a** Is this a group filing for affiliates? See General Instruction L. ● [ ] Yes [X] No

**b** If 'Yes,' enter the number of affiliates.

**c** Are all affiliates included? [X] Yes [ ] No

(If 'No,' attach a list. See instructions.)

**d** Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

**e** Federal Group Exemption Number 1048

**f** Is a roster of subordinates attached? [ ] Yes [X] No

**E** Final return?

● [ ] Dissolved ● [ ] Surrendered (Withdrawn)

● [ ] Merged/Reorganized (attach explanation)

If a box is checked, enter date ● _____

**F** Check the box if the organization filed the following federal forms or schedule:

1 ● [ ] 990T 2 ● [ ] 990PF 3 ● [ ] (Schedule H) 990

**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required ● [ ]

**H** Accounting method used 1 [ ] Cash 2 [X] Accrual 3 [ ] Other

**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ● [ ] Yes [X] No

**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents ● [ ] Yes [X] No

**K** Is the organization exempt under R&TC Section 23701g? ● [ ] Yes [X] No

If 'Yes,' enter amount of gross receipts from nonmember sources $ _____

**L** Is the organization under audit by the IRS or has the IRS audited in a prior year? ● [ ] Yes [X] No

**M** Is the organization a Limited Liability Company? ● [ ] Yes [X] No

**N** Did the organization file Form 100 or Form 109 to report taxable income? ● [ ] Yes [X] No

## Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|---|---|---|---|---|
| **Receipts and Revenues** | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 ● | 1 | 1,450,794. |
| | 2 | Gross dues and assessments from members and affiliates ● | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received SEE SCH. B ● | 3 | 10,355,145. |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $25,000, see General Instruction C ● | 4 | 11,805,939. |
| | 5 | Cost of goods sold ● 5 | | |
| | 6 | Cost or other basis, and sales expenses of assets sold ● 6 | | |
| | 7 | Total costs. Add line 5 and line 6 | 7 | |
| | 8 | Total gross income. Subtract line 7 from line 4 ● | 8 | 11,805,939. |
| **Expenses** | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 ● | 9 | 11,335,440. |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ● | 10 | 470,499. |
| **Filing Fee** | 11 | Filing fee $10 or $25. See General Instruction F | 11 | 10. |
| | 12 | Total payments | 12 | |
| | 13 | Penalties and Interest. See General Instruction J | 13 | |
| | 14 | Use tax. See General Instruction K ● | 14 | |
| | 15 | **Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result | 15 | 10. |

**Sign Here**

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

Signature of officer ► Title: PRESIDENT Date ● Telephone (310)479-4456

**Paid Preparer's Use Only**

Preparer's signature ► Date Check if self-employed ► [ ] ● Preparer's SSN/PTIN P00733066

Firm's name (or yours, if self-employed) and address ► RBZ LLP, 11755 WILSHIRE BLVD NINTH FL, LOS ANGELES, CA 90025-1540 ● FEIN 95-3439541 ● Telephone (310) 478-4148

May the FTB discuss this return with the preparer shown above? See instructions ● [ ] Yes [X] No

**Part II** **Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.**

| | | | | |
|---|---|---|---|---|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | |
| | 2 | Interest | 2 | |
| | 3 | Dividends | 3 | |
| | 4 | Gross rents | 4 | |
| | 5 | Gross royalties | 5 | |
| | 6 | Gross amount received from sale of assets (See Instructions) | 6 | |
| | 7 | Other income. Attach schedule SEE STATEMENT 1 | 7 | 1,450,794. |
| | 8 | **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 1,450,794. |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | 9 | 719,325. |
| | 10 | Disbursements to or for members | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | 11 | 1,251,710. |
| Expenses and Disbursements | 12 | Other salaries and wages | 12 | 1,957,705. |
| | 13 | Interest | 13 | |
| | 14 | Taxes | 14 | 243,793. |
| | 15 | Rents | 15 | 448,431. |
| | 16 | Depreciation and depletion (See Instructions) | 16 | 29,816. |
| | 17 | Other. Attach schedule SEE STATEMENT 2 | 17 | 6,684,660. |
| | 18 | **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 11,335,440. |

**Schedule L** **Balance Sheets**

| | | Beginning of taxable year | | End of taxable year | |
|---|---|---|---|---|---|
| **Assets** | | (a) | (b) | (c) | (d) |
| 1 | Cash | | 966,343. | | 508,899. |
| 2 | Net accounts receivable | | 1,653,876. | | 2,730,044. |
| 3 | Net notes receivable. Attach schedule | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds. Attach sch. | | | | |
| 7 | Investments in stock. Attach schedule | | 763,701. | | |
| 8 | Mortgage loans (number of loans _____) | | | | |
| 9 | Other investments. Attach schedule ST 3 | | | | 1,868,811. |
| 10 a | Depreciable assets | 192,020. | | 192,020. | |
| b | Less accumulated depreciation | 73,449. | 118,571. | 103,266. | 88,754. |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule STM 4 | | 40,509. | | 9,745. |
| 13 | Total assets | | 3,543,000. | | 5,206,253. |
| **Liabilities and net worth** | | | | | |
| 14 | Accounts payable | | 1,237,094. | | 484,808. |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable. Attach schedule | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule STM 5 | | | | 1,804,539. |
| 19 | Capital stock or principle fund | | 2,305,906. | | 2,916,906. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 3,543,000. | | 5,206,253. |

**Schedule M-1** **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

| | | | | | |
|---|---|---|---|---|---|
| 1 | Net income per books | 470,499. | 7 | Income recorded on books this year not included in this return. Attach schedule | |
| 2 | Federal income tax | | | | |
| 3 | Excess of capital losses over capital gains | | | | |
| 4 | Income not recorded on books this year. Attach schedule | | 8 | Deductions in this return not charged against book income this year. Attach schedule | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | 9 | Total. Add line 7 and line 8 | |
| 6 | Total. Add line 1 through line 5 | 470,499. | 10 | Net income per return. Subtract line 9 from line 6 | 470,499. |

**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**

Department of the Treasury
Internal Revenue Service

CA PUBLIC DISCLOSURE COPY

# Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

**2009**

| **Name of the organization** | **Employer identification number** |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>SOUTHERN CALIFORNIA CHAPTER | 95-1727656 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (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** —

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules** —

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year. . . . . ► $ _____

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

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 270,268. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 2 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 3 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 4 | | $ 5,020. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 5 | | $ 51,273. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 6 | | $ 150,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization**: NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number**: 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 8 | | $ 7,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 9 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 10 | | $ 12,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 11 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 12 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 13 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 14 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 15 | | $ 75,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 16 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 17 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 18 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 19 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 20 | | $ 14,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 21 | | $ 12,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 22 | | $ 12,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 23 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 24 | | $ 8,333. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 25 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 26 | | $ 12,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 27 | | $ 35,157. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 28 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 29 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 30 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 31 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 32 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 33 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 34 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 35 | | $ 21,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 36 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 37 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 38 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 39 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 40 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 41 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 42 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 43 | | $ 6,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 44 | | $ 9,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 45 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 46 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 47 | | $ 30,677. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 48 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 49 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 50 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 51 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 52 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 53 | | $ 5,700. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 54 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 55 | | $ 1,500,000. | Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.) |
| 56 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 57 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 58 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 59 | | $ 105,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 60 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 61 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 62 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 63 | | $ 10,285. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 64 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 65 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 66 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 67 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 68 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 69 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 70 | | $ 12,700. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 71 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 72 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 73 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 74 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 75 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 76 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 77 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 78 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 79 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 80 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 81 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 82 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 83 | | $ 37,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 84 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 85 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 86 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 87 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 88 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 89 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 90 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 91 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 92 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 93 | | $ 28,670. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 94 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 95 | | $ 56,250. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 96 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 97 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 98 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 99 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 100 | | $ 5,410. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 101 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 102 | | $ 7,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization**: NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number**: 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 103 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 104 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 105 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 106 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 107 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 108 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 109 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 110 | | $ 187,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 111 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 112 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 113 | | $ 150,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 114 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 115 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 116 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 117 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 118 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 119 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 120 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 121 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 122 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 123 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 124 | | $ 14,277. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 125 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 126 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 127 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 128 | | $ 800,000. | Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.) |
| 129 | | $ 150,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 130 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 131 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 132 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 133 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 134 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 135 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 136 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 137 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 138 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 139 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 140 | | $ 8,903. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 141 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 142 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 143 | | $ 16,667. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 144 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 145 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 146 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 147 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 148 | | $ 35,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 149 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 150 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 151 | | $ 8,333. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 152 | | $ 8,540. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 153 | | $ 23,252. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 154 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 155 | | $ 5,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 156 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 157 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 158 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 159 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 160 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 161 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 162 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 163 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 164 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 165 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 166 | | $ 40,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 167 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 168 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 169 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 170 | | $ 5,354. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 171 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 172 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 173 | | $ 7,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 174 | | $ 5,200. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 175 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 176 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 177 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 178 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 179 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 180 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

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**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 181 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 182 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 183 | | $ 5,620. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 184 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 185 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 186 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 187 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 188 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 189 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 190 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 191 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 192 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 193 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 194 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 195 | | $ 9,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 196 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 197 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 198 | | $ 10,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 199 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 200 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 201 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 202 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 203 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 204 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 205 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 206 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 207 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 208 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 209 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 210 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Name of organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Employer identification number** 95-1727656

**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 211 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 212 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 213 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 214 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 215 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 216 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

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**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 217 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 218 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 219 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 220 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 221 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 222 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

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**Part I** **Contributors** (see instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 223 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 224 | | $ 22,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 225 | | $ 8,333. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 226 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 227 | | $ 5,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

| Name of organization | Employer identification number |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | 95-1727656 |

**Part II** **Noncash Property** (see instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| 55 | PLEDGED FOR PAYMENT IN FUTURE YEARS | $ 950,000. | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| 128 | PLEDGES FOR PAYMENTS IN FUTURE YEARS. | $ 800,000. | |

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

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

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

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

| Name of organization | Employer identification number |
|---|---|
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | 95-1727656 |

**Part III** ***Exclusively*** **religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete cols **(a)** through **(e) and** the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once — see instructions.) ..... ► $ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | N/A | | |
| | | | |
| | | | |
| | | | |

| (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 |
| | |
| | |
| | |
| | |

**STATEMENT 1**
**FORM 199, PART II, LINE 7**
**OTHER INCOME**

| | |
|---|---|
| INCOME FROM SPECIAL EVENTS | $ 1,250,233. |
| OTHER INVESTMENT INCOME | 99,014. |
| PROGRAM SERVICE REVENUE | 68,524. |
| REFUNDS OF EXPENSES | 33,023. |
| TOTAL | $ 1,450,794. |

**STATEMENT 2**
**FORM 199, PART II, LINE 17**
**OTHER EXPENSES**

| | |
|---|---|
| ACCOUNTING FEES | $ 34,000. |
| ADVERTISING AND PROMOTION | 1,732. |
| BAD DEBT | 72,534. |
| CONFERENCES, CONVENTIONS, AND MEETINGS | 84,055. |
| DUES AND SUBSCRIPTIONS | 9,146. |
| INSURANCE | 57,553. |
| MISCELLANEOUS | 109,577. |
| OFFICE EXPENSES | 130,878. |
| OTHER EMPLOYEE BENEFIT | 132,884. |
| OTHER FEES | 510,487. |
| PAYMENTS TO AFFILIATES | 3,988,201. |
| PRINTING AND PUBLICATIONS | 100,215. |
| REPAIR AND MAINTENANCE | 93,429. |
| SPECIAL EVENT EXPENSES | 1,250,233. |
| TRAVEL | 109,736. |
| TOTAL | $ 6,684,660. |

**STATEMENT 3**
**FORM 199, SCHEDULE L, LINE 9**
**OTHER INVESTMENTS**

| | |
|---|---|
| NMSS POOLED INVESTMENT FUND | $ 1,868,811. |
| TOTAL | $ 1,868,811. |

**STATEMENT 4**
**FORM 199, SCHEDULE L, LINE 12**
**OTHER ASSETS**

| | |
|---|---|
| PREPAID EXPENSES AND DEFERRED CHARGES | 9,745. |
| TOTAL | $ 9,745. |

**STATEMENT 5**
**FORM 199, SCHEDULE L, LINE 18**
**OTHER LIABILITIES**

| | |
|---|---|
| LONG-TERM DUE TO NATIONAL | 750,000. |
| PAYABLES DUE TO NATIONAL | 10,359. |
| REMITTANCE DUE TO NATIONAL | 1,044,180. |
| TOTAL | $ 1,804,539. |

IN
**MAIL TO:**
**Registry of Charitable Trusts**
**P.O. Box 903447**
**Sacramento, CA 94203-4470**
**Telephone: (916) 445-2021**

**WEBSITE ADDRESS:**
**http://ag.ca.gov/charities/**

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code**
**11 Cal. Code Regs. sections 301-307, 311 and 312**

**Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.**

**State Charity Registration Number** 001953

NATIONAL MULTIPLE SCLEROSIS SOCIETY
SOUTHERN CALIFORNIA CHAPTER
Name of Organization

2440 S SEPULVEDA BLVD #215
Address (Number and Street)

LOS ANGELES, CA 90064
City or Town State ZIP Code

**Check if:**
- ☐ **Change of address**
- ☐ **Amended report**

**Corporate or Organization No.** C0224709

**Federal Employer ID No.** 95-1727656

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|---|---|---|---|---|---|
| Less than $25,000 | 0 | Between $100,001 and $250,000 | $50 | Between $1,000,001 and $10 million | $150 |
| Between $25,000 and $100,000 | $25 | Between $250,001 and $1 million | $75 | Between $10,000,001 and $50 million | $225 |
| | | | | Greater than $50 million | $300 |

## PART A – ACTIVITIES

**For your most recent full accounting period (beginning** 10/01/09 **ending** 9/30/10 **) list:**
**Gross annual revenue** $ 10,555,706. **Total assets** $ 5,206,253.

## PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.**

| | | Yes | No |
|---|---|---|---|
| 1 | During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | ☐ | ☒ |
| 2 | During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | ☐ | ☒ |
| 3 | During this reporting period, did non-program expenditures exceed 50% of gross revenues? | ☐ | ☒ |
| 4 | During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | ☐ | ☒ |
| 5 | During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider. | ☐ | ☒ |
| 6 | During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | ☐ | ☒ |
| 7 | During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. | ☐ | ☒ |
| 8 | Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | ☒ | ☐ |
| 9 | Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | ☒ | ☐ |

Organization's area code and telephone number (310)479-4456

Organization's e-mail address

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

| Signature of authorized officer | Printed Name | Title | Date |
|---|---|---|---|
| | LEON LEBUFFE, PH.D | PRESIDENT | |