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)

OMB No. 1545-0047

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

Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ 2 $$ 0 $$ 9 $$ and ending	<u>S</u> EP 30, 2010	
B (Check if applicabl	USE INSTITUTIONAL MULTIPLE SCLEROSIS SOCIETY	D Employer identifi	cation number
	Addre chang			
	Name chang	type	11-1	948311
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	r
	Termir ated	Instruc- 40 MARCOD DRIVE		740 7227
	Ameno	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,227,398.
	Applic tion pendir	MEDVIDUE, NI II/4/	H(a) Is this a group re	
	pendii	F Name and address of principal officer: PAMELA MASTROTA	for affiliates?	Yes X No
_		•	 ` '	cluded? Yes No
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 te: ► WWW • NMSSLI • ORG		list. (see instructions)
_				n number > 1048
			ear of formation: 1945 N	M State of legal domicile: NY
P	art I	Summary	NII E O	
Se	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DOLLE O	
Governance		Chack this have	ere than OEM of its not a	
ver	1	Check this box if the organization discontinued its operations or disposed of m Number of voting members of the governing body (Part VI, line 1a)	1	19
ဗိ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		18
დ ა				16
ij		Total number of employees (Part V, line 2a)		350
Activities &		Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
Ă		Net unrelated business taxable income from Form 990-T, line 34		0.
_	, b	Net differenced publicess taxable income from 1 offit 990-1, lifte 54	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,868,495.	2,147,125.
Revenue	1		10,573.	10,620.
Ver	1	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,627.	7,053.
æ		Other revenue (Part VIII, column (A), lines 5, 4d, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-88,423.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,803,272.	2,088,497.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,953.	80,632.
			31,333.	00,032.
"	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	799,191.	758,218.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	700,101.	750,210.
oeu	loa h	Total fundraising expenses (Part IX, column (D), line 25) 287,325.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,043,839.	1,197,336.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,900,983.	
		Revenue less expenses. Subtract line 18 from line 12	-97,711.	52,311.
es	13	Trevenue less expenses. Subtract line 10 nom line 12	Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	1,171,189.	1,433,826.
Ass Ba	21	Total liabilities (Part X, line 26)	308,350.	478,542.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	862,839.	955,284.
Pa	art II	Signature Block		7007=0-1
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	lge and belief, it is true, correct,
		and complete. Declaration of preparer (other than onicer) is based on all information of which preparer has any knowle	age.	
Sig	n			
Her		Signature of officer	Date	
		► PAMELA MASTROTA, PRESIDENT		
		Type or print name and title		
		Preparer's Date		er's identifying number structions)
Paid		signature	self- employed (see in	ou doudinoj
	parer's	Firm's name (or ALBRECHT, VIGGIANO, ZURECK & CO PC	EIN ►	
Use	Only	self-employed), 25 SUFFOLK COURT		
		address, and ZIP + 4 HAUPPAUGE, NY 11788	Phone no. ▶ 6	31-434-9500
May	the II	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No

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Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	WE MOBILIZE PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO
	ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MULTIPLE SCLEROSIS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X 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 \$ 452,485 • including grants of \$) (Revenue \$
	CLIENT SERVICES-ARE THOSE PROGRAMS AND SERVICES PROVIDED DIRECTLY TO
	INDIVIDUALS WHO ARE LIVING WITH MULTIPLE SCLEROSIS. THE PURPOSES 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 AND EXPENSES INCURRED AS A
	RESULT OF LIVING WITH MULTIPLE SCLEROSIS.
4b	(Code:) (Expenses \$ 262,387 • including grants of \$) (Revenue \$
	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.
4c	/(
	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
	CONDITIONS, PLUS ALL OTHER COSTS OR EXPENSES WHICH DIRECTLY RELATE TO

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

737,101. including grants of \$

10,620.)) (Revenue \$

4e Total program service expenses ►\$ 1,657,482.

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			162	INO				
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	х					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
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		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х					
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	8		Х				
_	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide							
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1						
10	If IIVan II an amplete Calendrila D. Dort V							
11								
	as applicable							
•	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 organization'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 statements 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 statements for the tax year? Yes No If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional 12A X							
40		10		Х				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	X				
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		21				
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1						
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х				
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							
17								
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х				
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,"							
00	complete Schedule G, Part III	19		X				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990 (
		LOUI	220 (<u></u>				

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Page 4 Part IV Checklist of Required Schedules (continued)

No Yes 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 Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Х 24a 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a $\overline{\mathbf{x}}$ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Х 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 Х 37 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.

Part V

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Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 19 U.S. Information Returns. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b 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? Х 3a 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х 7е benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Х 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. Х Did the organization make any taxable distributions under section 4966? 9a X Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 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

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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.

Sec	tion A. Governing Body and Management							
		_				Yes	No	
1a	Enter the number of voting members of the governing body	1a		19				
b	Enter the number of voting members that are independent	1b		18				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p witl	n any other					
	officer, director, trustee, or key employee?				2		X	
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ect 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 Fo	rm 9	90 was filed?		4		X	
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?			5		_X_	
6	Does the organization have members or stockholders?				6		_X_	
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?			2	'a		<u> </u>	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons	?	🔼	'b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durir	ig the year					
	by the following:							
а	The governing body?			8	3a	Х		
b	Each committee with authority to act on behalf of the governing body?			8	3b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	chec	l at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>	
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Code.)					
				_		Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?			1	0a		<u>X</u>	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?			<u>1</u>	0b	Х		
11								
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	a Does the organization have a written conflict of interest policy? If "No," go to line 13							
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?					Х		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe					
	in Schedule O how this is done			⊢	2c	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	Х		
15	Did the process for determining compensation of the following persons include a review and approve		independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v		
	The organization's CEO, Executive Director, or top management official				5a	X		
b	Other officers or key employees of the organization			1	5b	Х		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		with a					
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				60		X	
L	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva				6a			
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org							
				4	6b			
Sec	exempt status with respect to such arrangements?			"	ן עט			
17	List the states with which a copy of this Form 990 is required to be filed ►NY							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501	(c)(3)s only) avai	lable fo	r			
.5	public inspection. Indicate how you make these available. Check all that apply.	,50	(5,(5,5 5) 11, 1, 4,41	.35.0 10				
	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, or	onfli	ct of interest police	cv. and	fina	ncial		
	statements available to the public.	2		- j, and				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the ora	anizatio	n: ▶			
	RICHARD PALESE - 631 864-8337			2				
	40 MARCUS DRIVE, MELVILLE, NY 11747							

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

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

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

- 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.

(A)	(B)	ly CC	IIIEI			, unt	COLC	(D)	(E)	(F)
(A) Name and Title	Average		(C) Position		Reportable	(c) Reportable	(r) Estimated			
Hamo and Title	hours	(cl			that apply		oly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOSEPH MILIZIO										
CHAIRMAN	1.00	Х						0.	0.	0.
PAUL ROWLAND										
VICE CHAIRMAN	1.00	Х						0.	0.	0.
GAIL WARRACK										
SECRETARY	1.00	Х						0.	0.	0.
MARY-ANN DEL GIORNO										
TREASURER	1.00	Х						0.	0.	0.
DAVID ROTTKAMP										
TRUSTEE	1.00	Х						0.	0.	0.
MINDY ALPERT										
TRUSTEE	1.00	Х						0.	0.	0.
DAVID LEVITON										
TRUSTEE	1.00	Х						0.	0.	0.
ANNE DUNNE										
TRUSTEE	1.00	Х						0.	0.	0.
WALTER GUMERSELL										
TRUSTEE	1.00	Х						0.	0.	0.
HERB HOFFMAN										
TRUSTEE	1.00	Х						0.	0.	0.
CAROLINE KERPEN										
TRUSTEE	1.00	Х						0.	0.	0.
KAREN KOLB										
TRUSTEE	1.00	Х						0.	0.	0.
STEVEN LUONGO										
TRUSTEE	1.00	Х						0.	0.	0.
STEPHEN MAGGIO										
TRUSTEE	1.00	Х						0.	0.	0.
ALPHONSUS MONAHAN										
TRUSTEE	1.00	Х						0.	0.	0.
VICTOR URBACH										
TRUSTEE	1.00	Х	L	L	L	L	L	0.	0.	0.
GARY CARPENTER										
TRUSTEE	1.00	Х						0.	0.	0.
										Carres 000 (0000)

932007 02-04-10

L.I. CHAPTER

Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	Name and title Average hours		Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation		am	(F) imate ount o	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	;)	comp fro orga and	other pensation the anization relate nization	e on ed
LAUREN KRUPP	1 00	 						0		\Box			
TRUSTEE PAMELA J MASTROTA	1.00	X				<u> </u>		0.		0.			0.
PRESIDENT & CEO	35.00	X		х		х							
RICHARD PALESE		† <u> </u>				 		 					
DIRECTOR OF FINANCE	35.00	Х			Х						_		
1b Total						>		193,861.		0.	į	5,4	<u> 18.</u>
2 Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 in reportable				1
2 Diel the aureniestics list and former officer	alius akau au ku	4					1			Г		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s								mignest compensated er			3		Х
4 For any individual listed on line 1a, is the se													
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Scheo	•				•			ted organization for serv			5		Х
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. NONE	mpensated in	dep	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of comp	ensa	ation fr	om	
(A) Name and business	address							(B) Description of s	ervices	Co	(C omper		า
-													
2 Total number of independent contractors (\$100,000 in compensation from the organi	-	not li	mite	d to		se lis	stec	d above) who received n	nore than				
										F	orm S	990 (2	2009)

11-1948311 Pa

Form 990 (2009)

L.I. CHAPTER

Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b ,364,143. c Fundraising events 1c |1 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 782,982 similar amounts not included above 44,545. g Noncash contributions included in lines 1a-1f: \$ \triangleright 2,147,125. h Total. Add lines 1a-1f **Business Code** 2 a SERVICE PROGRAM FEES 10,620. Program Service Revenue 611710 10,620. f All other program service revenue 10,620. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,053. 7,053. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses **c** Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 1364143. of contributions reported on line 1c). See Part IV, line 18 a 62,600 b Less: direct expenses b 138,901. -76,301. -76,301.**c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue Total. Add lines 11a-11d 2,088,497. 10,620. -69,248. Total revenue. See instructions.

932009 02-04-10

Part IX | Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and general expenses Representation of Program service Management and general expenses Program service Management Program service Program servic		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).							
Total expenses									
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of turneted above, to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(t)(3)(8) Other employee benefits 24,491, 17,973, 1,729, 4,789 64,172, 47,093, 4,531, 12,548 1 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying d L		8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)) and persons described in section 4958()(3)) and section 403(b) employer contributions) 9 Other employee benefits 24,491 17,973 1,729 4,789 10 Payroll taxes 64,172 47,093 4,531 12,548 11 Fees for services (non-employees): a Management 64 1	1	_							
the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation or included above, to disqualified persons (as defined under section 4958(I)(1)) and persons described in section 4958(I)(1)) and section 4958(I)(1) and persons described in section 4958(I)(1) and persons described above (I) and II and		organizations in the U.S. See Part IV, line 21							
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 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 11 Fees for services (non-employees): 12 Advantagement 13 Legal 14 Lobbying 15 Royalties 16 Caccupancy 17 Investment management fees 19 Other 10 Other employees 15 Royalties 10 Payroll aves 11 Fees for services (non-employees): 11 Fees for services (non-employees): 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Caccupancy 17 Travel 18 Payments of travel or entertainment expenses for any feddral, start, or local public officials 19 Conferences, conventions, and meetings 11 Payments of travel or entertainment expenses for any feddral, start, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 12 Payments to affiliates 11 Payments to affilia	2								
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 (20 Compensation of current officers, directors, trustees, and key employees (204,175. 146,253. 28,465. 29,457 (20 Compensation not included above, to disqualified persons (as defined under section 4958(r)(11) and persons described in section 4958(r)(13) (and section 405(b) employer contributions) (include section 401(k) and section 405(b) employer contributions) (include section 401(k) and section 405(b) employer contributions (include section 401(k) and section 4		the U.S. See Part IV, line 22	80,632.	80,632.					
See Part IV, lines 15 and 16	3	Grants and other assistance to governments,							
### Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958()(3)(8)) ### Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) ### Other employee benefits Other employee benefits ### Other employee benefits ### Other employee benefits ### Other employee benefits ### Other employees: ### Amanagement ### Despire plan plan promotion ### Other employees: ### Amanagement ### Despire plan plan promotion ### Other employees: ### Other employee benefits ### Other employees:		-							
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described above, five and section 4958(f)(1)) and persons described above, five and section 4958(f)(1) and persons described above, five and section 4958(f)(1) and 465, 380. 345,104. 18,809. 101,467 11 Fees for services (non-employees): 2 Advertising and promotion 40,401,401,401,401,401,401,401,401,401,4									
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(h) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 27 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 27 13, 868 713, 868 713, 868 712, 922 28 Other expenses itemize expenses not or large above. (Expenses grouped nose not overed above. (Expenses grouped nose not overed above. (Expenses shown on line 25 below.) 10 Office expenses shown on line 25 below.)	4	Benefits paid to or for members							
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 64,172. 47,093. 1,729. 4,789 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other 2 Advertising and promotion 30 Office expenses 10 Travel 10 Payments of travel or entertainment expenses for any federal, state, or local public officials C Conferences, conventions, and meetings 11 Travel 12 Depreciation, depletion, and amortization 13 Literest 14 J 442. 10,965. 1,055. 2,922 2 Insurance 14 J 942. 10,965. 1,055. 2,922 2 Insurance 15 Shown in the development of total expenses not covered above, (Expenses on toovered above, (Expenses on toovered above, (Expenses on toovered above, (Expenses on the overed above, (Expe	5		004 455	445.050	00 465	00 455			
persons (as defined under section 4958(f)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 24,491. 17,973. 1,729. 4,789 10 Payroll taxes 64,172. 47,093. 4,531. 12,548 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring Professional fundraising services. See Part IV, line 17 Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19,620. 14,936. 2,418. 2,266 Interest 11 Payments to affiliates 713,868. 713,868. 20 Interest 21 Payments to affiliates 713,868. 713,868. 21 Payments to affiliates 713,868. 713,868. 22 Depreciation, depletion, and amortization 14,942. 10,965. 1,055. 2,922 31 Insurance 12,322. 9,043. 870. 2,409			204,175.	146,253.	28,465.	29,457.			
Described in section 4958(c)(3)(B) Cher salaries and wages 465,380 345,104 18,809 101,467	6								
7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 124,491. 17,973. 1,729. 4,789 10 Payroll taxes 64,172. 47,093. 4,531. 12,548 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses Information technology 15 Royalties 16 Cocupancy 15 Royalties 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 13 Office expenses (Interest) 14 Interest 15 Conferences, conventions, and meetings 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 13 Interest 14 Interest 15 Interest 16 Cocupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 11 Interest 12 Payments to affiliates 13 Interest 14 Interest 15 Interest 16 Interest 17 Interest 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments of travel or entertainment expenses for expenses sending on the expenses incovered above, (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
8 Pension plan contributions (include section 401(k) and section 403(h) employer contributions) 9 Other employee benefits			465 200	245 424	10.000	404 465			
## and section 403(b) employer contributions Other employee benefits	7		465,380.	345,104.	18,809.	101,467.			
9 Other employee benefits	8	. , , ,							
10 Payroll taxes		_	0.4.404	15 050	4 500	4 500			
## 11 Fees for services (non-employees): ## Management ## Legal ## C Accounting ## Lobbying ## Professional fundraising services. See Part IV, line 17 ## Investment management fees ## Other ## Other ## Advertising and promotion ## Office expenses ## Information technology ## Royalties ## Occupancy ## Depreciation of travel or entertainment expenses for any federal, state, or local public officials ## Payments of travel or entertainment expenses for any federal, state, or local public officials ## Onferences, conventions, and meetings ## Depreciation, depletion, and amortization ## Payments to affiliates ## Payments	9					4,789.			
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 153,870. 112,918. 10,864. 30,088 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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.)	10		64,172.	4/,093.	4,531.	12,548.			
b Legal c Accounting d Lobbying 2,225. 2,225. 2,225. 2 Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other 2 Advertising and promotion 2 Office expenses 14 Information technology 15 Royalties 2 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19,620. 14,936. 2,418. 2,266 2 Interest 2 Payments to affiliates 713,868. 713,868. 2 Pepreciation, depletion, and amortization 14,942. 10,965. 1,055. 2,922 2 Insurance 19,043. 10		` ', ',							
c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.)	а	Management							
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.)	b								
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses so rouse in seven and amortized above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	С		2 225	2 225					
f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses ltemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	d		2,225.	2,225.					
g Other	е								
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 153,870. 112,918. 10,864. 30,088 17 Travel 27,975. 7,444. 10,395. 10,136 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19,620. 14,936. 2,418. 2,266 20 Interest 713,868. 713,868. 713,868. 22 Depreciation, depletion, and amortization 14,942. 10,965. 1,055. 2,922 23 Insurance 12,322. 9,043. 870. 2,409 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.) 12,322. 9,043. 870. 2,409	f								
13 Office expenses 14 Information technology 15 Royalties 153,870. 112,918. 10,864. 30,088 17 Travel 27,975. 7,444. 10,395. 10,136 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19,620. 14,936. 2,418. 2,266 20 Interest 21 Payments to affiliates 713,868. 713,868. 22 Depreciation, depletion, and amortization 14,942. 10,965. 1,055. 2,922 23 Insurance 12,322. 9,043. 870. 2,409 24 Other expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 12,322. 9,043. 870. 2,409	_								
14 Information technology 15 Royalties 16 Occupancy 153,870 • 112,918 • 10,864 • 30,088 17 Travel 27,975 • 7,444 • 10,395 • 10,136 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences conventions, and meetings 19,620 • 14,936 • 2,418 • 2,266 20 Interest 713,868 • 713,868 • 21 Payments to affiliates 713,868 • 713,868 • 22 Depreciation, depletion, and amortization 14,942 • 10,965 • 1,055 • 2,922 23 Insurance 12,322 • 9,043 • 870 • 2,409 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.) 870 • 2,409		l l							
15 Royalties 16 Occupancy 153,870									
16 Occupancy 153,870. 112,918. 10,864. 30,088 17 Travel 27,975. 7,444. 10,395. 10,136 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19,620. 14,936. 2,418. 2,266 20 Interest 713,868. 713,868. 713,868. 21 Payments to affiliates 713,868. 713,868. 1,055. 2,922 23 Insurance 12,322. 9,043. 870. 2,409 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.) 12,322. 9,043. 870. 2,409		l l							
Travel 27,975. 7,444. 10,395. 10,136 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19,620. 14,936. 2,418. 2,266 Interest 713,868. 713,868. Payments to affiliates 713,868. 713,868. Insurance 12,922 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.)			152 070	112 010	10 064	20 000			
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.)		· · · · · · · · · · · · · · · · · · ·							
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 (14,936) 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.)			41,913.	7,444.	10,393.	10,130.			
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	18								
Interest Payments to affiliates Pepreciation, depletion, and amortization Insurance 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.)			10 620	11 026	2 /10	2 266			
Payments to affiliates 713,868. 713,868. Depreciation, depletion, and amortization 14,942. 10,965. 1,055. 2,922 Insurance 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.)			19,020.	14,550.	2,410.	2,200.			
Depreciation, depletion, and amortization 14,942. 10,965. 1,055. 2,922 Insurance 12,322. 9,043. 870. 2,409 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.)			713 262	713 262					
Insurance 12,322. 9,043. 870. 2,409 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.)					1 055	2 922			
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.)		1							
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			14,744	J, U=J•	070.	4,409.			
expenses shown on line 25 below.)	2 4	above. (Expenses grouped together and labeled							
		miscellaneous may not exceed 5% of total							
a OTHER PROFESSIONAL FEES 111,450.	9	OMITED DECEMBER TONAL BEEN	111,450.	75,927.	5,270.	30,253.			
				-		20,788.			
						18,886.			
- <u> </u>	-			-		3,781.			
					-	10,870.			
	_					6,665.			
		· —				287,325.			
26 Joint costs. Check here X 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		1, 7, 1							

Form 990 (2009)

11-1948311 Page **11**

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			754,243.	1	702,815.
	2	Savings and temporary cash investments			-	2	-
	3	Pledges and grants receivable, net			34,254.	3	77,156.
	4	Accounts receivable, net			•	4	,
	5	Receivables from current and former officers, d				-	
	-	employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
	-	4958(f)(1)) and persons described in section 49					
		Part II of Schedule L				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	1	Land, buildings, and equipment: cost or other	I I				
	""	basis. Complete Part VI of Schedule D	102	202,106.			
	h	Less: accumulated depreciation	10a	178,475.	35,813.	10c	23,631.
	11	Investments - publicly traded securities	100		152,189.	11	161,091.
	12	Investments - other securities. See Part IV, line			202/2007	12	202,0320
	13	Investments - program-related. See Part IV, line				13	
	14			14			
	15	Intangible assets Other assets. See Part IV, line 11			194,690.	15	469,133.
	16	Total assets. Add lines 1 through 15 (must equ			1,171,189.	16	1,433,826.
	17	Accounts payable and accrued expenses			156,874.	17	132,782.
	18	Grants payable			200,0727	18	101,701
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
(0	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
iii	22	highest compensated employees, and disqualif					
Ë						22	
	23	of Schedule L Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			151,476.	25	345,760.
	26				308,350.	26	478,542.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
s		lines 27 through 29, and lines 33 and 34.	010	and complete			
၁င	27	Unrestricted net assets			391,116.	27	461,379.
ala	28	Temporarily restricted net assets			296,723.	28	318,905.
B	29			175,000.	29	175,000.	
Ĕ		Organizations that do not follow SFAS 117, o			,		,,,,,
Ĕ		complete lines 30 through 34.					
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Se	33	Total net assets or fund balances			862,839.	33	955,284.
	34	Total liabilities and net assets/fund balances			1,171,189.	34	1,433,826.
	J 34	TOTAL HADIILIES AND HEL ASSELS/TUND DAIMNES .			±,±,±,±0,0	U-T	1,135,020

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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:

Form **990** (2009)

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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

Open to

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY L.I. CHAPTER

Employer identification number 11-1948311

Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospita	l's nam	ie,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	d in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(I)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	ublic desc	ribed i	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 rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	30, 197	7 5.
		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	I).				
11		An organizati	on organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	of one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Che	ck the box	that	
	describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I	b	☐ Type II 💢 🔾	: 🔲 Тур	e III - Fund	tionally in	egrated		d 🗀	Type III - 0	Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons otl	her tha	ın
		foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	9(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	nis box									
g		Since August	t 17, 2006, has the o	organization accepted ar									
		(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below,		Yes	No
		the gove	erning body of the s	upported organization?							. 11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					. 11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	ı notify the	(vi) ls	the	(vii) Ar	nount o	 f
()		inization		organization (described on lines 1-9		sted in your			organizátio (i) organiz U.S	ed in the	` '	port	
				above or IRC section	governing	document?	(i) of you	support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
Γota	ıl												

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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 any "unusual grants.") 1558390. 2505560 2260962. 1868495. 2147125.10340532. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1558390. 2505560. 2260962. 1868495. 2147125.10340532. 4 Total. Add lines 1 through 3 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) 10340532. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2147125.10340532. 1558390 2505560 2260962. 1868495. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 27,890. 7,053. 133,262. 54,084. 31,608. 12,627. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 10473794. 11 Total support. Add lines 7 through 10 1,227,781 **12** Gross receipts from related activities, etc. (see instructions) 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 98.73 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons Xstop 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 17a 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

Schedule A (Form 990 or 990-EZ) 2009

Pa	irt III Support Schedule for (Organizations	Described in	Section 509(a	a)(2) (Complete only	, if you checked the	e box on line 9 of Part I.		
	ction A. Public Support				/ / (complete cm)	n you onconou in			
	endar 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 any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organ- ization'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								
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons								
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b								
	Public support (Subtract line 7c from line 6.)								
_	ction B. Total Support	() 222-	#10000		1 () 2222	() 0000	(0.7		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for	the organization	's first, second, thi	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) orga	nization,		
_	check this box and stop here						<u></u>		
	ction C. Computation of Publ					1 1			
	Public support percentage for 2009 (15	%		
	Public support percentage from 2008 etion D. Computation of Investigation					16	%		
	•					17	%		
	Investment income percentage for 20 Investment income percentage from 20			ine 13, column (i))		18 %			
	33 1/3% support tests - 2009. If the	· ·							
	more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the	nd stop here. The	e organization qual	lifies as a publicly	supported organiz	ation	> □		
Ĺ	line 18 is not more than 33 1/3% che	•			·		· —		

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

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

Schedule of Contributors

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Name of the organization

NATTONAL MULTIPLE SCLEROSTS SOCIETY

Employer identification number

NATIONAL MULTIPLE SCLEROSIS SOCIETY
L.I. CHAPTER 11-1948311

Organization type (check one):								
Filers of	:	Section:						
Form 990	0 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	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note. Or	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 contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special	Rules							
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	aggregate contribu)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.						
	contributions for us If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively to the contributions of \$5,000 or more during the year.						
but it m u	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 its 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 hat it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

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

Name of organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY
L.I. CHAPTER

Employer identification number

11-1948311

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

L.I. CHAPTER

Name of organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

11-1948311

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

NATIONAL MULTIPLE SCLEROSIS SOCIETY

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		CHAPTER

11-1948311

Part III	Exclusively religious, charitable, etc., in	ndividual contributions to	section 501(c)(7), (8), or (10) organizations aggregating	
	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 as least for the year. (Fater this info	ous, charitable, etc., contrib	outions of	g line entry. For organizations completing	
(a) No. from Part I	\$1,000 or less for the year. (Enter this info	c) Use of gift		(d) Description of how gift is held	
		-			
		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
.					
_					
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	lationship of transferor to transferee	
(a) No.			T		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	i	(d) Description of how gift is held	
.					
-		(a) Tuon star	of gift		
	Transferee's name, address, a	(e) Transfer		lationship of transferor to transferoe	
	mansieree s name, address, at	- IN ZIF T T	ne	lationship of transferor to transferee	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

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.

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.

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

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

Nan		L MULTIPLE SCLERO	SIS SOCIETY	. Em	ployer identification number 11-1948311
D	L.I. CH	ganization is exempt unde	r soction 501(a)	or is a soction 527	
		•			organization.
	Provide a description of the organiz	•	. •		
	Political expenditures				\$ <u> </u>
3	Volunteer hours				
Pa	art I-B Complete if the ord	ganization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax		1 / 1	<u>, </u>	\$ 0.
	Enter the amount of any excise tax				*
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 for	or this year?		* — — — — — — — — — — — — — — — — — — —
	Was a correction made?				
ŀ	If "Yes," describe in Part IV.				103 110
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for sect	ion 527 exempt functi	on activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities			>	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
	line 17b			>	\$
4	Did the filing organization file Form				Yes No
	Enter the names, addresses and er				
	For each organization listed, enter t	the amount paid from the filing org	anization's funds. Also	o enter the amount of po	itical contributions received
	that were promptly and directly del	ivered to a separate political orgar	ization, such as a sep	arate segregated fund o	a political action committee
	(PAC). If additional space is needed	d, provide information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009 L.I. CHAPTER

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768						
(election under sec	·					
A Check If the filing organiza	_					
3 Check ► ☐ if the filing organiza	tion checke	d box A ar	nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group
	ts on Lobby ditures" me		nditures ınts paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	c opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legi	slative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o	or (D) is:		bying nontaxable am	ount is:		
Not over \$500,000	2 000		the amount on line 1e.	Φ 500.000		
Over \$500,000 but not over \$1,000			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17, Over \$17,000,000	000,000	\$1,000,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		Ψ1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	•					
j If there is an amount other than ze	ro on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				[Yes No
, -	ations that	made a s	eraging Period Under ection 501(h) election e instructions for line	n do not have to comp		
	Lobby	ring Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
						1

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009 L.I. CHAPTER

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)	(b)
		Yes	No	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:			
а	Volunteers?	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
С	Media advertisements?		X	
	Mailings to members, legislators, or the public?	X		
	Publications, or published or broadcast statements?		X	
	Grants to other organizations for lobbying purposes?		X	
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,225.
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			2,225.
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			
С	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?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c	(5), or se	ection

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, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

7	Dues, assessments and similar amounts from members	_ 1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
С	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 I-A, LINE 1:

THE NATIONAL MS SOCIETY IS A REGISTERED 501 (C)(3) CHARITY AND AS SUCH

DOES NOT ENGAGE IN ANY DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES

EXCEPT AS NOTED IN PART II-B LINE 1 (I) BELOW.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

Schedule C (Form 990 or 990-EZ) 2009

Tartiv Supplemental information (continued)
THE CHAPTER COMMUNICATES WITH STATE LEGISLATORS TO INFLUENCE
LEGISLATION ON BEHALF OF PERSONS AFFLICTED WITH MULTIPLE SCLEROSIS.
A PUBLIC POLICY CONFERENCE WAS HELD IN WASHINGTON IN 2010 AND RUN BY
NATIONAL MULTIPLE SCLEROSIS SOCIETY'S NATIONAL OFFICE. A PORTION OF
THE CONFERENCE INVOLVES MEMBERS OF THE CHAPTER GOING TO CAPITOL HILL TO
TALK TO THE SENATORS ABOUT MEDICAL CONCERNS RELATING TO PEOPLE WITH
MULTIPLE SCLEROSIS. PART OF THE OVERALL TRAVEL EXPENSES FOR THE TRIP
ARE ALLOCATED AS LOBBYING EXPENSES AT APPROXIMATELY \$2,225.

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, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY

L.I. CHAPTER

Employer identification number 11-1948311

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s 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 writ	ing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organ	ization 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 plea	sure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06	2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and enf	orcing conservation easements durin	g the year > \$
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation $\label{eq:conservation}$		
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	s the organization's accounting for
_	conservation easements.		NI 0: 11 A 1
Par	t III Organizations Maintaining Collections of A		otner Similar Assets.
	Complete if the organization answered "Yes" to Form 990	J, Part IV, line 8.	
та	If the organization elected, as permitted under SFAS 116, not to		
	treasures, or other similar assets held for public exhibition, educ		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these item		
D	If the organization elected, as permitted under SFAS 116, to rep		
	or other similar assets held for public exhibition, education, or re	esearch in furtherance of public service	e, 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 treasu		ai gairi, provide
_	the following amounts required to be reported under SFAS 116		• •
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		¥

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $\frac{932051}{02-01-10}$

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Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tı	reasures, o	r Other	Similar A	ssets (continued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sigi	nificant use o	of its collection items		
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ms				
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizatio	n's exem	pt purpose ir	n Part XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma						Yes No		
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if organization a	nswered "Yes	" to Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other ass	sets not in	cluded			
	on Form 990, Part X?						L Yes L No		
b	If "Yes," explain the arrangement in Part XIV								
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L Yes L No		
<u>b</u>	If "Yes," explain the arrangement in Part XIV.								
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	orm 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three years I	back (e) Four years back		
1a	Beginning of year balance	152,189.	150,774.	,					
b	Contributions								
С	Net investment earnings, gains, and losses	8,902.	1,415.	,					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	161,091.	152,189.	•					
2	Provide the estimated percentage of the year	r end balance held a	is:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	<u></u> %							
С	Term endowment >	%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administer	red for the	organization	n		
	by:						Yes No		
	(i) unrelated organizations						3a(i) X		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b X		
4	Describe in Part XIV the intended uses of the								
Pai	t VI Investments - Land, Building	gs, and Equipme	ent. See Form 990), Part X, line 1	0.				
	Description of investment	(a) Cost or o basis (investr	1 ' '	t or other (other)		umulated eciation	(d) Book value		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		10	04,850.	9	99,646.	5,204.		
	Other			7,256.		78,829.			
	. Add lines 1a through 1e. (Column (d) must e						23,631.		
			, , , , , , , ,	\ / /			<u> </u>		

NATIONAL MULTIPLE SCLEROSIS SOCIETY

L.I. CHAPTER 11-1948311 Page 3 Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua at or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X, lin T	e 13.	(-) M - H - f - 1	At a constant
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua at or end-of-year mar	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	45			
Part IX Other Assets. See Form 990, Part X, line	Description			(b) Book value
CHARITABLE REMAINDER TRUST RE				240,000.
SECURITY DEPOSIT				23,391.
	UST			205,742.
Total. (Column (b) must equal Form 990, Part X, col (B) line	a 15)			469,133.
Part X Other Liabilities. See Form 990, Part X,				100,1200
1. (a) Description of liability		(b) Amount		
Federal income taxes				
DUE TO NATIONAL MS SOCIETY		244,787.		
DEFERRED RENT		100,973.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25.)	345,760.		

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.

932053 02-01-10

L.I. CHAPTER Schedule D (Form 990) 2009

11-1948311 Page 4

Pa	rt XI	Reconciliation of Change in Net Assets from Form	990 to Audited	d Financial S	State	men	
1	Total	evenue (Form 990, Part VIII, column (A), line 12)		1			2,088,497.
2	Total 6	expenses (Form 990, Part IX, column (A), line 25)		2			2,036,186.
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1		3			52,311.
4	Net ur	nrealized gains (losses) on investments		4			
5		ed services and use of facilities					
6		ment expenses					
7	Prior p	period adjustments		7			
8		(Describe in Part XIV.)		_			40,134.
9	Total a	adjustments (net). Add lines 4 through 8		9			40,134.
10		s or (deficit) for the year per audited financial statements. Combine li					92,445.
Pai	t XII	Reconciliation of Revenue per Audited Financial St	tatements Wit	n Revenue p	er R	eturr	
1						1	2,128,631.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	40.4			
а		nrealized gains on investments		40,1	34.		
b		ed services and use of facilities		44,5	45.		
С		eries of prior year grants					
d	Other	(Describe in Part XIV.)	2d				0.4 670
е		nes 2a through 2d				2e	84,679.
3		act line 2e from line 1				3	2,043,952.
4		nts included on Form 990, Part VIII, line 12, but not on line 1 :	1 1				
а		ment expenses not included on Form 990, Part VIII, line 7b		44.5			
b		(Describe in Part XIV.)	4b	44,5	45.		44 545
С		nes 4a and 4b				4c	44,545. 2,088,497.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:				5	2,088,497.
Pa		Reconciliation of Expenses per Audited Financial S					
1		expenses and losses per audited financial statements				1	2,036,186.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	11 E	, E		
а		ed services and use of facilities		44,5	45.		
b		rear adjustments					
С		losses					
d		(Describe in Part XIV.)	2d				44 545
е		nes 2a through 2d				2e	44,545.
3		act line 2e from line 1				3	1,991,641.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1				
а		ment expenses not included on Form 990, Part VIII, line 7b		11 5	, _		
		(Describe in Part XIV.)	4b	44,5	45.	_	44 545
		nes 4a and 4b				4c	44,545.
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)			5	2,036,186.
		Supplemental Information	0.5				
		is part to provide the descriptions required for Part II, lines 3, 5, and					
		t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Al , LINE 4: TO PROVIDE A PREDICTABLE					information.
FAI	/T /	, LINE 4: TO PROVIDE A PREDICTABLE	SIKEAM O	FEUNDIN	<u>G 1</u>		
PRO	OGRA	MS.					
	701121	145 •					
PAI	RT X	I, LINE 8 - OTHER ADJUSTMENTS:					
		•					
UNI	REAL	IZED GAIN ON CHARITABLE REMAINDER	TRUST: 40	134.			
PAI	RT X	II, LINE 4B - OTHER ADJUSTMENTS:					
NE'	r DI	RECT IN-KIND EXPENSES: 44545.					

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Schedule D (Form 990) 2009 L.I. CHAPTER	11-1948311 Page 5
Schedule D (Form 990) 2009 L.I. CHAPTER Part XIV Supplemental Information (continued)	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
NET DIRECT IN-KIND EXPENSES: 44545.	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

pen To Public

Department of the Treasury Internal Revenue Service 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.

Inspection

Employer identification number Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY L.I. CHAPTER 11-1948311 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts tò (or retained by) to (or retained by) (ii) Activity have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No 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.

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

Schedule G (Form 990 or 990-EZ) 2009

	art				IV, line 18, or reported		15,000	<u>• -</u>
_		on Form 990-EZ, line 6a. List events with	(a) Event #1	(b) Event #2	(c) Other events			
					()	(d) Tota (add col. (al events	
				MS WALK	3		. (c))	J''
ine			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	270,725.	898,858.	257,160.	1,42	6,74	3.
	2	Less: Charitable contributions	270,725.	898,858.	194,560.	1,36	4,14	3.
	3	Gross income (line 1 minus line 2)			62,600.	6	2,60	0.
	4	Cash prizes						
ses	5	Noncash prizes						
Direct Expenses	6	Rent/facility costs						
Direct	7	Food and beverages						
	8	Entertainment		27 014	65,548.	1 2	0 00	1
	9	Other direct expenses					8,90 8,90	
	1	Net income summary. Combine line 3, colum					6,30	
Pa	art		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than			
	1	\$15,000 on Form 990-EZ, line 6a.	1	(L) Dull take (instead			. ,	
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total g		
Revenue								
<u> </u>	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes %	Yes %			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column (d), and line 7		>		L. I	
•	Г"	toy the etate(a) in which the examination energy	too goming activities.				Yes	No
9		ter the state(s) in which the organization opera the organization licensed to operate gaming ac	-	states?		9a		
		No," explain:	Stivitios in caem or those					
	_							
10-	- \			والمراجع		10-		
		ere any of the organization's gaming licenses ro Yes," explain:	evokea, suspended or te	erminated during the tax	year?	10a		
•	_	, +			<u>_</u>			
	_	- the second state of the						
11 12		es the organization operate gaming activities westhe organization a grantor, beneficiary or truste		of a partnership or othe		11		
		minister charitable gaming?	20 57 a trade of a morniber	or a parational lip of office	only formed to	12		

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Schedule G (Form 990 or 990-EZ) 2009 L.I. CHAPTER		11-19	4831	1 Pa	age 3
				Yes	No
13 Indicate the percentage of gaming activity operated in:					
a The organization's facility	13a	%	5		
b An outside facility	13b	%	5		
14 Enter the name and address of the person who prepares the organization's gaming/special events	books and reco	rds:			
Name					
Address >					
15a Does the organization have a contract with a third party from whom the organization receives gami	ng revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ of gaming revenue retained by the third party ▶\$	and the am	ount			
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 process.	eds to				
retain the state gaming license?			17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organic					

Schedule G (Form 990 or 990-EZ) 2009

organization's own exempt activities during the tax year > \$

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

NATIONAL MULTIPLE SCLEROSIS SOCIETY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

L.I. CHAPTER 11-194831	L1
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?	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	
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	
2 Enter total number of section 501(c)(3) and government organizations	
3 Enter total number of other organizations	

Schedule I (Form 990) 2009

L.I. CHAPTER

11-1948311

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. **(e)** Method of valuation (book, FMV, appraisal, other) (b) Number of (c) Amount of (d) Amount of non-(a) Type of grant or assistance (f) Description of non-cash assistance recipients cash grant cash assistance FINANCIAL ASSISTANCE FOR INDIVIDUALS WITH MULTIPLE SCLEROSIS 232 80,632. 0.N/A N/A Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Page 2

SCHEDULE J (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions. NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number L.I. CHAPTER 11-1948311 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X 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:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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:			
а	The organization?	5a		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	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		l

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

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY
L.I. CHAPTER

Employer identification number 11-1948311

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)		:. <u>.</u>	
		Check if applicable	Number of contributions	Revenues repo Form 990, Part V		Method of de revenu		ing	
		арріїодьіс	CONTINUATIONS	Tomitooo, rait v	,	1010110			
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 \blacktriangleright (FOOD AND SERV)	X	28	44,	545.				
26	Other • ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organia	zation durino	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV, [Donee Acknowled	gment	29				
								Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial			•	•	t purposes for			
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance					ions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or se	ll noncash				
	contributions?						32a		X
	,								
33	If the organization did not report revenues in c	olumn (c) foi	a type of propert	y for which columr	n (a) is check	ted,			
	describe in Part II.								

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

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.

2009
Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY L.I. CHAPTER

Employer identification number 11-1948311

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE MOBILIZE PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MULTIPLE SCLEROSIS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH - REPRESENTS COSTS INCURRED TO SUPPORT SCIENTIFIC STUDIES OR

INVESTIGATIONS PLUS ALL OTHER COSTS OR EXPENSES INCURRED WHILE

CONDUCTING A PROGRAM IN WHICH NEW KNOWLEDGE IS BEING SOUGHT TO FIND

CAUSES OF THE DISEASE, TREATMENT, AND PREVENTION OF MULTIPLE SCLEROSIS.

TOTAL EXPENSES OF \$490,746 INCLUDING GRANTS OF \$0, AND REVENUE OF \$0.

OTHER NATIONAL PROGRAM EXPENSES - THIS INCLUDES THE COSTS ASSOCIATED
WITH FUNDING CLIENT AND COMMUNITY SERVICE, PUBLIC EDUCATION, AND
PROFESSIONAL EDUCATION CONDUCTED BY THE NATIONAL ORGANIZATION FOR THE
BENEFIT OF INDIVIDUALS LIVING WITH MULTIPLE SCLEROSIS.

PROFESSIONAL EDUCATION AND TRAINING - REPRESENTS ACTIVITIES OR PROGRAMS

DESIGNED TO IMPROVE THE KNOWLEDGE, SKILLS, AND CRITICAL JUDGEMENT OF

PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS ENGAGED (DIRECTLY OR

INDIRECTLY) IN PROVIDING CLIENT SERVICES BY KEEPING THEM ABREAST OF NEW

DIAGNOSTIC TECHNIQUES, THERAPIES, ETC.

TOTAL OTHER PROGRAM:

EXPENSES \$ 737101. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10620.

FORM 990, PART VI, SECTION B, LINE 11: THE CHAPTER'S AUDIT COMMITTEE

REVIEWS AND APPROVES FORM 990 PRIOR TO DISTRIBUTION TO THE ENTIRE BOARD. A

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

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.

2009
Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY L.I. CHAPTER

Employer identification number 11-1948311

COPY OF FORM 990 AND THE ACCOMPANYING SCHEDULES IS PROVIDED TO THE ENTIRE

BOARD WITH A PERIOD FOR PROVIDING COMMENTS OR CORRECTIONS PRIOR TO

SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, THE AUDIT

COMMITTEE REVIEWS THE CONFLICT OF INTEREST FORMS FILED BY TRUSTEES,

OFFICERS, AND EMPLOYEES FOR POTENTIAL CONFLICTS. WHERE POTENTIAL CONFLICTS

EXIST, THE TRUSTEE, OFFICER, OR EMPLOYEE IS NOT ALLOWED TO PARTICIPATE IN

ANY VOTE AND TRANSACTIONS ARE SUBJECT TO COMPETITIVE BIDDING. AT THE

CURRENT TIME, NO POTENTIAL CONFLICTS OF INTEREST HAVE BEEN IDENTIFIED.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE WHICH IS

COMPRISED OF AT LEAST THREE BUT NO MORE THAN FIVE INDEPENDENT TRUSTEES

DETERMINES THE COMPENSATION OF THE PRESIDENT AND OTHER KEY EMPLOYEES. THE

NATIONAL ORGANIZATION PROVIDES EACH CHAPTER WITH COMPARABLE SALARY DATA FOR

PRESIDENTS AND OTHER KEY POSITIONS AT THE NATIONAL MULTIPLE SCLEROSIS

SOCIETY CHAPTERS AND OTHER VOLUNTARY HEALTH AGENCIES OF SIMLIAR BUDGET SIZE

AND GEOGRAPHICAL 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 FOR THE OTHER KEY EMPLOYEES THE OUTCOME OF WHICH IS SHARED WITH THE COMPENSATION COMMITTEE TO HELP INFORM THEIR DECISIONS ABOUT COMPENSATION.

38

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.

2009
Open to Public Inspection

NATIONAL MULTIPLE SCLEROSIS SOCIETY Name of the organization **Employer identification number** 11-1948311 CHAPTER FORM 990, PART VI, SECTION C, LINE 18: 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 VI, SECTION C, LINE 19: 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.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

 2009
Open to Public Inspection

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY
L.I. CHAPTER Employer identification number 11-1948311

Part I Identification of Disregarded Entities (Comple	te if the organization answered "Yes" t	o 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
	-				
ldentification of 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
TIONAL MULTIPLE SCLEROSIS SOCIETY - -5661935, 733 THIRD AVENUE, NEW YORK, NY 017	UTILIZE SERVICES OF THE NATIONAL ORGANIZATION	NEW YORK	501 (C)(3)	509(A)(1)	NO
	-				
	-				

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

Schedule R (Form 990) 2009

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropate allo		Code V-UBI amount in box 20 of Schedule	Gen mar par
		country)		sections 512-514)					K-1 (Form 1065)	Ye
										Π
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	1									

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	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.)

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_		Yes	No
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?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		X
	Gift, grant, or capital contribution to other organization(s)			1b		X
С	Gift, grant, or capital contribution from other organization(s)			1c		X
d	Loans or loan guarantees to or for other organization(s)			1d		X
е	Loans or loan guarantees by other organization(s)			1e		X
f	Sale of assets to other organization(s)			1f		X
g	Purchase of assets from other organization(s)			1g		X
h	Exchange of assets			1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	X	
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k		X
1	Performance of services or membership or fundraising solicitations by other organization(s)			11		X
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		X
	Sharing of paid employees			1n		X
0	Reimbursement paid to other organization for expenses			10	X	
	Reimbursement paid by other organization for expenses			1p		X
q	Other transfer of cash or property to other organization(s)			1q		X
r	Other transfer of cash or property from other organization(s)			1r		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 tra-	ansaction thresholds.				
	(a) Name of other organization(s)	(b)		(c)		
	Name of other organization(s)	Transaction	Amo	ount in	volve	d
		type (a-r)				
1)						
2)						
3)						
4)						
5)						
		l				

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

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

(a)	(b)	(c)		d)	(e)		f)	(g)		h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all properties and all properties are all prope	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispr tior alloca	ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	eral or aging tner?
		country)	Yes			Yes No		(Form 1065)		No
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2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C on No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES													
6	OFFICE FURNITURE	11/01/86	SL	7.00	НҮ16	3,835.				3,835.	3,835.		0.	3,835.
7	OFFICE FURNITURE	07/07/99	SL	7.00	ну16	2,220.				2,220.	2,220.		0.	2,220.
8	OFFICE FURNITURE	07/01/00	SL	7.00	ну16	1,279.				1,279.	1,279.		0.	1,279.
9	OFFICE FURNITURE	01/11/01	SL	7.00	ну16	640.				640.	639.		0.	639.
12	OFFICE FURNITURE	01/08/02	SL	7.00	ну16	1,428.				1,428.	1,428.		0.	1,428.
13	OFFICE FURNITURE	09/30/03	SL	5.00	ну16	3,098.				3,098.	3,076.		0.	3,076.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					12,500.				12,500.	12,477.		0.	12,477.
	MACHINERY & EQUIPMENT													
1	OFFICE EQUIPMENT	03/01/93	SL	5.00	ну16	2,363.				2,363.	2,362.		0.	2,362.
4	COMPUTER EQUIPMENT	10/01/00	SL	5.00	ну16	36,668.				36,668.	36,668.		0.	36,668.
5	COMPUTER EQUIPMENT	01/22/01	SL	5.00	ну16	890.				890.	890.		0.	890.
10	COMPUTERS PENTIUM III	02/25/02	SL	5.00	ну16	2,425.				2,425.	2,247.		0.	2,247.
11	COMPUTER PENTIUM IIII	07/15/02	SL	5.00	ну16	1,145.				1,145.	966.		0.	966.
14	OFFICE EQUIPMENT	09/30/03	SL	5.00	НҮ16	44,532.				44,532.	39,686.		0.	39,686.
15	OFFICE EQUIPMENT	11/24/03	SL	5.00	НУ16	5,559.				5,559.	5,559.		0.	5,559.
16	TELEPHONE SYSTEM	12/28/04	SL	5.00	НҮ16	11,268.				11,268.	11,268.		0.	11,268.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					104,850.				104,850.	99,646.		0.	99,646.

928111 04-24-09

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER													
17	PROJECTOR	11/03/05	SL	5.00	нү16	356.				356.	278.		71.	349.
18	OFFICE EQUIPMENT	11/23/05	SL	5.00	нү16	4,495.				4,495.	3,446.		899.	4,345.
19	OFFICE EQUIPMENT	12/14/05	SL	5.00	нү16	5,755.				5,755.	4,412.		1,151.	5,563.
20	PHONE SYSTEM	12/19/05	SL	5.00	нү16	1,334.				1,334.	1,001.		267.	1,268.
21	VIDEO CAMERA	01/05/06	SL	5.00	нү16	675.				675.	506.		135.	641.
22	OFFICE EQUIPMENT	01/12/06	SL	5.00	нү16	5,725.				5,725.	4,294.		1,145.	5,439.
23	COMPUTER EQUIPMENT	02/08/06	SL	5.00	нү16	2,600.				2,600.	1,907.		520.	2,427.
24	COPIER	02/01/06	SL	5.00	нү16	1,576.				1,576.	1,155.		315.	1,470.
25	COMPUTER EQUIPMENT	02/23/06	SL	5.00	нү16	3,081.				3,081.	2,207.		616.	2,823.
26	PRINTER	03/15/06	SL	5.00	нү16	428.				428.	308.		86.	394.
27	COMPUTER EQUIPMENT	03/30/06	SL	5.00	нү16	1,286.				1,286.	900.		257.	1,157.
28	DISPLAY UNIT	04/30/06	SL	5.00	нү16	1,825.				1,825.	1,247.		365.	1,612.
29	PRINTER	09/19/06	SL	5.00	нү16	313.				313.	189.		63.	252.
30	E-MAIL SOFTWARE	09/19/06	SL	5.00	нү16	2,140.				2,140.	1,284.		428.	1,712.
31	FURNITURE	01/18/06	SL	5.00	ну16	19,095.				19,095.	12,743.		2,279.	15,022.
32	FURNITURE	04/12/06	SL	5.00	ну16	4,750.				4,750.	3,325.		950.	4,275.
33	FURNITURE	05/24/06	SL	5.00	ну16	4,750.				4,750.	3,167.		950.	4,117.

928111 04-24-09

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
34	FILE CABINET	09/01/06	SL	5.00	HY16	1,838.				1,838.	1,135.		368.	1,503.
35	COMPUTER EQUIPMENT	11/09/06	SL	5.00	ну16	2,515.				2,515.	1,467.		503.	1,970.
36	COMPUTER EQUIPMENT	11/17/06	SL	5.00	нү16	3,293.				3,293.	1,867.		659.	2,526.
37	COMPUTER EQUIPMENT	05/31/07	SL	5.00	нү16	1,384.				1,384.	646.		277.	923.
38	COMPUTER EQUIPMENT	08/16/07	SL	5.00	нү16	860.				860.	358.		172.	530.
39	COMPUTER EQUIPMENT	01/04/08	SL	5.00	нү16	732.				732.	256.		146.	402.
40	COMPUTER EQUIPMENT	03/20/08	SL	5.00	нү16	5,839.				5,839.	1,752.		1,168.	2,920.
41	COMPUTER EQUIPMENT	04/15/08	SL	5.00	нү16	2,613.				2,613.	784.		523.	1,307.
42	COMPUTER EQUIPMENT	04/22/08	SL	5.00	нү16	1,138.				1,138.	323.		228.	551.
43	PROJECTOR	05/13/08	SL	5.00	нү16	1,600.				1,600.	453.		320.	773.
44	COMPUTER EQUIPMENT	03/26/10	SL	5.00	нү16	625.				625.			63.	63.
45	COMPUTER EQUIPMENT	05/26/10	SL	5.00	нү16	270.				270.			18.	18.
46	COMPUTER EQUIPMENT	09/22/10	SL	5.00	нү16	1,865.				1,865.			0.	
	* 990 PAGE 10 TOTAL OTHER					84,756.				84,756.	51,410.		14,942.	66,352.
	* GRAND TOTAL 990 PAGE 10 DEPR					202,106.				202,106.	163,533.		14,942.	178,475.

Form **8868**

(Rev. January 2011)

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

	are filing for an Automatic 3-Month Extension, comple				>	X					
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).							
Do not o	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.						
	ic filing (e-file). You can electronically file Form 8868 if y										
=	to file Form 990-T), or an additional (not automatic) 3-mo		-		· · · · · · · · · · · · · · · · · · ·						
	o file any of the forms listed in Part I or Part II with the ex	•	·								
	Benefit Contracts, which must be sent to the IRS in page		(see instructions). For more details on t	he elec	ctronic filing of this f	orm,					
Part I	v.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		hemit original (no conice needed)								
	ation required to file Form 990-T and requesting an autor			nlete							
Part I on				-	_						
All other	orporations (including 1120-C filers), partnerships, REM come tax returns.				sion of time						
Type or	Name of exempt organization			Emp	loyer identification	number					
print	NATIONAL MULTIPLE SCLEROSIS L.I. CHAPTER	s soc:	IETY	1	1-1948311						
File by the due date for filing your return. See Number, street, and room or suite no. If a P.O. box, see instructions. 4 0 MARCUS DRIVE, NO. 100											
instructions	City, town or post office, state, and ZIP code. For a form	oreign add	lress, see instructions.								
	•					01					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			. [•] ±]					
Applicat	ion	Return	Application			Return					
Is For		Code	Is For			Code					
Form 99	0	01	Form 990-T (corporation)			07					
Form 99	0-BL	02	Form 1041-A			08					
Form 99	0-EZ	03	Form 4720			09					
Form 99	0-PF	04	Form 5227			10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	0-T (trust other than above)	06	Form 8870			12					
	RICHARD PALESE										
• The b	ooks are in the care of 40 MARCUS DRIV	E – M.	ELVILLE, NY 11747								
-	hone No. ► 631 864-8337		FAX No. ►								
	organization does not have an office or place of busines										
If this	is for a Group Return, enter the organization's four digit										
box 🕨	. If it is for part of the group, check this box				ers the extension is	for.					
1	equest an automatic 3-month (6 months for a corporation MAY 15, 2011 , to file the exemp		to file Form 990-T) extension of time unt tion return for the organization named a		The extension						
is	for the organization's return for:	-	-								
>	calendar year or										
>	X tax year beginning OCT 1, 2009	, an	d ending SEP 30, 2010		_ ·						
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	n						
L	Change in accounting period										
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any								
_	nrefundable credits. See instructions.		making dalah ang dika	3a	\$	0.					
	his application is for Form 990-PF, 990-T, 4720, or 6069,	•		۵.		Λ					
_	timated tax payments made. Include any prior year overp			3b	\$	0.					
	lance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.					
	. If you are going to make an electronic fund withdrawal v			•	EO for payment inst	ructions.					
	For Paperwork Reduction Act Notice, see Instructions		·		Form 8868 (Re						

923841

Form 8879-FO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning	OCT	1

, 2009, and ending $\,$ SEP $\,$ 30 $\,$,20 $\,$ 10

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ► See instructions.

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

11-1948311

OMB No. 1545-1878

Name and title of officer

PAMELA MASTROTA PRESIDENT

L.I. CHAPTER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2088497
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's DINI shock one hay only

Officer's PIN: Check	one box only									
X I authorize	ALBRECHT,	VIGGIANO,	ZURECK	&	CO	PC		to enter my PIN		
		I	ERO firm name						Enter five numbers do not enter all ze	
is being file	d with a state agend	ation's tax year 2009 by(ies) regulating cha sclosure consent sc	arities as part o						1 7	
indicated w	rithin this return that	n, I will enter my PIN a copy of the return the return's disclosu	is being filed	with	a stat					
Officer's signature							Date >			_
Part III Certi	fication and Au	ıthentication								_
FRO's FFIN/PIN. Ent	er vour six-digit FFII	N followed by your fi	ve-digit self-se	lecte	d PIN	· I 1	167775566	2		

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 03-02-10

Form **8879-EO** (2009)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

SEPTEMBER 30, 2010

Prepared for	MS. PAMELA MASTROTA NATIONAL MULTIPLE SCLEROSIS SOCIETY 40 MARCUS DRIVE NO. 100 MELVILLE, NY 11747
Prepared by	ALBRECHT, VIGGIANO, ZURECK & CO PC 25 SUFFOLK COURT HAUPPAUGE, NY 11788
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	MAY 16, 2011
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$125 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500

This form used for

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway

2009

Onon to Bublio

(replaces forms CHAR 497, CHAR 010 and CHAR 006)	New York, NY 10271 http://www.charitiesnys.com			Inspection		
1. General Information						
a. For the fiscal year beginning	na (mm/dd/\	(VVV) 10/01/200	09 and ending (mm/dd/yyyy)	09/30/20	010	
b. Check if applicable for NYS: c. Name Address change NATIO		me of organization CIONAL MULTIPLE SCLEROSIS SOCIETY CHAPTER		d. Fed. employer ID no. (EIN) 11-1948311 e. NY State registration no.		
Initial filing					0713	
Final filing Amended filing		and street (or P.O. box if ma	ail not delivered to street address)	Room/suite 100	f. Telep	shone number 864-8337
NY registration pending		town, state or country an LLE,NY 1174			g. Email	 TROTA@NMSSLI.OR
2. Certification - Two Signa	atures Rec	uired				
		•	t, including all attachments, and ate of New York applicable to t		our know	ledge and belief, they are
a. President or Authorized Office	er		PAMELA MASTRO	OTA		SIDENT
a. Fredami et Manerizea ette	,,,,	Signature	Printed Name		Title	Date
b. Chief Financial Officer or Tre	as.	Signature	Printed Name		Title	Date
3. Annual Report Exemption	on Informa	tion				
\$25,000 contribution of the second contribution	contribution on and the one of the one of the original orig	ns from NY State (includir rganization did not engaging this fiscal year. ation may claim this exenuited Way or incorporated beived all or substantially ar to that required by Art Tregistrants and dual re	ng residents, foundations, corp ge a professional fund raiser (P nption if no PFR or FRC was us d community appeal <u>and</u> contri all of its contributions from one icle 7-A.	PFR) or fund rais sed <u>and</u> either: - butions from otl e government a	ing couns i) it receive her source gency to	red (FRC) to solicit red an allocation from a es did not exceed which it submitted an
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <u>Do not</u> submit a fee, <u>do not</u> complete the following schedules and <u>do not</u> submit any attachments to this form.						
4. Article 7-A Schedules						
If you did not check the Artic a. Did the organization use a p * If "Yes", complete Sched	rofessional f ule 4a . government	und raiser, fund raising cour	ve, complete the following for t nsel or commercial co-venturer for	fund raising activi		ate? Yes* X No
5. Fee Submitted: See last	-		ents.			
Indicate the filing fee(s) you a. Article 7-A filing feeb. EPTL filing feec. Total fee			\$		-	ne check or money order for the able to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 🖈 🖈 🖈

NATIONAL MULTIPLE SCLEROSIS SOCIETY L.I. CHAPTER

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Dual Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers Filing Fee X Single check or money order payable to "NYS Department o	flaw"				
Copies of Internal Revenue Service Forms X IRS Form 990 IRS Form	990-EZ d schedules (including B) IRS Form 990-PF All required schedules (including Schedule B)				
Additional Article 7-A Document Attachment Requirement					
Independent Accountant's Report X Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)					

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