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EXTENSION GRANTED TO 5/15/2009

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning OCT 1, 2007 **and ending** SEP 30, 2008

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY
GREATER DELAWARE VALLEY CHAPTER

Number and street (or P.O. box if mail is not delivered to street address): 1 REED STREET — Room/suite: 200

City or town, state or country, and ZIP + 4: PHILADELPHIA, PA 19147

D Employer identification number 23-1401535

E Telephone number 215-271-1500

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

I Group Exemption Number ▶ 1048

G Website: ▶WWW.NATIONALMSSOCIETY.ORG/PAE

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 13,545,796.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	10,730,241.	
	c	Indirect public support (not included on line 1a)	1c	171,225.	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 10,874,601. noncash $ 26,865.)		1e	10,901,466.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	45,235.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	134,339.
	5	Dividends and interest from securities		5	
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	
	7	Other investment income (describe ▶)		7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 1,871,552.	8a	(B) Other:	
	b	Less: cost or other basis and sales expenses: 1,933,047.	8b		
	c	Gain or (loss) (attach schedule): -61,495.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1		8d	-61,495.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 9,554,318. of contributions reported on line 1b)	9a	593,204.	
	b	Less: direct expenses other than fundraising expenses	9b	1,316,200.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2		9c	-722,996.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
	11	Other revenue (from Part VII, line 103)		11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	10,296,549.
Expenses	13	Program services (from line 44, column (B))		13	6,321,938.
	14	Management and general (from line 44, column (C))		14	827,228.
	15	Fundraising (from line 44, column (D))		15	972,807.
	16	Payments to affiliates (attach schedule) SEE STATEMENT 3		16	1,612,316.
	17	**Total expenses.** Add lines 16 and 44, column (A)		17	9,734,289.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	562,260.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	6,578,175.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	-48,203.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	7,092,232.

723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2007)

09070321 793760 1492 2007.07080 NATIONAL MULTIPLE SCLEROSIS 1492___1

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a			STATEMENT 5	
22b Other grants and allocations (attach schedule) (cash $ 2029485. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	2,029,485.	2,029,485.		
23 Specific assistance to individuals (attach schedule) STATEMENT 6	23	360,384.	360,384.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	237,375.	173,284.	37,980.	26,111.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,123,241.	1,549,966.	339,718.	233,557.
27 Pension plan contributions not included on lines 25a, b, and c	27	167,295.	122,126.	26,767.	18,402.
28 Employee benefits not included on lines 25a - 27	28	266,182.	194,313.	42,589.	29,280.
29 Payroll taxes	29	207,541.	151,506.	33,206.	22,829.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	98,869.	72,174.	15,819.	10,876.
34 Telephone	34	81,402.	59,423.	13,025.	8,954.
35 Postage and shipping	35	211,113.	154,112.	33,779.	23,222.
36 Occupancy	36	229,607.	167,613.	36,737.	25,257.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	596,965.	183,267.	5,970.	407,728.
39 Travel	39	93,595.	68,325.	14,975.	10,295.
40 Conferences, conventions, and meetings	40	379,430.	276,984.	60,709.	41,737.
41 Interest	41	8,243.	6,018.	1,029.	1,196.
42 Depreciation, depletion, etc. (attach schedule)	42	88,135.	64,339.	14,101.	9,695.
43 Other expenses not covered above (itemize):					
a PROFESSIONAL FEES	43a	767,720.	560,435.	122,836.	84,449.
b FURNITURE AND	43b				
c EQUIPMENT-NONCAPITALIZ	43c				
d ED	43d	32,934.	24,041.	5,270.	3,623.
e LIABILITY INSURANCE	43e	68,161.	49,758.	10,905.	7,498.
f MISCELLANEOUS EXPENSE	43f	74,296.	54,385.	11,813.	8,098.
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,121,973.	6,321,938.	827,228.	972,807.

Joint Costs. Check ▶ ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☒ Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 387,036. ; **(ii)** the amount allocated to Program services $ 31,383. ; **(iii)** the amount allocated to Management and general $ 0. ; and **(iv)** the amount allocated to Fundraising $ 355,653.

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 13 FOR DETAILS. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a RESEARCH: PROVIDING FINANCIAL SUPPORT TO ITS NATIONAL OFFICE MS RESEARCH AND OTHER PROGRAMS TO END THE DEVASTATING EFFECTS OF MULTIPLE SCLEROSIS. (Grants and allocations $ 2,029,485.) If this amount includes foreign grants, check here ▶ ☐	2,029,485.
b CLIENT PROGRAMS: PROGRAMS AND SERVICES PROVIDED TO INDIVIDUALS WITH MULTIPLE SCLEROSIS TO PROVIDE PHYSICAL, EMOTIONAL OR ASSISTIVE DEVICE SUPPORT. (Grants and allocations $ 360,384.) If this amount includes foreign grants, check here ▶ ☐	1,464,979.
c PUBLIC EDUCATION: INFORMING AND ALERTING THE GENERAL PUBLIC ABOUT MULTIPLE SCLEROSIS AND EDUCATING ABOUT DISABILITY AWARENESS. THE DISTRIBUTION OF LITERATURE AND OTHER MATERIALS TO INCREASE THE PUBLIC'S AWARENESS ABOUT THE DISEASE TO ELIMINATE UNWARRANTED FEARS OR MISCONCEPTIONS CONCERNING SYMPTONS OR PHYSICAL CONDITIONS. (Grants and allocations $ 0.) If this amount includes foreign grants, check here ▶ ☐	1,404,020.
d COMMUNITY PROGRAM: ACTIVITIES FOR THE DETECTION OF DISEASE AND HEALTH PROBLEMS AND PLANNING AND IMPROVING COMMUNITY HEALTH SERVICES, SUPPORTING CLINICS AND REHABILITATIVE PROGRAMS. CONDUCTING NEEDS SURVEYS AND ADVOCACY EFFORTS. (Grants and allocations $ 0.) If this amount includes foreign grants, check here ▶ ☐	898,165.
e Other program services (attach schedule) SEE STATEMENT 7 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	525,289.
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	6,321,938.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			703,912.	45	1,669,718.
	46 Savings and temporary cash investments			6,417,976.	46	4,592,732.
	47 a Accounts receivable	47a	434,060.			
	b Less: allowance for doubtful accounts	47b		602,004.	47c	434,060.
	48 a Pledges receivable	48a	24,049.			
	b Less: allowance for doubtful accounts	48b		49,075.	48c	24,049.
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a Other notes and loans receivable	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			213,101.	53	187,495.
	54 a Investments - publicly-traded securities STMT 11 ▶ ☐ Cost ☒ FMV			580,566.	54a	424,560.
	b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation	55b			55c	
	56 Investments - other			0.	56	0.
	57 a Land, buildings, and equipment: basis	57a	627,130.			
	b Less: accumulated depreciation STMT 8	57b	409,728.	279,522.	57c	217,402.
	58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 9)			0.	58	309,181.
	59 **Total assets** (must equal line 74). Add lines 45 through 58			8,846,156.	59	7,859,197.
Liabilities	60 Accounts payable and accrued expenses			812,094.	60	206,443.
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees				63	
	64 a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable				64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 10)			1,455,887.	65	560,522.
	66 **Total liabilities.** Add lines 60 through 65			2,267,981.	66	766,965.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			6,096,349.	67	6,646,615.
	68 Temporarily restricted			124,657.	68	114,563.
	69 Permanently restricted			357,169.	69	331,054.
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			6,578,175.	73	7,092,232.
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			8,846,156.	74	7,859,197.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	10,248,346.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	-48,203.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	-48,203.
c	Subtract line **b** from line **a**			c	10,296,549.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	10,296,549.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	9,734,289.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	0.
c	Subtract line **b** from line **a**			c	9,734,289.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	9,734,289.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		204,557.	32,818.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 38			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 274,895.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	89g		
90 a	List the states with which a copy of this return is filed ▶NJ,PA				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 48			
91 a	The books are in care of ▶ PRESIDENT Telephone no. ▶ 215-271-1500 Located at ▶ 1 REED STREET SUITE 200, PHILADELPHIA, PA ZIP + 4 ▶ 19147				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.		91b		X

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X

If "Yes," enter the name of the foreign country ▶ N/A

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041-** Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a CONFERENCE AND					
b EXPO-QUALIFED					
c SPONSORSHIP PAYMENT			42	45,235.	
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	134,339.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-61,495.	
101 Net income or (loss) from special events			01	-722,996.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		-604,917.	0.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					-604,917.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b),** *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date

PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: MARIANNE MAK — Date — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: BRIGGS BUNTING & DOUGHERTY LLP, 1835 MARKET STRET 26TH FLOOR, PHILADELPHIA, PA 19103

EIN ▶

Phone no. ▶ 215-567-7770

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER DELAWARE VALLEY CHAPTER

Employer identification number: 23 1401535

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LESLEY PRATT C/O THE ORGANIZATION, PHILADELPHIA, P	COO 40.00	110,577.	26,194.	0.
STEPHEN R LEDYARD C/O THE ORGANIZATION, PHILADELPHIA, P	VP FINANCE 40.00	108,225.	20,308.	0.
KRISTINA FRANSEL C/O THE ORGANIZATION, PHILADELPHIA, P	VP DEVELOPMENT 40.00	96,809.	18,657.	0.
MEGAN DIPANNI C/O THE ORGANIZATION, PHILADELPHIA, P	VP DEVELOPMENT 40.00	92,136.	18,049.	0.
KAREN MARINER C/O THE ORGANIZATION, PHILADELPHIA, P	VP SERVICES 40.00	83,400.	20,917.	0.
Total number of other employees paid over $50,000 ▶	10			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
JUDITH G COHEN 22 HAZELHURST DRIVE, VOORHEES, NJ 08043	CONSULTING	61,889.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ 42,242. (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.) VI-B, LINE I	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶	N/A		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶	N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶	0.		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶	0.		

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,495,425.	2,211,902.	1,549,947.	1,252,184.	6,509,458.
16 Membership fees received	10,753.	17,954.	18,283.	21,668.	68,658.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,669,146.	8,132,970.	8,132,970.	8,178,440.	34,113,526.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	219,731.	163,141.	48,682.	38,692.	470,246.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	11,656.		SEE STATEMENT 14		11,656.
23 Total of lines 15 through 22	11,406,711.	10,525,967.	9,749,882.	9,490,984.	41,173,544.
24 Line 23 minus line 17	1,737,565.	2,392,997.	1,616,912.	1,312,544.	7,060,018.
25 Enter 1% of line 23	114,067.	105,260.	97,499.	94,910.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 141,200.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 539,612.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 7,060,018.

d Add: Amounts from column (e) for lines: 18 470,246. 19 _____ 22 11,656. 26b 539,612. ▶ **26d** 1,021,514.

e Public support (line 26c minus line 26d total) ▶ **26e** 6,038,504.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 85.5310%

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ..... (2005) ..... (2004) ..... (2003) .....

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ..... (2005) ..... (2004) ..... (2003) .....

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c** N/A

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d** N/A

e Public support (line 27c total minus line 27d total) ▶ **27e** N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		266.
e Publications, or published or broadcast statements	X		3,740.
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		31,967.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		6,269.
i Total lobbying expenditures (Add lines **c** through **h**.)			42,242.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. SEE STATEMENT 15

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
	1-TTL FURN & FIX														
1	FURNITURE & FIXTURES			.000	HY	16	107,967.				107,967.	51,879.		19,138.	71,017.
2	FURNITURE & FIXTURES - AL			.000	HY	16	850.				850.	793.		57.	850.
3	FURNITURE & FIXTURES - PH			.000	HY	16	162,257.				162,257.	24,032.		30,178.	54,210.
4	FURN & FIXT LONGSTRETH LIB			.000	HY	16	8,471.				8,471.	7,928.		144.	8,072.
5	FURNITURE & FIXTURES WELLNESS CENTE			.000	HY	16	4,934.				4,934.	4,810.		0.	4,810.
	* 990 PAGE 2 TOTAL - 1-TTL FURN & FIX						284,479.				284,479.	89,442.		49,517.	138,959.
	2-TTL COMPUTER AND OFC EQUIPMENT														
6	COMPUTER EQUIPMENT			.000	HY	16	108,970.				108,970.	65,288.		14,270.	79,558.
7	COMPUTER EQUIP - LONGSTRETH LIB			.000	HY	16	35,945.				35,945.	35,705.		240.	35,945.
8	TELEPHONE EQUIPMENT			.000	HY	16	51,833.				51,833.	38,130.		3,907.	42,037.
9	TEL EQUIP PH			.000	HY	16	3,829.				3,829.	3,829.		0.	3,829.
	* 990 PAGE 2 TOTAL - 2-TTL COMPUTER AND OFC EQUIPMENT						200,577.				200,577.	142,952.		18,417.	161,369.
	3-TTL LSEHOLD IMPROV														
10	LSHLD IMPROV			.000	HY	16	103,512.				103,512.	63,150.		15,732.	78,882.
11	LSHLD IMPROV AL			.000	HY	16	843.				843.	843.		0.	843.
12	LSHLD IMPROV PH			.000	HY	16	19,873.				19,873.	9,162.		3,394.	12,556.
13	LSHLD IMPROV LONGSTRETH LIB			.000	HY	16	17,846.				17,846.	16,044.		1,075.	17,119.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line 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
	* 990 PAGE 2 TOTAL - 3-TTL LSEHOLD IMPROV						142,074.				142,074.	89,199.		20,201.	109,400.
	* GRAND TOTAL 990 PAGE 2 DEPR						627,130.				627,130.	321,593.		88,135.	409,728.

728111
08-23-07

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF INVESTEMNTS	1,871,552.	1,933,047.	0.	-61,495.
TO FORM 990, PART I, LINE 8	1,871,552.	1,933,047.	0.	-61,495.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
BIKE TOURS	5,827,504.	5,577,189.	250,315.	749,999.	-499,684.
MS WALK	2,831,176.	2,550,947.	280,229.	309,366.	-29,137.
CHALLENGE WALK	669,481.	651,481.	18,000.	88,377.	-70,377.
READATHON	269,261.	263,261.	6,000.	35,947.	-29,947.
OTHER (LEADERSHIP CLASS, WOMEN AGAINST MS, OTHER)	550,100.	511,440.	38,660.	132,511.	-93,851.
TO FM 990, PART I, LINE 9	10147522.	9,554,318.	593,204.	1316200.	-722,996.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATE'S ADDRESS
NATIONAL MULTIPLE SCLEROSIS SOCIETY HEADQUARTER	733 THIRD AVENUE NEW YORK, NY 10017

PURPOSE OF PAYMENT	AMOUNT
OPERATING	1,612,316.
TOTAL TO FORM 990, PART I, LINE 16	1,612,316.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED LOSS ON INVESTMENTS	-48,203.
TOTAL TO FORM 990, PART I, LINE 20	-48,203.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROVIDING FINANCIAL SUPPORT TO ITS NATIONAL OFFICE'S RESEARCH AND OTHERS NATIONAL MULTIPLE SCLEROSIS - NATIONAL OFFICE 733 THIRD AVENUE NEW YORK, NY 10017	2,029,485.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	2,029,485.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 6

DESCRIPTION	AMOUNT
CLIENT SERVICE EQUIPMENT	57,820.
LIVING ASSISTANCE	302,564.
TOTAL TO FORM 990, PART II, LINE 23	360,384.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
PROFESSIONAL EDUCATION AND TRAINING: ACTIVITIES AND PROGRAMS DESIGNED TO IMPROVE THE KNOWLEDGE, SKILLS AND CRITICAL JUDGEMENT OF PHYSICIANS, NURSES AND OTHER MEDICAL PROFESSIONALS ABOUT MULTIPLE SCLEROSIS.	0.	525,289.
TOTAL TO FORM 990, PART III, LINE E		525,289.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	284,479.	138,959.	145,520.
COMPUTER AND OFFICE EQUIPMENT	200,577.	161,369.	39,208.
LEASEHOLD IMPROVEMENTS	142,074.	109,400.	32,674.
TOTAL TO FORM 990, PART IV, LN 57	627,130.	409,728.	217,402.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE FROM NATIONAL MULTIPLE SCLEROSIS SOCIETY	0.	309,181.
TOTAL TO FORM 990, PART IV, LINE 58	0.	309,181.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CAPITAL LEASE OBLIGATIONS	136,814.	110,674.
DUE TO NATIONAL MULTIPLE SCLEROSIS SOCIETY	733,026.	0.
DEFERRED INCOME	586,047.	449,848.
TOTAL TO FORM 990, PART IV, LINE 65	1,455,887.	560,522.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV			406,761.	406,761.
MUTUAL FUNDS - EQUITY	FMV			17,799.	17,799.
TO FORM 990, LINE 54A, COL B				424,560.	424,560.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEFF A. PETTY C/O THE ORGANIZATION PHILADELPHIA, PA 19147	CHAIR 5.00	0.	0.	0.
LINDA J. MCALEER C/O THE ORGANIZATION PHILADELPHIA, PA 19147	IMMEDIATE PAST CHAIR 5.00	0.	0.	0.
LARRY KANE C/O THE ORGANIZATION PHILADELPHIA, PA 19147	VICE CHAIR 5.00	0.	0.	0.
DANIEL S. OJSERKIS, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	VICE CHAIR & CHAIR, GOVERNANCE COMM 5.00	0.	0.	0.
DAVID N. SCHLESINGER C/O THE ORGANIZATION PHILADELPHIA, PA 19147	TREASURER 5.00	0.	0.	0.
BRADLEY J. KORMAN C/O THE ORGANIZATION PHILADELPHIA, PA 19147	SECRETARY 5.00	0.	0.	0.
JOHN H. SCOTT C/O THE ORGANIZATION PHILADELPHIA, PA 19147	PRESIDENT 40.00	204,557.	32,818.	0.
STEPHEN A. ALBERTINI C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL A. BOGDONOFF, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
MARC A. BROWNSTEIN C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
FRANK R. CALZARETTA C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.

NATHANIEL R. COHEN C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
PHILLIP D. COOPER C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
PATRICIA V. COUNSELLOR, R.N., M.A. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
ROGER J. DENNIS, JD C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
BRIAN R. DIDONATO C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
PATRICK J. EIDING C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
HOWARD K. GOLDSTEIN, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
LAURA GROSSI-TYSON, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
MARIANNE JACKSON C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
RHONDA KARP, ED.D C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
ROBERT B. KIMMEL C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
LINDA G. KRAEMER, PH.D C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
BRADLEY A. KROUSE, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.

CHARLES D. KURTZMAN C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
THE HONORABLE NICHOLAS J. MAIALE C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
LENORE MILLHOLLEN C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
WILLIAM T. MONAHAN C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
BERNADINE J. MUNLEY, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
JAMES L. MURRAY, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
TRENA L. PELHAM, M.D. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
LOUIS R. PICHINI, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER/CHAIR, AUDIT 2.00	0.	0.	0.
ELIZABETH L. REEVES C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
FRANK C. SABATINO, ESQ. C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
MOLLY D. SHEPARD C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
JUDITH A. SPIRES C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
RENAAT VAN DEN HOOFF C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.

COLONEL (RET.) MICHAEL L. WARNER C/O THE ORGANIZATION PHILADELPHIA, PA 19147	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		204,557.	32,818.	0.

GENERAL EXPLANATION STATEMENT 13

FORM 990, PAGE 3, PART III: STATEMENT OF PROGRAM SERVICE AND ACCOMPLISHMENTS

PRIMARY EXEMPT PURPOSE:

NATIONAL MULTIPLE SCLEROSIS SOCIETY, GREATER DELAWARE VALLEY CHAPTER (THE "CHAPTER") IS A PENNSYLVANIA NONPROFIT CORPORATION ORGANIZED FOR THE PURPOSE OF STIMULATING, COORDINATING, AND SUPPORTING THE RESEARCH PROGRAM OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY ("NATIONAL HEADQUARTERS"); OBTAINING AND DISSEMINATING IN THE GREATER DELAWARE VALLEY INFORMATION ABOUT THE CAUSES, PREVENTION, ALLEVIATION, AND CURE OF MULTIPLE SCLEROSIS AND OTHER DISEASES OF THE NERVOUS SYSTEM; AND PROVIDING DIRECT ASSISTANCE, COUNSELING, THERAPY, EQUIPMENT, TRANSPORTATION, AND INFORMATION TO PATIENTS WITHIN THE GREATER DELAWARE VALLEY.

ACCOMPLISHMENTS:

GOAL: WE ARE A DRIVING FORCE IN MS RESEARCH

- THE CHAPTER REMITTED $ 3,259,000 TO THE HOME OFFICE IN SUPPORT OF MS RESEARCH.

- THE CHAPTER REMITTED $386,000 TO THE HOME OFFICE TO COMPLETE ITS PROMISE 2010 PLEDGE OF $2,010,000 (TWO YEARS EARLY).

- THE CHAPTER PROVIDED $ 142,000 IN SUPPORT OF TWO SOCIETY RESEARCH FELLOWS: DR. JILL CONWAY AND DR. AMY WALDMAN.

GOAL: WE ADDRESS THE CHALLENGES OF EACH PERSON WHOSE LIFE IS AFFECTED BY MS.

- THE CHAPTER COMMITTED HUMAN AND FINANCIAL SUPPORT TO EIGHT LOCAL CLINICS THAT SPECIALIZE IN MS CARE. THE CHAPTER SUPPORTED FOUR CENTERS WITH GRANTS TOTALING $ 165,000 TO FUND SOCIAL WORKER POSITIONS. THESE POSITIONS HAVE RESULTED IN AN INCREASED REFERRAL TO THE CHAPTER OF PEOPLE WITH MS, MANY WHO HAVE NOT BEEN IN CONTACT WITH THE CHAPTER IN THE PAST. THE CHAPTER CREATED PARTNERSHIPS WITH TWO EMERGING CENTERS SPECIALIZING IN MS CARE: MOSS REHABILITATION HOSPITAL AND DREXEL UNIVERSITY HOSPITAL.

- COMPREHENSIVE CLIENT NEEDS ASSESSMENT SURVEY COMPLETED UTILIZING THE

SOCIETY'S TEMPLATE SO THAT DATA COULD BE RELATED TO OTHER CHAPTER RESULTS IN THE FUTURE.

- PROVIDED $65,000 OF DIRECT FINANCIAL SUPPORT AND LEVERAGED ADDITIONAL SUPPORT FROM OTHER COMMUNITY RESOURCES, INCLUDING $12,000 FROM THE HOME OFFICE'S STEPPING STONES FUND.

- THE MS CONFERENCE & EXPO ATTRACTED 2,000 REGISTRANTS FROM ALL 18 COUNTIES IN THE TERRITORY, AS WELL AS THOSE FROM 5 SURROUNDING STATES.

- THE CONFERENCE HAD 18 DIFFERENT EDUCATIONAL WORKSHOPS THAT ADDRESSED THE SPECTRUM OF NEEDS PEOPLE WITH MS FACE EVERYDAY.

- THE CONFERENCE HOSTED THE 2ND ANNUAL CARE MANAGEMENT TRAINING FOR SOCIAL WORKERS, MENTAL HEALTH PROFESSIONALS AND NURSES.

- AS A COMMITMENT TO PROFESSIONAL EDUCATION, THE CHAPTER SECURED EDUCATION CREDITS FROM THREE ACCREDITING BODIES: NASW, CCMC, AND THE PA STATE NURSES ASSOCIATION.

- THE CHAPTER RESPONDED TO INCREASED CLIENT NEEDS IN TIER II AND TIER III LEVELS OF CARE MANAGEMENT, PROVIDING INDIVIDUALIZED CARE MANAGEMENT TO MORE THAN 120 FAMILIES.

- RESPONDED TO INCREASED CLIENT REQUESTS FOR: DURABLE MEDICAL EQUIPMENT, HOME CARE, CARE MANAGEMENT AND INFORMATION AND REFERRAL.

- PROVIDED PERSONAL CARE (INCONTINENCE) SUPPLIES FOR MORE THAN 350 PEOPLE.

- SECURED $50,000 IN FUNDING TO LAUNCH AN EMPLOYMENT COUNSELING PROGRAM (IDENTIFIED AS A HIGH-PRIORITY NEED IN THE CLIENT NEEDS ASSESSMENT SURVEY).

- LAUNCHING HEALTH CARE INSURANCE INITIATIVE - ASSISTANCE AND EDUCATION ON COVERAGE ISSUES, APPLICATIONS AND APPEALS.

- CONDUCTED 15 IN-SERVICES, TRAINING MORE THAN 300 HEALTH CARE PROFESSIONALS (CARE MANAGERS, SOCIAL WORKERS).

- SELF HELP GROUPS: 34 GROUPS SEEING 450 PEOPLE PER MONTH.

- PROVIDED 45 EDUCATION AND SOCIAL PROGRAMS WITH MORE THAN 4,400 PEOPLE (SYMPTOM MANAGEMENT, RESEARCH, EMOTIONAL SUPPORT AND DISEASE MANAGEMENT).

- THE CHAPTER HOSTED PROGRAMS: JUMPSTART TO WELLNESS (FEATURING THE HEUGA CENTER), DEALING WITH PROGRESSIVE MS (FEATURING SHELLEY PETERMAN SCHWARTZ), 6 NORTH AMERICAN EDUCATION PROGRAMS (COGNITION AND MS AND REPAIR AND PROTECT) AND GETAWAY WEEKEND FOR FAMILIES LIVING WITH PEDIATRIC MS.

- PROVIDED HEALTH/WELLNESS PROGRAMS TO 150 PEOPLE PER WEEK.

- THE CHAPTER PROVIDED $90,000 TO THE HOME OFFICE IN SUPPORT OF PROGRAMMING FOR CHILDREN WITH MS AND THEIR FAMILIES.

- THE CHAPTER COMMITTED $ 25,000 IN SUPPORT OF TEN SCHOLARSHIP STUDENTS.

GOAL: WE ARE ACTIVISTS

- IN CONJUNCTION WITH THE NEW JERSEY METRO CHAPTER, THE FIRST NEW JERSEY LOBBY DAY WAS HELD WITH MORE THAN 75 IN ATTENDANCE.

- LAUNCHED ACTION ALERT - MORE THAN 6,000 PARTICIPATING MEMBERS AND 100% STAFF PARTICIPATION.

- LAUNCHED NEW JERSEY GOVERNMENT RELATIONS COMMITTEE.

- LAUNCHED ADVOCACY WEBSITES FOR PA & NJ.

- CREATED 2008 ELECTION EDUCATION WEBSITE, TO ASSIST INDIVIDUALS WITH UNDERSTANDING THE POSITION OF EACH CANDIDATE ON HEALTH CARE ISSUES AND ASSISTANCE WITH FINDING ACCESSIBLE POLLING PLACES.

- LAUNCHED PA AND NJ ACTIVISM WEBSITES.

- CONDUCTED A RECORD NUMBER OF VISITS WITH LEGISLATORS AT 2008 PUBLIC POLICY CONFERENCE.

- GOV EDWARD RENDELL NAMED GOVERNOR OF THE YEAR.

- LEAD WORK ON PASP (PERSONAL ASSISTANCE SERVICES PROGRAM) LEGISLATION -PASSED NJ ASSEMBLY IN NOVEMBER.

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	11,656.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	11,656.	0.	0.	0.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 15

THE GREATER DELAWARE VALLEY CHAPTER OF THE NATIONAL MS SOCIETY ENGAGED THE SERVICES OF A FULL-TIME EMPLOYEE TO PROVIDE ADVOCACY SERVICES IN THE COMMONWEALTH OF PENNSYLVANIA AND ENGAGED THE SERVICES OF A LOBBYING FIRM TO PROVIDE ADVOCACY SERVICES IN THE STATE OF NEW JERSEY IN CONNECTION WITH THE SOCIETY'S STRATEGIC PLAN. THESE PEOPLE MET WITH PUBLIC OFFICIALS IN BOTH STATES TO EDUCATE THEM ABOUT THE ISSUES THAT AFFECT THE QUALITY OF LIFE OF PEOPLE LIVING WITH MULTIPLE SCLEROSIS AND HOW THEY CAN BE BETTER SERVED BY LEGISLATION IN KEY AREAS SUCH AS RESEARCH, HEALTH INSURANCE, TRANSPORTATION, HOUSING, ADULT PROTECTIVE SERVICES AND DISABILITY RIGHTS.
IN ADDITION TO INITIATING PETITIONS TO ENCOURAGE LEGISLATION CRITICAL TO THE INTERESTS OF OUR MEMBERS, THE CHAPTER ENGAGED PEOPLE LIVING WITH MS IN ADVOCACY ABOUT PENDING LEGISLATION VIA AN ADVOCACY WEB SITE, ARTICLES IN THE CHAPTER NEWSLETTERS, AND OTHER COMMUNICATION VEHICLES.
CHAPTER STAFF AND VOLUNTEERS ALSO TESTIFIED AT COMMITTEE HEARINGS BOTH IN PENNSYLVANIA AND NEW JERSEY WHEN ISSUES SPECIFICALLY AFFECTING PEOPLE WITH MS OR THE DISABILITY COMMUNITY GENERAL WERE THE FOCUS OF DISCUSSION.
IN ADDITION, CHAPTER MEMBERS AND VOLUNTEERS ATTENDED THE SOCIETY'S ANNUAL PUBLIC POLICY CONFERENCE IN WASHINGTON, DC IN MARCH 2008 TO ENCOURAGE SENATORS AND MEMBERS OF CONGRESS TO SUPPORT INCREASED FUNDING FOR THE CREATION OF A NATIONAL MS DISEASE REGISTRY, THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAM, THE ELIMINATION OF THE 24 MONTH WAIT PERIOD OF MEDICARE AND ENCOURAGED MEMBERS TO JOIN THE MS CAUCUS.

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER DELAWARE VALLEY CHAPTER	Employer identification number 23-1401535
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 REED STREET, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHILADELPHIA, PA 19147	

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

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

- The books are in the care of ▶ PRESIDENT
  Telephone No. ▶ 215-271-1500 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until MAY 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning OCT 1, 2007, and ending SEP 30, 2008.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 4-2008)

723831
04-16-08

09070321 793760 1492 2007.07080 NATIONAL MULTIPLE SCLEROSIS 1492___1

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning OCT 1, 2007, and ending SEP 30, 20 08

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2007

Return ID (20-digit number) ▶ N/A

Name of exempt organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER DELAWARE VALLEY CHAPTER

Employer identification number: 23-1401535

Name and title of officer: JOHN SCOTT PRESIDENT

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 from the return if any. 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 ▶ [X]	**b Total revenue,** if any (Form 990, line 12)	**1b**	10296549
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a 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**	
5a 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 2007 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 PIN: check one box only

[X] I authorize BRIGGS BUNTING & DOUGHERTY LLP (**ERO firm name**) to enter my PIN 16461 (**do not enter all zeros**) as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **** THIS IS NOT A FILEABLE COPY **** Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 23572919102 (**do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2007 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.

ERO's signature ▶ Date ▶

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.**

Form **8879-EO** (2007)

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12-01-07

09070321 793760 1492 2007.07080 NATIONAL MULTIPLE SCLEROSIS 1492___1