

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 733 THIRD AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017-3211	D Employer identification number 13-5661935 E Telephone number 212-986-3240
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 202,831,491.
J Website: WWW.NATIONALMSSOCIETY.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 1048
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1946 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>WE WILL CURE MS WHILE EMPOWERING PEOPLE AFFECTED BY MS TO LIVE THEIR BEST LIVES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	39
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	833
	6	Total number of volunteers (estimate if necessary)	6	29380
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	760,548.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	191,906.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	139,286,957.	166,995,681.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	7,830.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,882,323.	3,532,512.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,255,372.	1,409,441.
12			146,424,652.	171,945,464.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,593,737.	35,379,171.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,824,540.	78,967,223.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,900,044.	2,629,458.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,559,164.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,108,057.	42,692,439.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	138,426,378.	159,668,291.
	19	Revenue less expenses. Subtract line 18 from line 12	7,998,274.	12,277,173.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	201,483,349.	185,523,085.
	22	Net assets or fund balances. Subtract line 21 from line 20	67,259,714.	61,129,294.
	22		134,223,635.	124,393,791.

Part II Signature Block

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

Sign Here	▶ <u>AS ORIGINALLY FILED</u> Signature of officer	Date
	▶ TAMI CAESAR, COO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Date 5.23.23
		Check if self-employed <input type="checkbox"/> PTIN P00504182
		Firm's EIN ▶ 36-6055558 Phone no. 212-599-0100

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NATIONAL MULTIPLE SCLEROSIS SOCIETY	Taxpayer identification number (TIN) 13-5661935
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 733 THIRD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017-3211	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TAMI CAESAR, COO

- The books are in the care of ▶ 733 THIRD AVENUE - NEW YORK, NY 10017-3211

Telephone No. ▶ 212-476-0424

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE WILL CURE MS WHILE EMPOWERING PEOPLE AFFECTED BY MS TO LIVE THEIR BEST LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 46,086,446. including grants of \$ 6,814,695.) (Revenue \$ 7,830.) CLIENT AND COMMUNITY SERVICES (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 31,904,486. including grants of \$ 0.) (Revenue \$ 0.) PUBLIC EDUCATION (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 30,094,930. including grants of \$ 26,040,550.) (Revenue \$ 0.) RESEARCH AND SCIENTIFIC STUDIES (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,791,475. including grants of \$ 2,523,926.) (Revenue \$ 0.)

4e Total program service expenses 114,877,337.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 39		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **TAMI CAESAR, COO - 212-476-0424**
733 THIRD AVENUE, NEW YORK, NY 10017-3211

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA ZAGIEBOYLO PRESIDENT & CEO	40.00 0.00	X		X				473,993.	0.	33,351.
(2) TIM COETZEE CHIEF ADVOC, SVC & SCIENCE OFFICER	40.00 0.00			X				317,479.	0.	76,385.
(3) JOHN SCOTT (THRU 2/4/22) CHIEF MKT & DEVELOPMENT OFFICER	40.00 0.00			X				325,645.	0.	50,221.
(4) TAMI CAESAR CHIEF OPERATING OFFICER	40.00 0.00			X				322,722.	0.	50,248.
(5) LISA GOLDFARB CHIEF PPL, VOL & COMM ENG OFFICER	40.00 0.00			X				331,191.	0.	34,536.
(6) JENNIFER LEE EVP, DEVELOPMENT	40.00 0.00					X		249,808.	0.	60,084.
(7) PHYLLIS ROBSHAM EVP, COMMUNITY LEADERSHIP	40.00 0.00					X		255,966.	0.	46,451.
(8) BARI TALENTE EVP, ADVOCACY & HEALTHCARE ACCESS	40.00 0.00					X		247,237.	0.	55,037.
(9) BRUCE BEBO EVP, RESEARCH	40.00 0.00					X		207,462.	0.	50,112.
(10) RON ZWERIN EVP, MKT, BRAND & COMMUNICATIONS	40.00 0.00					X		206,352.	0.	44,295.
(11) ELIZABETH CRITES (THRU 4/8/22) EVP, INDIV GIVING & CORP ENG.	40.00 0.00					X		203,541.	0.	43,774.
(12) REBECCA FEHLIG EVP, OPERATIONS	40.00 0.00					X		192,705.	0.	28,945.
(13) RONDA KRIER EVP, TECHNOLOGY (AS OF 3/22/21)	40.00 0.00					X		162,283.	0.	18,160.
(14) RICHARD KNUTSON CHAIR	5.00 0.00	X		X				0.	0.	0.
(15) WILLIAM T. MONAHAN VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(16) LAURA VACCARO VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(17) CAROLINE WHITACRE VICE CHAIR	5.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BONNIE HIGGINS DIRECTOR/VICE CHAIR (AS OF 11/17/21)	5.00 0.00	X		X				0.	0.	0.
(19) EUGENE MAY SECRETARY	5.00 0.00	X		X				0.	0.	0.
(20) PETER PORRINO CHAIR ELECT & TREASURER	5.00 0.00	X		X				0.	0.	0.
(21) MINDY B. ALPERT DIRECTOR	5.00 0.00	X						0.	0.	0.
(22) GREGORY R. BISHOP DIRECTOR	5.00 0.00	X						0.	0.	0.
(23) MICHAEL BOGDONOFF DIRECTOR	5.00 0.00	X						0.	0.	0.
(24) CHRIS CAMPBELL DIRECTOR	5.00 0.00	X						0.	0.	0.
(25) HAFIZ CHANDIWALA DIRECTOR	5.00 0.00	X						0.	0.	0.
(26) MICHELE DINN DIRECTOR (AS OF 11/17/21)	5.00 0.00	X						0.	0.	0.
1b Subtotal								3,496,384.	0.	591,599.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,496,384.	0.	591,599.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **118**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MERKLE, INC., 7001 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD 21046	DIRECT MARKETING	9,025,392.
GLOBAL CLOUD LTD 30 WEST THIRD STREET, CINCINNATI, OH 45202	FUNDRAISING SOFTWARE	1,335,472.
BLACKBAUD 65 FAIRCHILD STREET, CHARLESTON, SC 29492	FUNDRAISING SOFTWARE	1,130,927.
ROYLE PRINTING CO 745 S BIRD STREET, SUN PRAIRIE, WI 53590	PRINTING	825,702.
DOYLE GROUP LLC P.O. BOX 204653, DALLAS, TX 75320-4653	TEMPORARY HELP FEES	723,631.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **28**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KASSAUNDR A ESCALERA DIRECTOR	5.00 0.00	X						0.	0.	0.
(28) DANA M. FOOTE DIRECTOR	5.00 0.00	X						0.	0.	0.
(29) ELIZABETH FORSTNEGER DIRECTOR (THRU 11/17/21)	5.00 0.00	X						0.	0.	0.
(30) BRENDON GALLAGHER DIRECTOR (THRU 11/17/21)	5.00 0.00	X						0.	0.	0.
(31) PETER GALLIGAN DIRECTOR (AS OF 11/17/21)	5.00 0.00	X						0.	0.	0.
(32) SHYAM GIDUMAL DIRECTOR	5.00 0.00	X						0.	0.	0.
(33) PETER HARBILAS DIRECTOR	5.00 0.00	X						0.	0.	0.
(34) ANDY HARRIS DIRECTOR	5.00 0.00	X						0.	0.	0.
(35) IAN HARRIS DIRECTOR	5.00 0.00	X						0.	0.	0.
(36) LILY JUNG HENSON DIRECTOR	5.00 0.00	X						0.	0.	0.
(37) WILLIAM HOLLEY DIRECTOR	5.00 0.00	X						0.	0.	0.
(38) MARK LIVINGSTON DIRECTOR	5.00 0.00	X						0.	0.	0.
(39) LINDA MCALEER DIRECTOR (AS OF 11/17/21)	5.00 0.00	X						0.	0.	0.
(40) RICK MCDERMOTT DIRECTOR	5.00 0.00	X						0.	0.	0.
(41) ELIZABETH PAGE DIRECTOR	5.00 0.00	X						0.	0.	0.
(42) RUSSELL PARKER DIRECTOR	5.00 0.00	X						0.	0.	0.
(43) CHET POREMBSKI DIRECTOR	5.00 0.00	X						0.	0.	0.
(44) ELIZABETH RODRIGUEZ DIRECTOR	5.00 0.00	X						0.	0.	0.
(45) NANETTE REID DIRECTOR	5.00 0.00	X						0.	0.	0.
(46) TOBI ROGOWSKY DIRECTOR	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	79,203,238.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,611,099.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	77,181,344.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,363,027.				
	h Total. Add lines 1a-1f			166,995,681.			
Program Service Revenue	2 a PROGRAM REGISTR. FEES	Business Code					
		900099	7,830.	7,830.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			7,830.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,029,683.			3,029,683.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	572,775.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	572,775.				
	d Net rental income or (loss)			572,775.		572,775.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,594,929.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	11,092,100.				
	c Gain or (loss)	7c	502,829.				
d Net gain or (loss)			502,829.		502,829.		
8 a Gross income from fundraising events (not including \$ 79,203,238. of contributions reported on line 1c). See Part IV, line 18	8a		19,793,927.				
b Less: direct expenses	8b	19,793,927.					
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADVERTISING INCOME	Business Code					
		900099	760,548.		760,548.		
	b MISCELLANEOUS INCOME	900099	76,118.			76,118.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			836,666.				
12 Total revenue. See instructions			171,945,464.	7,830.	760,548.	4,181,405.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	26,400,157.	26,400,157.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,819,095.	6,819,095.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,159,919.	2,159,919.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,578,241.	1,825,216.	309,993.	443,032.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	58,653,139.	41,522,351.	7,052,124.	10,078,664.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,932,218.	1,367,876.	232,319.	332,023.
9 Other employee benefits	11,178,493.	7,913,597.	1,344,039.	1,920,857.
10 Payroll taxes	4,625,132.	3,274,272.	556,100.	794,760.
11 Fees for services (nonemployees):				
a Management	64,694.		64,694.	
b Legal	94,217.		94,217.	
c Accounting	159,433.		159,433.	
d Lobbying	46,021.	46,021.		
e Professional fundraising services. See Part IV, line 17	2,629,458.			2,629,458.
f Investment management fees	313,849.		313,849.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,555,131.	6,924,603.	872,413.	1,758,115.
12 Advertising and promotion	2,783,910.	1,214,274.	33,037.	1,536,599.
13 Office expenses	3,578,736.	166,449.	57,245.	3,355,042.
14 Information technology	6,261,468.	4,131,853.	700,547.	1,429,068.
15 Royalties				
16 Occupancy	8,087,565.	5,522,189.	999,623.	1,565,753.
17 Travel	766,689.	398,300.	48,404.	319,985.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,098,016.	846,812.	101,148.	150,056.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	825,593.	563,715.	102,043.	159,835.
23 Insurance	1,209,152.	825,387.	149,411.	234,354.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING, PUB., & POST.	6,302,622.	1,926,885.	758,113.	3,617,624.
b EQUIPMENT RENTAL	412,977.	281,981.	51,044.	79,952.
c AWARDS & PRIZES	260,424.	253,837.	2,460.	4,127.
d DUES	241,167.	217,595.	13,825.	9,747.
e All other expenses _____	630,775.	274,953.	215,709.	140,113.
25 Total functional expenses. Add lines 1 through 24e	159,668,291.	114,877,337.	14,231,790.	30,559,164.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	4,604,866.	402,530.	821,899.	3,380,437.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	69,719,306.	2	70,424,239.
	3 Pledges and grants receivable, net	12,985,774.	3	13,440,209.
	4 Accounts receivable, net	564,364.	4	521,148.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,947,845.	9	4,751,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,096,234.		
	b Less: accumulated depreciation	10b 7,171,443.	1,185,527.	10c 1,924,791.
	11 Investments - publicly traded securities	107,677,857.	11	90,907,847.
	12 Investments - other securities. See Part IV, line 11	54,759.	12	487,892.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,347,917.	15	3,065,559.
16 Total assets. Add lines 1 through 15 (must equal line 33)	201,483,349.	16	185,523,085.	
Liabilities	17 Accounts payable and accrued expenses	12,851,339.	17	15,181,436.
	18 Grants payable	25,753,043.	18	25,071,575.
	19 Deferred revenue	5,792,357.	19	6,487,165.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,301,323.	21	10,639,366.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,561,652.	25	3,749,752.
	26 Total liabilities. Add lines 17 through 25	67,259,714.	26	61,129,294.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	74,684,207.	27	75,857,659.
	28 Net assets with donor restrictions	59,539,428.	28	48,536,132.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	134,223,635.	32	124,393,791.
33 Total liabilities and net assets/fund balances	201,483,349.	33	185,523,085.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	171,945,464.
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,668,291.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,277,173.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,223,635.
5	Net unrealized gains (losses) on investments	5	-20,939,706.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,167,311.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,393,791.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	189,707,218.	191,054,088.	150,008,066.	139,286,957.	166,995,681.	837,052,010.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	189,707,218.	191,054,088.	150,008,066.	139,286,957.	166,995,681.	837,052,010.
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)						8,152,962.
6 Public support. Subtract line 5 from line 4.						828,899,048.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	189,707,218.	191,054,088.	150,008,066.	139,286,957.	166,995,681.	837,052,010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,842,090.	3,845,510.	3,899,079.	2,907,536.	3,602,458.	17,096,673.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,669,341.	1,468,467.	1,190,061.	1,262,718.	760,548.	6,351,135.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,220,034.	23,943,974.	7,629,516.	8,188,509.	19,870,045.	81,852,078.
11 Total support. Add lines 7 through 10						942,351,896.
12 Gross receipts from related activities, etc. (see instructions)					12	186,749.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	87.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	87.81 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 20,909.

2018 AMOUNT: \$ 79,255.

2019 AMOUNT: \$ 97,571.

2020 AMOUNT: \$ 130,545.

2021 AMOUNT: \$ 76,118.

GROSS INCOME FROM FUNDRAISING

2017 AMOUNT: \$ 22,199,125.

2018 AMOUNT: \$ 23,864,719.

2019 AMOUNT: \$ 7,531,945.

2020 AMOUNT: \$ 8,057,964.

2021 AMOUNT: \$ 19,793,927.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 11,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">NATIONAL MULTIPLE SCLEROSIS SOCIETY</p>	Employer identification number <p style="text-align: center;">13-5661935</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		3,518.
d Mailings to members, legislators, or the public?	X		263,876.
e Publications, or published or broadcast statements?	X		13,194.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		370,306.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		228,693.
i Other activities?		X	
j Total. Add lines 1c through 1i			879,587.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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 carry over lobbying and political campaign activity 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

APPROXIMATELY 34,000 MS ACTIVISTS ARE ON THE FRONTLINE, MOVING TOGETHER

AND SPEAKING WITH ONE VOICE TO CREATE LEGISLATIVE AND REGULATORY

CHANGES THAT BENEFIT PEOPLE LIVING WITH MS AND THEIR FAMILIES. MS

ACTIVISM DRIVES CHANGE IN PUBLIC POLICIES TO BRING POSITIVE IMPACT FOR

PEOPLE AFFECTED BY MS. ACTIVISTS SHARE STORIES ABOUT LIVING WITH MS,

Part IV Supplemental Information (continued)

CONNECT WITH DECISION-MAKERS, WORK WITH LIKE-MINDED PARTNERS AND CREATE
 SYSTEMIC CHANGE TO IMPACT THE GREATEST NUMBER OF PEOPLE POSSIBLE. STATE
 AND LOCAL ACTIVISM PRIORITIES ARE DETERMINED BY BOTH AN ORGANIZATIONAL
 PROCESS AND BY ADVOCACY STAFF AND GOVERNMENT RELATIONS VOLUNTEERS. TOP
 AREAS OF FOCUS FOR MS ACTIVISTS IN 2022 INCLUDED ADVOCATING FOR ACCESS
 TO AFFORDABLE MEDICATION AND QUALITY HEALTHCARE WITHIN THE INFLATION
 REDUCTION ACT (PUB. L. 117-169), INCREASED FUNDING FOR MS RESEARCH AND
 THE LIFESPAN RESPITE PROGRAM, AND EXTENSIONS FOR MEDICARE TELEHEALTH
 FLEXIBILITIES ENACTED DURING THE COVID-19 PANDEMIC UNTIL 2024 IN THE
 FY22 OMNIBUS SPENDING BILL (117-103).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Section requirements and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,355,758.	20,280,605.	21,446,141.	20,596,603.	9,143,474.
b Contributions	553.	211,969.	291,990.	256,566.	10,413,196.
c Net investment earnings, gains, and losses	-4,254,137.	5,090,737.	-870,352.	1,007,744.	1,507,782.
d Grants or scholarships					
e Other expenditures for facilities and programs	734,562.	2,182,798.	193,288.	219,134.	145,245.
f Administrative expenses	70,682.	44,755.	393,886.	195,638.	322,604.
g End of year balance	18,296,930.	23,355,758.	20,280,605.	21,446,141.	20,596,603.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 90.5600 %
- c Term endowment 9.4400 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		632,534.	415,056.	217,478.
d Equipment		3,328,431.	2,020,086.	1,308,345.
e Other		5,135,269.	4,736,301.	398,968.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,924,791.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ANNUITANTS	1,591,180.
(3) LONG TERM DEFERRED RENT	1,086,042.
(4) OTHER LIABILITIES	1,072,530.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,749,752.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	158,818,621.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-20,939,706.
b	Donated services and use of facilities	2b	9,294,022.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,167,311.
e	Add lines 2a through 2d	2e	-12,812,995.
3	Subtract line 2e from line 1	3	171,631,616.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	313,848.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	313,848.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	171,945,464.

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

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

1	Total expenses and losses per audited financial statements	1	168,648,465.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,294,022.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,294,022.
3	Subtract line 2e from line 1	3	159,354,443.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	313,848.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	313,848.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	159,668,291.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE SOCIETY IS THE LEAD AGENCY AND A MANAGING MEMBER OF THE PROGRESSIVE MS

ALLIANCE, ALONG WITH ASSOCIANZIONE ITALIANA SCLEROSI MULTIPLA (ITALY), MS

AUSTRALIA, MULTIPLE SCLEROSIS INTERNATIONAL FEDERATION, MS SOCIETY (UNITED

KINGDOM), AND THE MULTIPLE SCLEROSIS SOCIETY OF CANADA. THE ALLIANCE IS

OPEN TO MS ORGANIZATIONS FROM AROUND THE WORLD AND IS CONTINUALLY SEEKING

NEW MEMBER ORGANIZATIONS FROM THE GLOBAL MS COMMUNITY. THE ALLIANCE MADE A

JOINT COMMITMENT TO ACCELERATE THE DEVELOPMENT OF TREATMENT FOR

PROGRESSIVE MS. THE ALLIANCE HAS THREE PRIORITY OBJECTIVES WHICH INCLUDE:

UNDERSTAND, PREVENT AND REVERSE PROGRESSION, SPEED UP AND IMPROVE CLINICAL

TRIALS, AND IMPROVE WELL-BEING THROUGH PROVEN THERAPEUTIC APPROACHES.

Part XIII Supplemental Information (continued)

TO DATE, THE ALLIANCE HAS FUNDED 3 COLLABORATIVE NETWORK RESEARCH AWARDS
AND 19 RESEARCH CHALLENGE AWARDS FOCUSED ON NEW INSIGHTS INTO PROGRESSION.
THE GOAL IS TO ACHIEVE BREAKTHROUGHS THROUGH GLOBAL COLLABORATION,
ACCELERATE APPROVALS AND IMPROVE THE HEALTH OF PEOPLE WITH PROGRESSIVE MS.

AS A MANAGING MEMBER, THE SOCIETY CONTRIBUTED \$11,098,505 THROUGH FISCAL
2022 AND HAS COMMITTED \$7,937,286 OVER THE FOLLOWING FOUR YEARS,
CONDITIONAL ON VARIOUS FACTORS. IN ADDITION, AS THE LEAD AGENCY, THE
SOCIETY MAINTAINS CUSTODY OF THE POOLED FUNDS CONTRIBUTED FROM OTHER
ALLIANCE MEMBERS. THE DISBURSEMENT OF FUNDS FOR PROGRESSIVE MS RESEARCH
INITIATIVES IS APPROVED BY THE EXECUTIVE COMMITTEE, MADE UP OF THE CEOS OF
THE MANAGING MEMBER ORGANIZATIONS. THE SOCIETY RECEIVED A TOTAL OF
\$4,937,912 DURING THE YEAR ENDING SEPTEMBER 30, 2022 FROM ALLIANCE
MEMBERS, WHICH WILL BE HELD UNTIL SUCH TIME THE FUNDS ARE APPROVED FOR
EXPENDITURE. AS OF SEPTEMBER 30, 2022, THE SOCIETY RECORDED UNSPENT
DONATED FUNDS, CONSISTING OF BOTH SOCIETY AND OTHER ALLIANCE MEMBERS'
MONIES, TOTALING \$10,639,366, AS A LIABILITY.

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER INTENDED TO PRESERVE THEIR
VALUE CONSISTENT WITH SUCH DONOR STIPULATIONS, MINIMIZE THE EFFECT OF HIGH
ECONOMIC VOLATILITY AND/OR LOW INVESTMENT RETURN AND PROVIDE FUNDING FOR
THE PROGRAMS SPECIFIED BY THE DONORS, INCLUDING THE MARILYN HILTON MS
ACHIEVEMENT CENTER, DIRECT FINANCIAL ASSISTANCE, RESEARCH, AND OTHER
GENERAL SERVICES, PROGRAMS AND OPERATIONS.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

FIN 48 FOOTNOTE

GUIDANCE IN "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNDER THE ASC OF

THE FASB CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN

OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES

THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN

THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO

BE SUSTAINED, IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.

THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION,

INTEREST AND PENALTIES, AND DISCLOSURE. THE SOCIETY HAS PROCESSES

PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO

IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX

OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND, TO IDENTIFY AND

EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE SOCIETY

HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT

REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL

STATEMENTS. FOR THE YEAR ENDING SEPTEMBER 30, 2022, THE SOCIETY RECORDED

\$26,341 AS A PROVISION FOR INCOME TAXES FROM UNRELATED BUSINESS INCOME

ACTIVITIES WHICH IS REFLECTED WITHIN ACCOUNTS PAYABLE AND ACCRUED

LIABILITIES ON THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL

POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST	-1,026,851.
--	-------------

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-140,460.
--	-----------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,167,311.
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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	61,913.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	157,119.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	112,692.	WIRE	0.		
		NORTH AMERICA	RESEARCH	259,961.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	228,722.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	207,247.	WIRE	0.		
		NORTH AMERICA	RESEARCH	91,667.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	79,962.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **17**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH	51,842.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	63,661.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	8,250.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	76,832.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	150,560.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	184,762.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	147,750.	WIRE	0.		
		NORTH AMERICA	RESEARCH	231,745.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	45,235.	WIRE	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE SOCIETY HAS INDEPENDENT RESEARCH ADVISORY COMMITTEES THAT EVALUATE

ALL GRANT APPLICATIONS AND RECOMMEND GRANTS TO BE FUNDED BY THE SOCIETY

BASED UPON THE QUALIFICATIONS OF THE INSTITUTION AND RESEARCHER(S), AND

THE RESEARCH PROJECT'S SCIENTIFIC MERIT AND POTENTIAL APPLICABILITY TO

MS. ONCE A GRANT HAS BEEN APPROVED, GRANTEES ARE REQUIRED TO SUBMIT

PROGRESS REPORTS ON AN ANNUAL OR MORE FREQUENT BASIS BEFORE ADDITIONAL

FUNDING IS AUTHORIZED.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MERKLE GROUP - 7001 COLUMBIA GATEWAY DR, COLUMBIA, MD	DONOR DATA		X	9,030,169.	2,534,808.	6,495,361.
CLINT BELL PRODUCTIONS - 3262 WALDEN GLEN, ESCONDIDO, CA	EVENT AUCTIONEER		X	436,122.	17,500.	418,622.
LAURA MICHALEK - 1216 N ANDERSON ST, TACOMA, WA	EVENT AUCTIONEER		X	196,825.	6,000.	190,825.
HUNT AUCTIONEERS - 2 GOLD ST, APT 4503, NEW YORK, NY 10038	EVENT AUCTIONEER		X	186,200.	10,250.	175,950.
CUSTOM BENEFIT AUCTIONS - 19375 US HIGHWAY 19 N. APT	EVENT AUCTIONEER		X	173,270.	15,000.	158,270.
BENEFIT AUCTIONS 360 LLC - PO BOX 12633, PORTLAND, OR	EVENT AUCTIONEER		X	122,817.	6,000.	116,817.
MENISH PRODUCTIONS, INC - PO BOX 221066, LOUISVILLE, KY	EVENT AUCTIONEER		X	59,350.	10,600.	48,750.
Total				10,204,753.	2,600,158.	7,604,595.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BIKE MS (57) (event type)	WALK MS (236) (event type)	93 (total number)		
Revenue	1	Gross receipts	49,395,470.	32,563,330.	17,038,365.	98,997,165.
	2	Less: Contributions	37,683,699.	28,170,853.	13,348,686.	79,203,238.
	3	Gross income (line 1 minus line 2)	11,711,771.	4,392,477.	3,689,679.	19,793,927.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,477,170.	935,839.	41,099.	2,454,108.
	6	Rent/facility costs	1,830,376.	1,505,364.	499,073.	3,834,813.
	7	Food and beverages	2,064,813.	217,579.	1,678,437.	3,960,829.
	8	Entertainment	256,285.	131,111.	544,317.	931,713.
	9	Other direct expenses	6,083,127.	1,602,583.	926,754.	8,612,464.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				19,793,927.
11	Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MERKLE GROUP

(I) ADDRESS OF FUNDRAISER: 7001 COLUMBIA GATEWAY DR, COLUMBIA, MD 21046

(I) NAME OF FUNDRAISER: CLINT BELL PRODUCTIONS

(I) ADDRESS OF FUNDRAISER: 3262 WALDEN GLEN, ESCONDIDO, CA 92027

(I) NAME OF FUNDRAISER: LAURA MICHALEK

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 1216 N ANDERSON ST, TACOMA, WA 98406

(I) NAME OF FUNDRAISER: CUSTOM BENEFIT AUCTIONS

(I) ADDRESS OF FUNDRAISER:

19375 US HIGHWAY 19 N. APT 102, CLEARWATER, FL 33764

(I) NAME OF FUNDRAISER: BENEFIT AUCTIONS 360 LLC

(I) ADDRESS OF FUNDRAISER: PO BOX 12633, PORTLAND, OR 97212

(I) NAME OF FUNDRAISER: MENISH PRODUCTIONS, INC

(I) ADDRESS OF FUNDRAISER: PO BOX 221066, LOUISVILLE, KY 40252

PART I, LINE 2B, COLUMN (V):

PROFESSIONAL FUNDRAISERS

THE SOCIETY USED MERKLE FOR THE MAJORITY OF ITS DIRECT MAIL CAMPAIGNS IN

FY2022. THESE CAMPAIGNS COLLECTIVELY RAISED \$9,030,169 IN REVENUE FOR

FY2022. ADDITIONALLY, EVENT AUCTIONEERS ASSIST THE SOCIETY IN ACQUIRING

MERCHANDISE TO BE AUCTIONED. COLLECTIVELY, THEY RAISED \$1,858,456 IN

REVENUE FOR 2022.

SCHEDULE G, PART II

FUNDRAISING EVENTS

BIKE MS

BIKE MS IS THE LARGEST FUNDRAISING BIKE SERIES IN THE WORLD. WITH BIKE

MS RIDES ACROSS THE COUNTRY, ANYONE, ANYWHERE, CAN FUEL PROGRESS.

DURING FY2022, 3,900 TEAMS AND MORE THAN 38,000 CYCLISTS CHOSE BIKE MS

DURING THE 57 VIRTUAL AND IN-PERSON BIKE EVENTS HELD.

Part IV Supplemental Information (continued)

WALK MS

102,000 PEOPLE PARTICIPATED IN WALK MS EVENTS IN FY2022. WALK MS IS THE
 PERFECT PLACE TO CONNECT TO THE SERVICES AND SUPPORT OFFERED BY THE
 NATIONAL MS SOCIETY. THERE WERE 236 VIRTUAL AND IN-PERSON WALK EVENTS
 HELD DURING FY2022.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCELERATED CURE PROJECT FOR MS 460 TOTTEN POND ROAD, SUITE 420 WALTHAM, MA 02452	04-3555864	501(C)(3)	488,793.	0.			RESEARCH
BARROW NEUROLOGICAL INSTITUTE 350 WEST THOMAS ROAD PHOENIX, AZ 85013	94-1196203	501(C)(3)	100,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	382,694.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	28,312.	0.			RESEARCH
BRIGHAM & WOMEN'S HOSPITAL 60 FENWOOD RD, 10TH FL, STE 10002J BOSTON, MA 02115	04-2312909	501(C)(3)	1,153,080.	0.			RESEARCH
BRIGHAM & WOMEN'S HOSPITAL 60 FENWOOD RD, 10TH FL, STE 10002J BOSTON, MA 02115	04-2312909	501(C)(3)	29,219.	0.			CLINICAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 97.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106-7015	34-1018992	501(C)(3)	44,974.	0.			RESEARCH
CASHEL NEURAL INC 10000 CEDAR AVE CLEVELAND, OH 44106	82-4625105	501(C)(3)	20,000.	0.			RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	370,067.	0.			RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	56,250.	0.			CLINICAL
CHILDREN'S HOSPITAL MEDICAL CENTER - CINCINNATI - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	100,000.	0.			RESEARCH
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BOULEVARD LOS ANGELES, CA 90027	95-1690977	501(C)(3)	18,750.	0.			CLINICAL
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104-4318	23-1352166	501(C)(3)	192,812.	0.			RESEARCH
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104-4318	23-1352166	501(C)(3)	119,375.	0.			CLINICAL
CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW SUITE 5400 WASHINGTON, DC 20010	52-1654453	501(C)(3)	98,204.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	437,880.	0.			RESEARCH
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	259,125.	0.			CLINICAL
COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY FORT COLLINS, CO 80523-6003	84-6000545	GOV	146,518.	0.			RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET, 3RD FLOOR NEW YORK, NY 10027	13-5598093	501(C)(3)	598,778.	0.			RESEARCH
COLUMBIA UNIVERSITY 615 WEST 131ST STREET, 3RD FLOOR NEW YORK, NY 10027	13-5598093	501(C)(3)	75,000.	0.			CLINICAL
DUKE UNIVERSITY P.O. BOX 104132 DURHAM, NC 27710	56-0532129	501(C)(3)	165,000.	0.			RESEARCH
ESUPPORT HEALTH PBC 620 EIGHTH AVENUE NEW YORK, NY 10018	84-3695226	N/A	30,000.	0.			RESEARCH
GEORGETOWN UNIVERSITY 37TH AND O STREET, NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	153,205.	0.			RESEARCH
HENRY FORD HEALTH SYSTEM 1150 ELIJAH MCCOY DRIVE DETROIT, MI 48202	38-1357020	501(C)(3)	180,419.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY M JACKSON FOUNDATION 6720 - A ROCKLEDGE DRIVE, SUITE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	177,872.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	348,262.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029-6574	13-6171197	501(C)(3)	87,656.	0.			CLINICAL
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET, STE. D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,727,835.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET, STE. D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	168,175.	0.			CLINICAL
KESSLER FOUNDATION RESEARCH CENTER 120 EAGLE ROCK AVENUE, SUITE 100 EAST HANOVER, NJ 07936	31-1562134	501(C)(3)	187,632.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	528,137.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	75,000.	0.			CLINICAL
MAYO CLINIC ROCHESTER P.O. BOX 1658 MINNEAPOLIS, MN 55480-1658	41-6011702	501(C)(3)	316,988.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL - 3800 RESERVOIR ROAD NW - WASHINGTON, DC 20007	52-2218584	501(C)(3)	18,750.	0.			CLINICAL
MONTCLAIR STATE UNIVERSITY 1 NORMAL AVE MONTCLAIR, NJ 07043	22-2912682	GOV	171,342.	0.			RESEARCH
MOUNT SINAI REHABILITATION HOSPITAL INC - 114 WOODLAND STREET MS 510358 - HARTFORD, CT 06105	06-1422973	501(C)(3)	129,864.	0.			RESEARCH
NAT'L INST OF HEALTH/ NAT'L INST OF NEUROLOGICAL DISORDERS & STROKE - 9000 ROCKVILLE PIKE - BETHESDA, MD 20892	52-0858115	501(C)(3)	151,487.	0.			RESEARCH
NEW YORK UNIVERSITY 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	18,750.	0.			CLINICAL
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - 550 FIRST AVENUE - NEW YORK, NY 10016	13-5562308	501(C)(3)	247,562.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	223,152.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	75,000.	0.			CLINICAL
OREGON HEALTH & SCIENCE UNIVERSITY 2525 SW 3RD AVE, SUITE 245 PORTLAND, OR 97201	93-1176109	501(C)(3)	615,555.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 2525 SW 3RD AVE, SUITE 245 PORTLAND, OR 97201	93-1176109	501(C)(3)	116,875.	0.			CLINICAL
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE 2ND FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	142,001.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	38-6006309	GOV	85,307.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	38-6006309	GOV	18,750.	0.			CLINICAL
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES - 710 WESTWOOD PLAZA, STE 1-155 - LOS ANGELES, CA 90095-1769	95-6006143	GOV	183,180.	0.			RESEARCH
RESEARCH FOUNDATION FOR MENTAL HYGIENE INC - 150 BROADWAY, SUITE 301 - MENANDS, NY 12204	14-1410842	501(C)(3)	83,851.	0.			RESEARCH
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NY - 230 WEST 41ST STREET, 7TH FLOOR - NEW YORK, NY 10036	13-1988190	501(C)(3)	65,902.	0.			RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	18,750.	0.			CLINICAL
RUTGERS THE STATE OF UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854	46-2354111	GOV	272,371.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS UNIVERSITY 3545 LINDELL BOULEVARD ST. LOUIS, MO 63103	43-0654872	501(C)(3)	366,604.	0.			RESEARCH
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	337,483.	0.			RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - ONE UNIVERSITY BOULEVARD - ST. LOUIS, MO 63121	43-6003859	GOV	237,634.	0.			RESEARCH
THE STATE UNIVERSITY OF NEW YORK AT BUFFALO - PO BOX - BUFFALO, NY 14260	14-1368361	GOV	118,338.	0.			RESEARCH
THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES - 4202 E FOWLER AVE, ALN147 - TAMPA, FL 33620-5800	59-3102112	501(C)(3)	56,250.	0.			CLINICAL
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD., MC 9029 - DALLAS, TX 75390	75-6002868	501(C)(3)	379,113.	0.			RESEARCH
THE UNIVERSITY OF VERMONT 85 SO. PROSPECT ST 333 WATERMAN BLD BURLINGTON, VT 05405	03-0179440	501(C)(3)	131,376.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	124,572.	0.			RESEARCH
TISCH MS RESEARCH CENTER OF NEW YORK - 521 WEST 57TH STREET, FL 4 - NEW YORK, NY 10019	25-1922851	501(C)(3)	83,333.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA 701 20TH STREET S - AB 921 BIRMINGHAM, AL 35294-0109	63-6005396	GOV	37,500.	0.			CLINICAL
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0812 - SAN FRANCISCO, CA 94143	94-6036493	GOV	2,101,846.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM STREET, BOX 0812 - SAN FRANCISCO, CA 94143	94-6036493	GOV	204,531.	0.			CLINICAL
UNIVERSITY OF CALIFORNIA, BERKELEY 2195 HEARST AVENUE, ROOM 159 BERKELEY, CA 94720-1101	94-6002123	GOV	277,867.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, RIVERSIDE - 900 UNIVERSITY AVE - RIVERSIDE, CA 92521	95-6006142	GOV	398,109.	0.			RESEARCH
UNIVERSITY OF CHICAGO 5801 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	GOV	18,750.	0.			CLINICAL
UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS, MS F428, AMC BLDG 500, 13001 E 17TH PL, RM W1126 - AUR	84-6000555	GOV	616,087.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT 343 MANSFIELD RD U-1074 STORRS MANSFIELD, CT 06269-1074	06-0772160	GOV	42,882.	0.			RESEARCH
UNIVERSITY OF CONNECTICUT HEALTH CENTER - 263 FARMINGTON AVENUE - FARMINGTON, CT 06030-5335	52-1725543	GOV	150,000.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS AT CHICAGO 800 SOUTH MARSHFIELD AVENUE, 511MB CHICAGO, IL 60612-7205	37-6000511	GOV	267,755.	0.			RESEARCH
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN - 506 S. WRIGHT STREET, 209 HAB, MC-339 - URBANA, IL 61801	37-6000511	GOV	87,061.	0.			RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC - 3901 RAINBOW BLVD MAIL STOP 1039 - KANSAS CITY, KS 66160	48-1108830	501(C)(3)	128,061.	0.			RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	134,164.	0.			RESEARCH
UNIVERSITY OF MARYLAND, BALTIMORE 220 ARCH ST BALTIMORE, MD 21201	52-6002033	GOV	97,987.	0.			RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 333 SOUTH STREET SUITE 450 - SHREWSBURY, MA 01545	04-3167352	GOV	103,807.	0.			RESEARCH
UNIVERSITY OF MIAMI PO BOX 248106 (CONTROLLER'S OFFICE) - CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	63,661.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - P.O. BOX 402420 - ATLANTA, GA 30384-2420	56-6001393	GOV	163,070.	0.			RESEARCH
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE #311247 DENTON, TX 76203-5017	75-6002149	501(C)(3)	19,074.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	GOV	266,061.	0.			RESEARCH
UNIVERSITY OF ROCHESTER 518 HYLAN BUILDING ROCHESTER, NY 14627-0140	16-0743209	501(C)(3)	116,875.	0.			CLINICAL
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS, SUITE 205 LOS ANGELES, CA 90089-8006	95-1642394	GOV	247,149.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS, SUITE 205 LOS ANGELES, CA 90089-8006	95-1642394	GOV	96,250.	0.			CLINICAL
UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR. STOP K5300 AUSTIN, TX 78712	74-6000203	GOV	79,999.	0.			CLINICAL
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	GOV	256,193.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 411 SALT LAKE CITY, UT 84112-0922	87-6000525	GOV	1,718,985.	0.			RESEARCH
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 411 SALT LAKE CITY, UT 84112-0922	87-6000525	GOV	18,750.	0.			CLINICAL
UNIVERSITY OF VERMONT MEDICAL CENTER INC - P.O. BOX 1902 - BURLINGTON, VT 05402	03-0219309	501(C)(3)	36,359.	0.			CLINICAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, BOX 354965 SEATTLE, WA 98195	91-6001537	GOV	832,802.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE, BOX 354965 SEATTLE, WA 98195	91-6001537	GOV	18,750.	0.			CLINICAL
UPMC 3600 FORBES AVE AT MEYRAN AVE PITTSBURGH, PA 15213	25-1423657	501(C)(3)	18,750.	0.			CLINICAL
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE. SOUTH, SUITE D3300MCN - NASHVILLE, TN 37232-5545	35-2528741	501(C)(3)	196,712.	0.			RESEARCH
VERSITI WISCONSIN INC 638 N 18TH STREET MILWAUKEE, WI 53233-2121	39-0807235	501(C)(3)	210,100.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843035 RICHMOND, VA 23284	54-6001758	GOV	146,851.	0.			CLINICAL
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034 ST LOUIS, MO 63112	43-0653611	GOV	1,069,483.	0.			RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034 ST LOUIS, MO 63112	43-0653611	GOV	29,494.	0.			CLINICAL
WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE, 13TH FL DETROIT, MI 48202	38-6028429	GOV	82,212.	0.			RESEARCH

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE	4595	6,808,684.	0.		
SCHOLARSHIPS	10	6,011.	0.		
RESEARCH GRANT	1	4,400.	0.		

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

RESEARCH GRANTS

THE SOCIETY UTILIZES VOLUNTEER COMMITTEES OF RENOWNED SCIENTISTS AND

NEUROLOGISTS TO SELECT RESEARCH GRANTS FOR FUNDING IN THE UNITED STATES AND

ABROAD. ALL GRANTEEES ARE TO PROVIDE SCIENTIFIC AND FINANCIAL PROGRESS

REPORTS ON A REGULAR BASIS WHICH ARE REVIEWED BY QUALIFIED STAFF.

FINANCIAL ASSISTANCE GRANTS

Part IV Supplemental Information

MS NAVIGATORS WORK WITH EACH INDIVIDUAL TOWARD A CUSTOMIZED AND SUSTAINABLE

SOLUTION THAT SOMETIMES INCLUDES FINANCIAL ASSISTANCE. APPROVED REQUESTS

RESULT IN PAYMENTS MADE DIRECTLY TO THE VENDOR DETERMINED TO BE BEST SUITED

TO ADDRESS THE NEED.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CYNTHIA ZAGIEBOYLO PRESIDENT & CEO	(i)	473,993.	0.	0.	11,600.	21,751.	507,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM COETZEE CHIEF ADVOC, SVC & SCIENCE OFFICER	(i)	317,479.	0.	0.	11,600.	64,785.	393,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN SCOTT (THRU 2/4/22) CHIEF MKT & DEVELOPMENT OFFICER	(i)	325,645.	0.	0.	11,600.	38,621.	375,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAMI CAESAR CHIEF OPERATING OFFICER	(i)	322,722.	0.	0.	11,600.	38,648.	372,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA GOLDFARB CHIEF PPL, VOL & COMM ENG OFFICER	(i)	331,191.	0.	0.	11,600.	22,936.	365,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER LEE EVP, DEVELOPMENT	(i)	249,808.	0.	0.	10,259.	49,825.	309,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PHYLLIS ROBESHAM EVP, COMMUNITY LEADERSHIP	(i)	255,966.	0.	0.	10,287.	36,164.	302,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BARI TALENTE EVP, ADVOCACY & HEALTHCARE ACCESS	(i)	247,237.	0.	0.	7,228.	47,809.	302,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRUCE BEBO EVP, RESEARCH	(i)	207,462.	0.	0.	8,494.	41,618.	257,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RON ZWERIN EVP, MKT, BRAND & COMMUNICATIONS	(i)	206,352.	0.	0.	8,566.	35,729.	250,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELIZABETH CRITES (THRU 4/8/22) EVP, INDIV GIVING & CORP ENG.	(i)	203,541.	0.	0.	7,805.	35,969.	247,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) REBECCA FEHLIG EVP, OPERATIONS	(i)	192,705.	0.	0.	7,176.	21,769.	221,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RONDA KRIER EVP, TECHNOLOGY (AS OF 3/22/21)	(i)	162,283.	0.	0.	6,285.	11,875.	180,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	154	2,362,657.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (CRYPTO)	X	1	370.	FMV
26 Other				
27 Other				
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF NONCASH CONTRIBUTIONS

RECEIVED, NOT THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

COVID-19 IMPACT

THE COVID-19 PANDEMIC SIGNIFICANTLY AFFECTED SOCIETY OPERATIONS

THROUGHOUT FISCAL YEARS 2020 AND 2021. IN FISCAL YEAR 2022, THE SOCIETY

RESUMED NORMAL OPERATIONS. OFFICES ARE OPEN; EVENTS AND PROGRAMS OFFER

IN-PERSON AND VIRTUAL OPTIONS TO ENGAGE PEOPLE AFFECTED BY MS IN THE

WAYS THEY ARE MOST COMFORTABLE.

IN FY21 THE SOCIETY BECAME ELIGIBLE AND WAS GRANTED A LOAN TO COVER

QUALIFYING EXPENSES IN THE AMOUNT OF \$10,000,000, PURSUANT TO THE

PAYCHECK PROTECTION PROGRAM (PPP). USE OF THE FUNDS WERE VERIFIED AND

ON JUNE 1, 2022, THE SOCIETY WAS NOTIFIED THAT THE PPP LOAN WAS

FORGIVEN. A GAIN IN FULL WAS RECORDED ON THE FY22 FINANCIAL STATEMENTS.

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

DIVERSITY, EQUITY AND INCLUSION

THE SOCIETY HAS PRIORITIZED DIVERSITY, EQUITY AND INCLUSION. TO ENSURE

ITS PRESENCE, THE FOLLOWING STATEMENT IS READ BEFORE ALL MEETINGS TO

GROUND STAFF IN OUR WORK. THE NATIONAL MULTIPLE SCLEROSIS SOCIETY IS A

MOVEMENT BY AND FOR ALL PEOPLE AFFECTED BY MS. OUR VOICES AND ACTIONS

REFLECT DIVERSITY, EQUITY, AND INCLUSION. WE WELCOME AND VALUE DIVERSE

PERSPECTIVES. WE ACTIVELY SEEK OUT AND EMBRACE DIFFERENCES. WE WANT

EVERYONE TO FEEL RESPECTED AND BE EMPOWERED TO BRING THEIR WHOLE SELVES

TO ENSURE WE MAKE THE BEST DECISIONS TO ACHIEVE OUR MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CLIENT AND COMMUNITY SERVICES - THE SOCIETY AIMS TO ENPOWER PEOPLE

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

Schedule O (Form 990) 2021

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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AFFECTED BY MS TO SOLVE EVERYDAY CHALLENGES. WE FEEL IF PEOPLE ARE INFORMED, CONNECTED AND SUPPORTED BY LOVED ONES, THEIR COMMUNITIES, THEIR HEALTHCARE PROVIDERS AND THE SOCIETY, THEY WILL HAVE IMPROVED QUALIFY OF LIFE, INCREASED CONFIDENCE, MAKE NEW CONNECTIONS AND TAKE POSITIVE ACTIONS. WE ACHIEVE THIS BY BEING A TRUSTED SOURCE OF SUPPORT FOR PEOPLE LIVING WITH MS AND HEALTH CARE PROVIDERS THROUGH OUR MS NAVIGATOR SERVICE AND THE EDUCATIONAL PROGRAMMING AND CONNECTION SITES WE OFFER ONLINE, IN PERSON AND ON DEMAND OR SELF-SERVICE.

MS NAVIGATORS PARTNER WITH INDIVIDUALS TO NAVIGATE THE CHALLENGES OF MS UNIQUE TO EACH SITUATION. THEY PROVIDE: INFORMATION AND EDUCATION; EMOTIONAL SUPPORT RESOURCES; ASSIST WITH THE COMPLEXITIES OF FINDING A HEALTHCARE PROVIDER, BENEFITS, INSURANCE AND ACCESS TO COVERAGE, AND EMPLOYMENT; RESOURCES TO FACE FINANCIAL CHALLENGES AND PLAN FOR THE FUTURE; WELLNESS STRATEGIES THAT CAN MAKE AN IMPACT ON QUALITY OF LIFE WITH MS; ASSESSMENT OF PERSONALIZED CASE MANAGEMENT; AND CRISIS INTERVENTION IN TIMES OF NEED. IN 2022, MS NAVIGATORS PROVIDED SUPPORT TO 46,799 PEOPLE. OUR SELF SERVICE APPLICATIONS ASSISTED AN ADDITIONAL 129,141 PEOPLE IN FINDING DOCTORS AND OTHER RESOURCES DIRECTLY.

IN ADDITION, IN FY2022, THE SOCIETY OFFERED 84 EDUCATIONAL PROGRAMS (IN PERSON, PHONE BASED, AND ONLINE) IN WHICH 13,300 ATTENDEES ATTENDED LIVE. 514,560 PEOPLE ACCESSED THIS CONTENT ON DEMAND, AND GLOBALLY REACHED 22 INTERNATIONAL COUNTRIES OUTSIDE OF THE US. TOPICS INCLUDED EPSTEIN BARR, HOW MS AFFECTS MEN, ADAPTING TO A NEW IDENTITY, INVISIBLE SYMPTOMS, HOW SLEEP AFFECTS MS, AND, HOW AGING AFFECTS MS, TO NAME A FEW. IN OUR EFFORTS TO CONNECT WITH MORE NEWLY DIAGNOSED, YOUNG, RURAL AND ETHNICALLY DIVERSE PEOPLE AFFECTED BY MS THE SOCIETY OFFERED ITS

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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FIRST NEW TO MS PROGRAM, 2ND ANNUAL BLACK MS EXPERIENCE SUMMIT AND OUR
FIRST EVER HISPANIC LATINX SUMMIT.

COMMUNITY PROGRAMS INCLUDE COLLABORATING WITH OTHER COMMUNITY
ORGANIZATIONS, FOCUSING ON ACCESS TO HEALTHCARE, REHABILITATION,
TREATMENTS AND THERAPIES; LONG-TERM CARE; DISABILITY RIGHTS ISSUES;
VOCATIONAL TRAINING AND REHABILITATION, WELLNESS AND FITNESS; AND,
OUTREACH AND EDUCATION TO RURAL AND UNDERSERVED POPULATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PUBLIC EDUCATION - PEOPLE WITH MS CAN BETTER MANAGE THEIR DISEASE WHEN
THEY HAVE THE SUPPORT AND UNDERSTANDING OF THE PEOPLE AROUND THEM-FROM
DOCTORS TO EMPLOYERS TO FAMILY MEMBERS. THAT'S WHY WE WORK RELENTLESSLY
TO TELL THE WORLD WHAT IT MEANS TO LIVE WITH MS. WE EDUCATE THE PUBLIC
THROUGH THE SOCIETY'S AWARENESS CAMPAIGNS, PUBLIC SERVICE
ANNOUNCEMENTS, AND MOMENTUM, WHICH IS THE SOCIETY'S FLAGSHIP MAGAZINE
DISTRIBUTED QUARTERLY TO NEARLY 500,000 PEOPLE LIVING WITH MS,
HEALTHCARE PROVIDERS, AND SUPPORTERS OF THE SOCIETY. NEARLY 800,000
PEOPLE RECEIVE BIMONTHLY EMAILS WITH NEWS AND INFORMATION ABOUT MS AND
6.8 MILLION PEOPLE VISIT THE SOCIETY'S WEBSITE EACH YEAR TO ACCESS
INFORMATION AND SUPPORT AND GET INVOLVED.

IN ADDITION, MANY PEOPLE GET ENGAGED IN CONVERSATIONS AND LEARN MORE
ABOUT MS VIA THE SOCIETY'S SOCIAL MEDIA, WITH MORE THAN 1 MILLION
FOLLOWERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
RESEARCH AND SCIENTIFIC STUDIES - IN FISCAL 2022, THE SOCIETY INVESTED

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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\$30.4 MILLION TO SUPPORT 308 NEW AND ONGOING RESEARCH PROJECTS AROUND THE WORLD AIMED AT STOPPING MS IN ITS TRACKS, RESTORING FUNCTION, AND ENDING THE DISEASE FOREVER. THE SOCIETY ENGAGED 80 EXPERT PEER REVIEWERS TO EVALUATE 286 PROPOSALS FOR RESEARCH GRANTS, FELLOWSHIPS AND EARLY CAREER AWARDS, COMMERCIAL RESEARCH AND DEVELOPMENT AGREEMENTS, AND TARGETED RESEARCH GRANTS. WE ALSO ENGAGED 13 LAY COMMUNITY REVIEWERS TO HELP THE SOCIETY IDENTIFY THE MOST PROMISING AND APPROPRIATE RESEARCH INVESTMENTS.

RESEARCH PRIORITY AREAS TO DRIVE BREAKTHROUGHS TO A CURE INCLUDE: ACCELERATING PROMISING RESEARCH TO EMPOWER PEOPLE AFFECTED BY MS TO LIVE THEIR BEST LIVES AND ADVANCE THE PATHWAYS TO MS CURES ROADMAP, INCLUDING: STOPPING DISEASE ACTIVITY AND PROGRESSION THROUGH PRECISION MEDICINE AND EARLY DETECTION; RESTORING WHAT'S BEEN LOST BY REVERSING SYMPTOMS AND DISABILITY THROUGH REGENERATION AND FUNCTIONAL RECOVERY ENHANCED BY REHABILITATION AND WELLNESS; AND ENDING THE DISEASE THROUGH PREVENTION BY LIMITING EXPOSURE TO RISK FACTORS ACROSS THE POPULATION AND FOR THOSE MOST AT-RISK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROFESSIONAL EDUCATION AND TRAINING - THE SOCIETY WANTS SCIENTISTS AND HEALTHCARE PROFESSIONALS TO BE AWARE OF AND TRAINED IN MS SO THAT THE VERY BEST EXPERTISE WORLDWIDE IS ENGAGED IN FINDING TREATMENTS AND SOLUTIONS FOR EVERYONE WITH MS. THIS INCLUDES ACTIVITIES AND PROGRAMS DESIGNED TO IMPROVE THE KNOWLEDGE, SKILLS, AND CRITICAL JUDGEMENT OF SCIENTISTS, PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS ENGAGED (DIRECTLY OR INDIRECTLY) IN PROVIDING SERVICES TO PEOPLE LIVING WITH MS BY KEEPING THEM ABREAST OF NEW DIAGNOSTIC TECHNIQUES AND THERAPIES -

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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154 CLINICIANS, WHO PROVIDE CARE FOR APPROXIMATELY 5,300 PEOPLE WITH MS, PARTICIPATED IN THE ECHO MS PROGRAM IN 2022. 98% REPORTED INCREASED KNOWLEDGE ABOUT PATIENT RESOURCES. EXPENSES \$ 6,791,475. INCLUDING GRANTS OF \$ 2,523,926. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS

THE VOTING MEMBERS OF THE SOCIETY SERVE ON THE DELEGATE ASSEMBLY AND ARE COMPRISED OF CHAIRS OF THE BOARDS OF TRUSTEES AND GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE CHAIRS FROM EACH OF THE 31 CHAPTERS OF THE NATIONAL MS SOCIETY, THE NATIONAL BOARD OF DIRECTORS, AND THE CEO ADVISORY COMMITTEE CHAIRS.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE DELEGATE ASSEMBLY WHICH IS COMPRISED OF VOTING MEMBERS OF THE ORGANIZATION, AS OUTLINED IN THE BYLAWS. VOTING MEMBERS ARE THE VOLUNTEER LEADERS OF THE MARKET AND THE NATIONAL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS

THE DELEGATE ASSEMBLY ELECTS THE GOVERNING BODY, APPROVES ANY BY-LAW CHANGES AND APPROVES THE SOCIETY'S STRATEGIC PLAN.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN EXTERNAL

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH MANAGEMENT. IT IS THEN PROVIDED TO THE AUDIT COMMITTEE MEMBERS FOR REVIEW, COMMENTS, CORRECTIONS, AND EDITS. THE REVIEW COMMENTS OF THE AUDIT COMMITTEE ARE INCORPORATED INTO THE FORM 990 BY THE COO. A MEETING OF THE AUDIT COMMITTEE IS HELD TO APPROVE THE REVISED FORM 990, AND TO APPROVE DISTRIBUTION TO THE ENTIRE SOCIETY BOARD OF DIRECTORS. THE SOCIETY BOARD OF DIRECTORS IS GIVEN A PERIOD OF TIME TO REVIEW AND COMMENT ON THE FORM 990 BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY

ALL STAFF AND MEMBERS OF THE NATIONAL BOARD OF DIRECTORS AND VOLUNTEERS SERVING ON KEY COMMITTEES MUST REVIEW THE CONFLICT OF INTEREST POLICY & MAKE ANY APPROPRIATE DISCLOSURES. IF AN INDIVIDUAL DISCLOSES AN ACTUAL OR POTENTIAL CONFLICT, THE LEGAL TEAM REVIEWS THE DISCLOSURE AND DRAFTS A CONFLICT RESOLUTION REPORT TO ADDRESS THE ACTUAL OR POTENTIAL CONFLICT. THE RESOLUTION REPORT IS PRESENTED TO THE AUDIT COMMITTEE AND THE AUDIT COMMITTEE EDITS AND ULTIMATELY APPROVES A RESOLUTION REPORT FOR EACH OF THE DISCLOSED CONFLICTS. THE RESOLUTION REPORT ENSURES THAT THE INDIVIDUAL DOES NOT PARTICIPATE IN ANY DISCUSSIONS OR VOTES RELATED TO THE CONFLICT. THE INDIVIDUAL WHO DISCLOSED THE CONFLICT IS PROVIDED A COPY OF THE RESOLUTION REPORT AND COMPLIES WITH IT.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PROCESS

THE COMPENSATION COMMITTEE IS COMPRISED OF AT LEAST THREE (3) INDEPENDENT BOARD MEMBERS, INCLUDING THE BOARD CHAIR, THAT DETERMINE THE COMPENSATION OF THE PRESIDENT AND CEO. THE COMPENSATION COMMITTEE PROVIDES INPUT TO THE

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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PRESIDENT AND CEO ON THE COMPENSATION OF THE CEO LEADERSHIP TEAM AND OTHER
 KEY EMPLOYEES AS DETERMINED BY THE PRESIDENT AND CEO. THE COMMITTEE IS
 PROVIDED WITH COMPARABLE SALARY INFORMATION AND DATA FOR EXECUTIVE
 POSITIONS AT OTHER VOLUNTARY HEALTHCARE AGENCIES OF SIMILAR SIZE AND
 NATIONAL INFLUENCE. THE PRESIDENT AND CEO'S PERFORMANCE IS EVALUATED ON AN
 ANNUAL BASIS BY THE MEMBERS OF THE COMPENSATION COMMITTEE. THE PRESIDENT
 AND CEO COMPENSATION IS REVIEWED WITH THE BOARD DURING EXECUTIVE SESSION.

FORM 990, PART VI, LINE 17 & SCHEDULE G, PART I, LINE 3

THE SOCIETY IS REGISTERED OR LICENSED TO SOLICIT IN THE FOLLOWING STATES
 AND JURISDICTIONS: AL, AK, AR, CA, CO, CT, D.C., FL, GA, HI, IL, KS, KY,
 LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI.

THE SOCIETY ALSO SOLICITS IN THE FOLLOWING STATES, BUT THE STATE DOES NOT
 REQUIRE REGISTRATION OR A LICENSE: AZ, DE, ID, IN, IA, MT, NE, SD, TX, VT,
 WY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 THE SOCIETY'S IRS FORM 990, IRS FORM 990-T AND AUDITED FINANCIAL STATEMENTS
 ARE AVAILABLE AT WWW.NATIONALMSSOCIETY.ORG, AND ON THE CHARITY NAVIGATOR
 WEBSITE. THE SOCIETY'S GOVERNING DOCUMENTS, RECORD RETENTION AND CONFLICT
 OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST	-1,026,851.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-140,460.
TOTAL TO FORM 990, PART XI, LINE 9	-1,167,311.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FAST FORWARD LLC - 26-1933619 733 THIRD AVENUE NEW YORK, NY 10017-3822	RESEARCH	DELAWARE	37,975.	1,511,918.	NMSS

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

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

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

SCHEDULE R, PART I

DISREGARDED ENTITIES

FAST FORWARD LLC ("FAST FORWARD"), A CONSOLIDATED NOT-FOR-PROFIT

AFFILIATE OF THE SOCIETY, DERIVES ITS TAX EXEMPTION FROM THE SOCIETY

AND IS TREATED AS A "DISREGARDED ENTITY" FOR TAX PURPOSES. FAST FORWARD

PARTNERS WITH SELECTED BIOTECHNOLOGY COMPANIES AND ACADEMIC

INSTITUTIONS ENGAGED IN RESEARCH AND DEVELOPMENT PROJECTS AIMED AT

IDENTIFYING AND DEVELOPING THERAPIES AND/OR DIAGNOSTICS TO IMPROVE THE

TREATMENT OF MS.