

**Return of Organization Exempt From Income Tax**

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

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** 10/01, 2010, and ending 09/30, 20 11

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY		<b>D Employer identification number</b> 13-5661935
	Doing Business As		<b>E Telephone number</b> (212) 986-3240
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10017-3288		<b>G Gross receipts \$</b> 97,212,260.
<b>F Name and address of principal officer:</b> CYNTHIA ZAGIEBOYLO 733 THIRD AVENUE NEW YORK, NY 10017-3288		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <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		<b>J Website:</b> ▶ WWW.NATIONALMSSOCIETY.ORG	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1946 <b>M State of legal domicile:</b> NY	

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: NATIONAL MULTIPLE SCLEROSIS SOCIETY (NMSS) MOBILIZES PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MULTIPLE SCLEROSIS (MS).		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	35.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	34.
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	241.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	500.
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,040,132.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-735,285.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	99,033,988.	94,112,574.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,227,503.	305,161.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	799,703.	28,827.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,728,550.	2,765,698.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,678,521.	35,272,837.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,008,686.	22,765,919.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	6,970,245.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	39,896,396.	40,108,545.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	92,583,603.	98,147,301.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	10,206,141.	-935,041.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	71,339,386.	76,020,323.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	43,536,948.	51,558,467.
		27,802,438.	24,461,856.

**Part II Signature Block**

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

Sign Here	Signature of officer <i>Jeff Orently</i>	Date 06/15/2012
	Type or print name and title Jeff Orently	

Paid Preparer Use Only	Print/Type preparer's name Kevin M. Fungo	Preparer's signature <i>Kevin M. Fungo</i>	Date 8/13/12	Check if self-employed <input type="checkbox"/>	PTIN P00753803
	Firm's name MITCHELL & TITUS, LLP	Firm's EIN 13-2781641		Phone no. 212-709-4500	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  X

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code: ) (Expenses \$ 40,257,414. including grants of \$ 35,272,837. ) (Revenue \$ 713,120. )

RESEARCH & RESEARCH FELLOWSHIPS - REPRESENTS GRANTS TO SUPPORT SCIENTIFIC STUDIES OR INVESTIGATION PLUS ALL OTHER COSTS OR EXPENSES INCURRED WHILE CONDUCTING A PROGRAM IN WHICH NEW KNOWLEDGE IS BEING SOUGHT TO FIND CURES OR ALLEVIATIONS OF MULTIPLE SCLEROSIS.

4b (Code: ) (Expenses \$ 23,305,937. including grants of \$ ) (Revenue \$ )

SERVICES TO CHAPTERS - INCLUDES THE COSTS ASSOCIATED WITH PROVIDING SUPPORT FOR CHAPTER DEVELOPMENT, CAMPAIGN DEVELOPMENT, FUND-RAISING MATERIAL AND SUPPLIES AND CHAPTER SERVICES AS PROVIDED UNDER THE RELATED ARRANGEMENTS.

4c (Code: ) (Expenses \$ 9,263,829. including grants of \$ ) (Revenue \$ 305,161. )

CLIENT AND COMMUNITY SERVICES - REPRESENTS PROGRAMS FOR DETECTING MULTIPLE SCLEROSIS, IMPROVING COMMUNITY HEALTH PRACTICES, SUPPORTING CLINICS, PROVIDING PHYSICIANS AND OTHER HEALTHCARE PROVIDERS AND OTHER ASSISTANCES TO INDIVIDUALS WHO HAVE MULTIPLE SCLEROSIS.

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

(Expenses \$ 10,650,200. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 83,477,380.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, gaming winnings, Form W-3, foreign accounts, tax shelter transactions, and 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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  X

**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 . . . . .		
1b Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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 or 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 Does the organization have members or stockholders? . . . . .		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		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 in Schedule O . . . . .		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .	X	
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
13 Does the organization have a written whistleblower policy? . . . . .	X	
14 Does 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 . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See Instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **ATTACHMENT 1**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JEFF GENTRY 733 THIRD AVENUE NEW YORK, NY 10017-3288**  
**212-476-0424**

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

Check if Schedule O contains a response to any question in this Part VII.  X

**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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
ATTACHMENT 3										
(1) MINDY ALPERT DIRECTOR	5.00	X						0.	0	0.
(2) JOHN BJORNSON DIRECTOR	5.00	X						0.	0	0.
(3) MICHAEL BOGDONOFF DIRECTOR	5.00	X						0.	0	0.
(4) RONALD BOIRE DIRECTOR	5.00	X						0.	0	0.
(5) JIM CANTALUPO DIRECTOR	5.00	X						0.	0	0.
(6) DOUG COY DIRECTOR	5.00	X						0.	0	0.
(7) PETER GALLIGAN DIRECTOR	5.00	X						0.	0	0.
(8) WILLIAM GILLESPIE DIRECTOR	5.00	X						0.	0	0.
(9) JULIUS HOBSON DIRECTOR	5.00	X						0.	0	0.
(10) VANESSA HODGES DIRECTOR	5.00	X						0.	0	0.
(11) CAROL HOUGHTBY TREASURER	5.00	X			X			0.	0	0.
(12) MARY HUGHES DIRECTOR	5.00	X						0.	0	0.
(13) JULIE KAUFER DIRECTOR	5.00	X						0.	0	0.
(14) RICHARD KNUTSON DIRECTOR	5.00	X						0.	0	0.
(15) THOMAS KUHN CHAIRMAN OF THE BOARD	5.00	X						0.	0	0.
(16) FRED LUBLIN DIRECTOR	5.00	X						0.	0	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) CRAIG LYNCH DIRECTOR	5.00	X					0.	0.	0.	
(18) LINDA MCALEER SECRETARY	5.00	X		X			0.	0.	0.	
(19) AARON MILLER DIRECTOR	5.00	X					0.	0.	0.	
(20) BILL MONAHAN DIRECTOR	5.00	X					0.	0.	0.	
(21) JOYCE NELSON PRESIDENT AND CEO	40.00	X		X			452,368.	0.	14,982.	
(22) KEVIN O'SULLIVAN DIRECTOR	5.00	X					0.	0.	0.	
(23) BRUCE PFAU DIRECTOR	5.00	X					0.	0.	0.	
(24) KIMBERLY PHILLIPS DIRECTOR	5.00	X					0.	0.	0.	
(25) BRAD ROBBINS DIRECTOR	5.00	X					0.	0.	0.	
(26) ELI RUBENSTEIN DIRECTOR	5.00	X					0.	0.	0.	
(27) JOHN SIMONETTI DIRECTOR	5.00	X					0.	0.	0.	
(28) RICHARD SLIFKA DIRECTOR	5.00	X					0.	0.	0.	
<b>1b Sub-total</b>							452,368.	0.	14,982.	
<b>c Total from continuation sheets to Part VII, Section A ATTACHMENT 2</b>							1,364,281.	0.	62,739.	
<b>d Total (add lines 1b and 1c)</b>							1,816,649.	0.	77,721.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **47**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **24**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	35,888.			
	b	Membership dues . . . . .	1b	21,086,387.			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	71,564,565.			
	e	Government grants (contributions) . . . . .	1e	472,183.			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	953,551.			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .					
	h	<b>Total. Add lines 1a-1f . . . . .</b>			94,112,574.		
Program Service Revenue			<b>Business Code</b>				
	2a	CONFERENCE REGISTRATION . . . . .	900099	305,161.	305,161.		
	b	_____ . . . . .					
	c	_____ . . . . .					
	d	_____ . . . . .					
	e	_____ . . . . .					
	f	All other program service revenue . . . . .					
g	<b>Total. Add lines 2a-2f . . . . .</b>			305,161.			
Other Revenue	3	Investment Income (including dividends, interest, and other similar amounts) . . . . .		28,827.			28,827.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	5	Royalties . . . . .		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents . . . . .					
	b	Less: rental expenses . . . . .					
	c	Rental income or (loss) . . . . .					
	d	Net rental income or (loss) . . . . .			0.		
	7a	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . . . . .					
	c	Gain or (loss) . . . . .					
	d	Net gain or (loss) . . . . .			0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a				
	b	Less: direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . . . . .			0.		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
b	Less: direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .			0.			
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less: cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . . . .			0.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a	ADVERTISING . . . . .	511120		1,040,132.		1,040,132.	
b	MISCELLANEOUS REVENUE . . . . .	900099		1,725,566.	1,725,566.		
c	_____ . . . . .						
d	All other revenue . . . . .						
e	<b>Total. Add lines 11a-11d . . . . .</b>			2,765,698.			
12	<b>Total revenue. See instructions . . . . .</b>			97,212,260.	2,030,727.	1,040,132.	28,827.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	33,408,080.	33,408,080.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	1,864,757.	1,864,757.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	780,390.	667,818.	94,736.	17,836.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	17,990,034.	15,393,690.	2,185,028.	411,316.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	246,963.	214,761.	27,367.	4,835.
9 Other employee benefits . . . . .	2,417,443.	2,102,226.	267,888.	47,329.
10 Payroll taxes . . . . .	1,331,089.	1,148,973.	153,861.	28,255.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	81,598.	0.	81,598.	0.
c Accounting . . . . .	167,560.	0.	167,560.	0.
d Lobbying . . . . .	5,556.	5,556.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	13,536,556.	10,140,419.	1,743,834.	1,652,303.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	8,739,722.	3,113,221.	1,522,705.	4,103,796.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	2,649,783.	2,236,632.	360,727.	52,424.
17 Travel . . . . .	2,397,629.	2,109,234.	240,748.	47,647.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	795,172.	706,336.	74,812.	14,024.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	3,979,785.	3,979,785.	0.	0.
22 Depreciation, depletion, and amortization . . . . .	2,225,458.	1,940,759.	243,325.	41,374.
23 Insurance . . . . .	392,455.	340,929.	44,227.	7,299.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FINANCIAL ASSISTANCE TO INDV	1,303,313.	1,252,203.	37,164.	13,946.
b AWARD	1,223,729.	1,171,505.	38,278.	13,946.
c DUES AND SUBSCRIPTIONS	937,582.	399,140.	186,102.	352,340.
d SUNDRY	1,672,647.	1,281,356.	229,716.	161,575.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	98,147,301.	83,477,380.	7,699,676.	6,970,245.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	8,327,000.	570,000.	1,860,000.	5,897,000.

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash - non-interest-bearing	15,680,373.	1	26,828,002.
	2 Savings and temporary cash investments	250,000.	2	4,701,753.
	3 Pledges and grants receivable, net	1,238,440.	3	511,655.
	4 Accounts receivable, net	16,976,842.	4	9,106,691.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	272,214.	8	247,048.
	9 Prepaid expenses and deferred charges	3,936,034.	9	2,999,026.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,689,989.		
	b Less: accumulated depreciation	10b 30,360,327.	5,725,383.	10c 5,329,662.
	11 Investments - publicly traded securities	25,488,287.	11	24,459,309.
	12 Investments - other securities. See Part IV, line 11	1,327,945.	12	1,737,950.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	443,868.	15	99,227.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	71,339,386.	16	76,020,323.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	13,139,663.	17	16,709,033.
	18 Grants payable	29,430,642.	18	34,118,322.
	19 Deferred revenue	882,293.	19	666,298.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	84,350.	25	64,814.
	26 <b>Total liabilities.</b> Add lines 17 through 25	43,536,948.	26	51,558,467.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	14,177,686.	27	13,450,687.
	28 Temporarily restricted net assets	9,879,919.	28	7,266,336.
	29 Permanently restricted net assets	3,744,833.	29	3,744,833.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	27,802,438.	33	24,461,856.	
34 <b>Total liabilities and net assets/fund balances</b>	71,339,386.	34	76,020,323.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	97,212,260.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	98,147,301.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-935,041.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	27,802,438.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,405,541.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	24,461,856.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization <b>NATIONAL MULTIPLE SCLEROSIS SOCIETY</b>	Employer identification number 13-5661935
--	--

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	Yes	No
(ii) A family member of a person described in (i) above?	X	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	X	X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	101,229,981.	103,431,903.	88,974,301.	99,033,988.	94,112,574.	486,782,747.
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 . . . . .	101,229,981.	103,431,903.	88,974,301.	99,033,988.	94,112,574.	486,782,747.
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). . . . .						
6 Public support. Subtract line 5 from line 4.						486,782,747.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	101,229,981.	103,431,903.	88,974,301.	99,033,988.	94,112,574.	486,782,747.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	706,006.	684,444.	86,935.	799,703.	28,827.	2,305,915.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	1,662,331.	39,673.	0.	1,065,424.	1,040,132.	3,807,560.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1 . . . . .	105,413.	1,930,407.	635,346.	663,126.	1,725,566.	5,059,858.
11 Total support. Add lines 7 through 10 . . . . .						497,956,080.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	7,805,444.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	97.76 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	97.67 %
16a 33 1/3 % support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<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 9 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10 a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19 a 33 1/3 % support tests - 2010.** 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 - 2009.** 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 Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	105,413.	1,930,407.	635,346.	663,126.	1,725,566.	5,059,858.
TOTALS	<u>105,413.</u>	<u>1,930,407.</u>	<u>635,346.</u>	<u>663,126.</u>	<u>1,725,566.</u>	<u>5,059,858.</u>



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

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization <b>NATIONAL MULTIPLE SCLEROSIS SOCIETY</b>	Employer identification number <b>13-5661935</b>
--	---

**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 on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 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 filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

JSA  
0E1264 0.040

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

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		312,285.
<b>e</b> Publications, or published or broadcast statements?	X		13,384.
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		297,162.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		290,553.
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			913,384.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

**Part IV Supplemental Information**

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

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

---

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	2,559,985.	2,449,604.	2,393,545.		
b Contributions . . . . .	250,000.				
c Net investment earnings, gains, and losses . . . . .	-12,002.	250,381.	56,059.		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .		140,000.			
f Administrative expenses . . . . .					
g End of year balance . . . . .	2,797,983.	2,559,985.	2,449,604.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 0.0000 %
  - b Permanent endowment ▶ 100.0000 %
  - c Term endowment ▶ 0.0000 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations . . . . .   | 3a(i)  | X  |
| (ii) related organizations . . . . .  | 3a(ii) | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .	0.	2,273,104.	1,109,923.	1,163,181.
d Equipment . . . . .	0.	32,058,729.	28,009,198.	4,049,531.
e Other . . . . .	0.	1,358,156.	1,241,206.	116,950.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				5,329,662.

**Part VII Investments - Other Securities.** 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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	97,212,260.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	98,147,301.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-935,041.
4	Net unrealized gains (losses) on investments	4	116,903.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	116,903.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-818,138.

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

1	Total revenue, gains, and other support per audited financial statements	1	97,651,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	116,903.
b	Donated services and use of facilities	2b	322,752.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	439,655.
3	Subtract line 2e from line 1	3	97,212,260.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	97,212,260.

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

1	Total expenses and losses per audited financial statements	1	98,470,053.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	322,752.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	322,752.
3	Subtract line 2e from line 1	3	98,147,301.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	98,147,301.

**Part XIV Supplemental Information**

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

SEE PAGE 5



**Part XIV Supplemental Information (continued)**

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND REPRESENTS THOSE FUNDS THAT ARE DESIGNATED FOR THE LONG-TERM BENEFIT OF THE SOCIETY AND ARE NOT TO BE USED FOR OPERATING OR CAPITAL PURPOSES. HOWEVER, ENDOWMENT FUND EARNINGS MAY BE USED FOR OPERATING AND CAPITAL PURPOSES.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS ANALYZED THE TAX POSITIONS IT HAS TAKEN AND HAS CONCLUDED THAT, AS OF SEPTEMBER 30, 2011, THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE EXPECTED TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

NATIONAL HEADQUARTERS IS SUBJECT TO AUDITS BY TAXING JURISDICTIONS; HOWEVER, NO AUDITS FOR ANY TAX PERIODS ARE CURRENTLY IN PROGRESS. MANAGEMENT BELIEVES THAT THE NATIONAL HEADQUARTERS IS NO LONGER SUBJECT TO SUCH AUDITS FOR YEARS ENDED ON OR PRIOR TO SEPTEMBER 30, 2007 UNDER FEDERAL AND OTHER STATE TAX JURISDICTIONS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

NATIONAL MULTIPLE SCLEROSIS SOCIETY

13-5661935

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

1 For grantmakers. 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		716,144.
(2) EUROPE	0.	0.	GRANTMAKING		1,012,806.
(3) NORTH AMERICA	0.	0.	GRANTMAKING		95,806.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		40,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	0.			1,864,756.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			1,864,756.

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

Schedule F (Form 990) 2010

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	249,550.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	138,364.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	27,500.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	91,475.	CHECK			
(5)			EAST ASIA/PACIFIC	RESEARCH	133,593.	CHECK			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH	116,972.	CHECK			
(7)			NORTH AMERICA	RESEARCH	95,806.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	77,101.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	62,480.	CHECK			
(10)			EAST ASIA/PACIFIC	RESEARCH	248,492.	CHECK			
(11)			EAST ASIA/PACIFIC	RESEARCH	17,775.	CHECK			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	77,021.	CHECK			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	61,600.	CHECK			
(14)			EAST ASIA/PACIFIC	FAST FORWARD	187,500.	CHECK			
(15)			EAST ASIA/PACIFIC	RESEARCH	43,692.	CHECK			
(16)			EAST ASIA/PACIFIC	RESEARCH	85,093.	CHECK			

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

3 Enter total number of other organizations or entities

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	RESEARCH	40,000.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	43,370.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	67,373.	CHECK			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 16.

3 Enter total number of other organizations or entities 3.

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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) . . . . .  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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713) . . . . .  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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).

FORM 990, SCHEDULE F, PART I, LINE 2

THE SOCIETY HAS AN INDEPENDENT RESEARCH COMMITTEE THAT EVALUATES ALL GRANTS AND SELECTS GRANTS BASED UPON THE QUALIFICATIONS OF THE INSTITUTION AND RESEARCHER(S), AND THE PROJECT'S SCIENTIFIC MERIT AND POTENTIAL APPLICABILITY TO MULTIPLE SCLEROSIS. ONCE A GRANT HAS BEEN APPROVED, GRANTEEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS BEFORE ADDITIONAL FUNDING IS PROVIDED.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALBERT EINSTEIN COLLEGE OF MEDICINE 500 W 185 ST. NEW YORK, NY 10033	13-2937352	501(C)(3)	97,878.				GENERAL RESEARCH SUP
(2)	BETH ISRAEL DEACONES MEDICAL CENTER 330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501(C)(3)	165,628.				GENERAL RESEARCH SUP
(3)	TAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, RM 600D HOUSTON, TX 77030	74-1613878	501(C)(3)	99,456.				GENERAL RESEARCH SUP
(4)	BENAROVA RESEARCH INSTITUTE AT VIRGINIA MAS 1201 9TH AVE SEATTLE, WA 98101-2795	91-1351110	501(C)(3)	150,323.				GENERAL RESEARCH SUP
(5)	BLOODCENTER OF WISCONSIN 8728 WATERTOWN PLANK ROAD, P.O. BOX 2178	39-0807235	501(C)(3)	146,908.				GENERAL RESEARCH SUP
(6)	BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE 11301 WILSHIRE BOULEVARD	95-4183712	501(C)(3)	280,863.				GENERAL RESEARCH SUP
(7)	BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149 RESEARCH MANAGEMENT	04-2312909	501(C)(3)	2,103,606.				GENERAL RESEARCH SUP
(8)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, UNIVERSITY WEST BUILDI	34-1018992	501(C)(3)	197,441.				GENERAL RESEARCH SUP
(9)	CENTER FOR SOCIAL INNOVATION 189 WELLS AVE NEWTON CENTRE, MA 02459	87-0763049		73,450.				GENERAL RESEARCH SUP
(10)	CHILDREN'S HOSPITAL OF PHILADELPHIA JOSEPH STOKES JR. RESEARCH INSTITUTE	23-1352166	501(C)(3)	165,266.				GENERAL RESEARCH SUP
(11)	CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT 3333 BURNET AVENUE, MLC 5000	31-0833936	501(C)(3)	39,039.				GENERAL RESEARCH SUP
(12)	CLEVELAND CLINIC FOUNDATION OFFICE OF GRANTS & CONTRACTS	91-2153073	501(C)(3)	1,725,483.				GENERAL RESEARCH SUP

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

JSA

0E1288 2.000 83622Z F253



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number  
13-5661935

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COGNOSCI, INC. 79 TW ALEXANDER DRIVE, P.O. BOX 110606	56-2208520		165,000.				FAST FORWARD
(2)	COLUMBIA UNIVERSITY 615 W. 131 STREET, STUDEBAKER BLDG., 4TH FL	13-5598093	501(C) (3)	52,587.				GENERAL RESEARCH SUP
(3)	DANA FAREBER CANCER INSTITUTE 44 BINNEY ST STE BP414 BOSTON, MA 02115	04-2263040	501(C) (3)	246,781.				GENERAL RESEARCH SUP
(4)	DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210	02-0222111	501(C) (3)	237,432.				GENERAL RESEARCH SUP
(5)	DELTA QUEST FOUNDATION 31 MITCHELL RD. CONCORD, MA 01742	04-3490583	501(C) (3)	44,000.				GENERAL RESEARCH SUP
(6)	DREXEL UNIVERSITY P.O. BOX 95000-1090 COMMERCE BANK	23-1352630	501(C) (3)	154,748.				GENERAL RESEARCH SUP
(7)	DUKE UNIVERSITY PO BOX 104135 DUREAM, NC 27708	56-0532129	501(C) (3)	184,176.				GENERAL RESEARCH SUP
(8)	EMORY UNIVERSITY RICHARD THOMPSON, DIRECTOR OF SPONSORED RES	58-0566256	501(C) (3)	73,816.				GENERAL RESEARCH SUP
(9)	FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE, NORTH DL-100, PO BOX	23-7156071	501(C) (3)	225,003.				GENERAL RESEARCH SUP
(10)	GEORGETOWN UNIVERSITY MEDICAL CENTER BOX 571164 WASHINGTON, DC 20057-1164	53-0196603	501(C) (3)	111,837.				GENERAL RESEARCH SUP
(11)	HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02241-5649	42-2103580	501(C) (3)	471,107.				GENERAL RESEARCH SUP
(12)	HOPE COLLEGE 141 E 12 ST HOLLAND, MI 49423	38-1381271	501(C) (3)	32,487.				GENERAL RESEARCH SUP

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HUNTER COLLEGE 695 PARK AVENUE ROOM E1424	13-3598671	501(C)(3)	151,818.				GENERAL RESEARCH SUP
(2)	JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET SUITE D200	52-0595110	501(C)(3)	613,255.				GENERAL RESEARCH SUP
(3)	KESSLER FOUNDATION RESEARCH CENTER 300 EXECUTIVE DRIVE, SUITE 150	76-0637670	501(C)(3)	189,310.				GENERAL RESEARCH SUP
(4)	M. D. ANDERSON CANCER CENTER - UNIV. OF TEX. 1515 HOLCOMBE BLVD, UNIT 202	74-6000203	501(C)(3)	48,925.				GENERAL RESEARCH SUP
(5)	MASSACHUSETTS GENERAL HOSPITAL 50 STANFORD STREET, SUITE 1001	04-1564655	501(C)(3)	555,811.				GENERAL RESEARCH SUP
(6)	MAYO CLINIC ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905	41-1937751	501(C)(3)	583,692.				GENERAL RESEARCH SUP
(7)	MISSISSIPPI STATE UNIVERSITY P.O. BOX 5227 MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	73,256.				GENERAL RESEARCH SUP
(8)	MOUNT SINAI SCHOOL OF MEDICINE 185 S. ORANGE AVENUE, MSB F607D	13-6171197	501(C)(3)	282,950.				GENERAL RESEARCH SUP
(9)	MOUNT SINAI 1 GUSTAVE L LEVY PL NEW YORK, NY 10029	13-1624086	501(C)(3)	16,250.				GENERAL RESEARCH SUP
(10)	NEW JERSEY MEDICAL SCHOOL/UMDNJ 185 S. ORANGE AVENUE, MSB F607D	22-1775306	501(C)(3)	238,528.				GENERAL RESEARCH SUP
(11)	NEW YORK UNIVERSITY PO BOX 415026 BOSTON, MA 02241-5026	13-562308	501(C)(3)	513,869.				GENERAL RESEARCH SUP
(12)	NORTHWESTERN UNIVERSITY 633 CLARK STREET, CROWN ROOM G-547	36-2167817	501(C)(3)	548,463.				GENERAL RESEARCH SUP

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

Name of the organization

Employer identification number

NATIONAL MULTIPLE SCLEROSIS SOCIETY

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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR	31-6025986	501(C) (3)	216,568.				GENERAL RESEARCH SUP
(2)	OREGON HEALTH & SCIENCE UNIVERSITY 2525 SW FIRST AVENUE, SUITE 220	93-1176109	501(C) (3)	883,444.				GENERAL RESEARCH SUP
(3)	ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 710 EAST HAMDEN AVENUE ENGLEWOOD, CO 80113	84-0795455	501(C) (3)	235,683.				GENERAL RESEARCH SUP
(4)	RTI INTERNATIONAL, WALTHAM 1440 MAIN ST., SUITE 310 WALTHAM, MA 02451	56-0686338		148,152.				GENERAL RESEARCH SUP
(5)	RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN CHICAGO, IL 60612	36-2174823	501(C) (3)	268,671.				GENERAL RESEARCH SUP
(6)	ST. JUDE CHILDREN'S RESEARCH HOSPITAL 332 NORTH LAUDERDALE MEMPHIS, TN 38105	62-0646012	501(C) (3)	39,244.				GENERAL RESEARCH SUP
(7)	ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE 3839 LINDELL BLVD. LOUIS, MO 63108	43-0654872	501(C) (3)	171,875.				GENERAL RESEARCH SUP
(8)	STANFORD UNIVERSITY WELLS FARGO BANK	94-1156365	501(C) (3)	576,047.				GENERAL RESEARCH SUP
(9)	STATE UNIVERSITY OF NEW YORK AT BUFFALO PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C) (3)	723,428.				GENERAL RESEARCH SUP
(10)	STATE UNIVERSITY OF NEW YORK AT STONY BROOK W5510 MELVILLE LIBRARY	11-6077945	501(C) (3)	723,246.				GENERAL RESEARCH SUP
(11)	TEXAS A&M UNIVERSITY COLLEGE STATION, TX 79016	74-2245072	501(C) (3)	12,568.				GENERAL RESEARCH SUP
(12)	THE CHILDREN'S HOSPITAL CORPORATION RESEARCH FINANCE- PO BOX 414413	04-2780811	501(C) (3)	237,294.				GENERAL RESEARCH SUP

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

**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.  Yes  No

Employer identification number

13-5661935

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVENUE, NW, ROOM 5340	52-1640403	501(C) (3)	217,902.				GENERAL RESEARCH SUP
(2)	THE J. DAVID GLADSTONE INSTITUTES GRANTS AND CONTRACTS OFFICER	23-7203666	501(C) (3)	155,460.				GENERAL RESEARCH SUP
(3)	THE MIRIAM HOSPITAL 164 SUMMIT AVE. PROVIDENCE, RI 02906	05-0258905	501(C) (3)	43,981.				GENERAL RESEARCH SUP
(4)	THE SCIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD	33-0435954	501(C) (3)	148,616.				GENERAL RESEARCH SUP
(5)	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1850 RESEARCH PARK DRIVE DAVIS, CA 95618	94-6036494	501(C) (3)	84,107.				FAST FORWARD
(6)	THE UNIVERSITY OF IOWA JESSUP HALL IOWA CITY, IA 52242	42-0796760	501(C) (3)	145,276.				GENERAL RESEARCH SUP
(7)	UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL 65 BERGEN STREET, SSB 5TH FLOOR, ROOM 550	22-1775306		293,090.				GENERAL RESEARCH SUP
(8)	UNIFORMED SERVICES UNIVERSITY OF THE HEALTH 4301 JONES BRIDGE ROAD, ROOM B2050	53-0207336	501(C) (3)	139,895.				GENERAL RESEARCH SUP
(9)	UNIVERSITY AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	23-7010680	501(C) (3)	158,254.				GENERAL RESEARCH SUP
(10)	UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 20TH STREET SOUTH, AB 1170	63-6005396	501(C) (3)	435,619.				GENERAL RESEARCH SUP
(11)	UNIVERSITY OF ALABAMA AT BIRMINGHAM, PEDIAT SCHOOL OF MEDICINE, 1600 7TH AVENUE SOUTH,	63-6005396	501(C) (3)	163,557.				GENERAL RESEARCH SUP
(12)	UNIVERSITY OF CALIFORNIA, BERKELEY 481 UNIVERSITY HALL BERKELEY, CA 94720-1130	94-6002123	501(C) (3)	42,991.				GENERAL RESEARCH SUP

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF CALIFORNIA, DAVIS 1441 RESEARCH PARK DRIVE DAVIS, CA 95616	94-6036494	501(C) (3)	144,649.				GENERAL RESEARCH SUP
(2)	UNIVERSITY OF CALIFORNIA, IRVINE 111 ACADEMY WAY, SUITE 210	95-2226405	501(C) (3)	409,511.				GENERAL RESEARCH SUP
(3)	UNIVERSITY OF CALIFORNIA, LOS ANGELES OFFICE OF CONTRACTS & GRANTS, MC 951406	95-6006143	501(C) (3)	1,544,647.				GENERAL RESEARCH SUP
(4)	UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093	95-6006144	501(C) (3)	26,739.				GENERAL RESEARCH SUP
(5)	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM STREET	94-6036493	501(C) (3)	1,484,265.				GENERAL RESEARCH SUP
(6)	UNIVERSITY OF CHICAGO 970 EAST 58TH STREET CHICAGO, IL 60637	36-2177139	501(C) (3)	206,389.				GENERAL RESEARCH SUP
(7)	UNIVERSITY OF COLORADO DENVER ANSHUTZ MEDICAL CAMPUS, BLDG. 500, PO BOX 6	84-6000555	501(C) (3)	260,460.				GENERAL RESEARCH SUP
(8)	UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE	66-070722	501(C) (3)	245,191.				GENERAL RESEARCH SUP
(9)	UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787 SPRINGFIELD, IL 62708-0787	37-6000511	501(C) (3)	488,484.				GENERAL RESEARCH SUP
(10)	UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN PO BOX 4610 SPRINGFIELD, IL 62708-4610	37-6000511	501(C) (3)	275,867.				GENERAL RESEARCH SUP
(11)	UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BOULEVARD, BLDG 37	48-1108830	501(C) (3)	144,195.				GENERAL RESEARCH SUP
(12)	UNIVERSITY OF KENTUCKY 109 KINKADE HALL LEXINGTON, KY 40506	61-6033693	501(C) (3)	151,236.				GENERAL RESEARCH SUP

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF LOUISVILLE MED CENTER ONE LOUISVILLE, KY 40292	23-7078461	501(C) (3)	226,050.				GENERAL RESEARCH SUP
(2)	UNIVERSITY OF MARYLAND 737 WEST LOMBARD STREET, P.O. BOX 41428	52-6002033	501(C) (3)	133,412.				GENERAL RESEARCH SUP
(3)	UNIVERSITY OF MASSACHUSETTS, AMHERST OFFICE OF GRANTS & CONTRACTS- 70 BUTTERFIELD	54-2084125	501(C) (3)	110,359.				GENERAL RESEARCH SUP
(4)	UNIVERSITY OF MICHIGAN, ANN ARBOR 3003 S. STATE STREET, ROOM 1054	38-6006309	501(C) (3)	473,437.				GENERAL RESEARCH SUP
(5)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL P.O. BOX 402410 ATLANTA, GA 30384-2420	56-6001393	501(C) (3)	760,673.				GENERAL RESEARCH SUP
(6)	UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 3451 WALNUT STREET, FRANKLIN BUILDING, ROOM	31-1538725	501(C) (3)	624,557.				GENERAL RESEARCH SUP
(7)	UNIVERSITY OF ROCHESTER MEDICAL CENTER 518 Hylan Bldg., Box 270140	16-0743209	501(C) (3)	195,187.				GENERAL RESEARCH SUP
(8)	UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE OFFICE OF RESEARCH & PROJECT ADMINISTRATION	16-0743209	501(C) (3)	144,249.				GENERAL RESEARCH SUP
(9)	UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BOULEVARD MOBILE, AL 36688	63-0477348	501(C) (3)	137,500.				GENERAL RESEARCH SUP
(10)	UNIVERSITY OF TEXAS AT EL PASO 500 WEST UNIVERSITY AVE EL PASO, TX 79968	74-1894526	501(C) (3)	44,000.				GENERAL RESEARCH SUP
(11)	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN HOUSTON, TX 77030	74-1761309	501(C) (3)	76,323.				GENERAL RESEARCH SUP
(12)	UNIVERSITY OF TEXAS AT SAN ANTONIO 6900 NORTH LOOP, 1604 WEST	74-1717115	501(C) (3)	196,596.				GENERAL RESEARCH SUP

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number  
13-5661935

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF TEXAS MEDICAL SCHOOL-HOUSTON OFFICE OF RESEARCH HOUSTON, TX 77030	74-1761309	501(C) (3)	304,237.				GENERAL RESEARCH SUP
(2)	UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BOULEVARD, PO BOX 841753	74-1761309	501(C) (3)	679,184.				GENERAL RESEARCH SUP
(3)	UNIVERSITY OF VERMONT 111 COLCHESTER AVE BURLINGTON, VT 05401	03-0225105	501(C) (3)	12,119.				GENERAL RESEARCH SUP
(4)	UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C) (3)	76,026.				GENERAL RESEARCH SUP
(5)	UNIVERSITY OF WISCONSIN-MADISON RESEARCH & SPONSORED PROGRAMS	39-6006492	501(C) (3)	780,683.				GENERAL RESEARCH SUP
(6)	VETERANS ADMINISTRATION MEDICAL CENTER FOR PO BOX 69539 PORTLAND, OR 97239	94-3090170	501(C) (3)	168,498.				GENERAL RESEARCH SUP
(7)	VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284-3039	54-0757884	501(C) (3)	158,636.				GENERAL RESEARCH SUP
(8)	WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, CAMPUS BOX 1034	23-7060605	501(C) (3)	542,805.				GENERAL RESEARCH SUP
(9)	WAYNE STATE UNIVERSITY 5057 WOODWARD AVENUE, SUITE 13202	38-6028429	501(C) (3)	435,434.				GENERAL RESEARCH SUP
(10)	YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C) (3)	204,734.				GENERAL RESEARCH SUP
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations 90

3 Enter total number of other organizations 4

Schedule I (Form 990) (2010)

**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE SOCIETY UTILIZED A VOLUNTEER COMMITTEE OF RENOWNED SCIENTISTS AND NEUROLOGISTS TO SELECT RESEARCH GRANTS FOR FUNDING IN THE U.S. AND ABROAD

ALL GRANTEES ARE REQUIRED TO PROVIDE SCIENTIFIC AND FINANCIAL PROGRESS REPORTS ON A QUARTERLY BASIS WHICH ARE REVIEWED BY QUALIFIED STAFF. UPON ACCEPTANCE OF THE PROGRESS REPORTS, PAYMENTS ARE DISBURSED TO GRANTEEES.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**13-5661935**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2010

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOYCE NELSON	(i) 452,368.	(ii) 0.	(iii) 0.	0.	14,982.	467,350.	0.
	(ii) 0.			0.	0.	0.	0.
2 LISA RISI	(i) 199,760.	(ii) 0.	(iii) 0.	0.	7,696.	207,456.	0.
	(ii) 0.			0.	0.	0.	0.
3 PAUL WEISS	(i) 255,695.	(ii) 0.	(iii) 0.	0.	972.	256,667.	0.
	(ii) 0.			0.	0.	0.	0.
4 GRAHAM MCREYNOLDS	(i) 239,605.	(ii) 0.	(iii) 0.	0.	7,845.	247,450.	0.
	(ii) 0.			0.	0.	0.	0.
5 MARK NEAGLI	(i) 226,237.	(ii) 0.	(iii) 0.	0.	22,681.	248,918.	0.
	(ii) 0.			0.	0.	0.	0.
6 CYNTHIA ZAGIEBOYLO	(i) 225,758.	(ii) 0.	(iii) 0.	0.	864.	226,622.	0.
	(ii) 0.			0.	0.	0.	0.
7 MICHAEL ELKOW	(i) 217,226.	(ii) 0.	(iii) 0.	0.	22,681.	239,907.	0.
	(ii) 0.			0.	0.	0.	0.
8							
9							
10							
11							
12							
13							
14							
15							
16							

**Part III Supplemental Information**

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

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

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 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

FORM 990, PART III, LINE 4D

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

PROFESSIONAL EDUCATION AND TRAINING REPRESENTS ACTIVITIES OR PROGRAMS  
DESIGNED TO IMPROVE THE KNOWLEDGE, SKILLS AND CRITICAL JUDGMENT OF  
PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS ENGAGED (DIRECTLY OR  
INDIRECTLY) IN PROVIDING CLIENT SERVICES BY KEEPING THEM ABREAST OF NEW  
DIAGNOSTIC TECHNIQUES, THERAPIES, ETC.

FORM 990, PART VI, LINE 11A

A COPY OF THE FORM 990 AND ACCOMPANYING SCHEDULES IS PROVIDED TO THE  
AUDIT COMMITTEE WHO REVIEWS FIRST, PROVIDES COMMENTS, EDITS AND  
CORRECTIONS, THEN APPROVES FOR DISTRIBUTION TO THE BOARD, WHO IS GIVEN

Name of the organization

Employer identification number

NATIONAL MULTIPLE SCLEROSIS SOCIETY

TIME TO PROVIDE ANY COMMENTS OR EDITS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

ON AN ANNUAL BASIS, THE AUDIT COMMITTEE REVIEWS THE CONFLICT OF INTEREST FORMS FILED BY TRUSTEES, OFFICERS AND EMPLOYEES FOR POTENTIAL CONFLICTS. WHERE POTENTIAL CONFLICTS EXIST, THE TRUSTEE, OFFICER, OR EMPLOYEE IS NOT ALLOWED TO PARTICIPATE IN ANY VOTE AND TRANSACTIONS ARE SUBJECT TO COMPETITIVE BIDDING. AT SEPTEMBER 30, 2011, NO CONFLICTS OF INTEREST HAVE BEEN IDENTIFIED.

FORM 990, PART VI, LINE 15A AND 15B

THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF AT LEAST THREE INDEPENDENT TRUSTEES DETERMINES THE COMPENSATION OF THE PRESIDENT AND OTHER KEY EMPLOYEES. THE COMMITTEE IS PROVIDED WITH COMPARABLE SALARY DATA FOR PRESIDENTS AND OTHER KEY POSITIONS AT OTHER VOLUNTARY HEALTH AGENCIES OF SIMILAR BUDGET SIZE(S) AND NATIONAL INFLUENCE. IN ADDITION, THE PRESIDENT'S PERFORMANCE IS EVALUATED ANNUALLY BY THE COMMITTEE OF INDEPENDENT TRUSTEES. THE PRESIDENT OR HER DESIGNEE CONDUCTS PERFORMANCE EVALUATIONS FOR THE OTHER KEY EMPLOYEES THE OUTCOME OF WHICH IS SHARED WITH THE COMPENSATION COMMITTEE TO HELP INFORM THEIR DECISIONS ABOUT COMPENSATION.

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND CHARITY NAVIGATOR. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

FORM 990 PART XI LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

UNREALIZED GAIN - \$116,903

ADJUSTMENT (REDUCTION) OF OPENING NET ASSETS TO RECORD LIABILITIES

ARISING FROM PRIOR PERIOD - \$(2,522,444)

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,  
 FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,  
 MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR,  
 RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,  
 KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND. TRUSTEE/DIR. (2)=INS. TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION								
		(1)	(2)	(3)	(4)	(5)	(6)			
29 ROBERT SOWINSKI DIRECTOR	5.00	X						0.	0.	0.
30 PETER TARRICONE DIRECTOR	5.00	X						0.	0.	0.
31 JAMES TIDWELL DIRECTOR	5.00	X						0.	0.	0.
32 MALCOLM WATTMAN DIRECTOR	5.00	X						0.	0.	0.
33 DANIEL MESSINA DIRECTOR	5.00	X						0.	0.	0.
34 LILY JUNG HENSON DIRECTOR	5.00	X						0.	0.	0.
35 JEFFERY WESSEL DIRECTOR	5.00	X						0.	0.	0.
36 LISA RISI CHIEF FINANCIAL OFFICER	40.00			X				199,760.	0.	7,696.
37 PAUL WEISS CHIEF OPERATING OFFICER	40.00				X			255,695.	0.	972.
38 GRAHAM MCREYNOLDS EVP MARKETING AND DEVELOPMENT	40.00				X			239,605.	0.	7,845.
39 MARK NEAGLI REGIONAL EVP	40.00				X			226,237.	0.	22,681.
40 CYNTHIA ZAGIEBOYLO										

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

ATTACHMENT 2 (CONT'D)

EVP CHIEF FIELD OFFICER	40.00	X	225,758.	0.	864.
41 MICHAEL ELKOW					
REGIONAL EVP	40.00	X	217,226.	0.	22,681.

ATTACHMENT 3FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
MINDY ALPERT	
DIRECTOR	0.00
JOHN BJORNSON	
DIRECTOR	0.00
MICHAEL BOGDONOFF	
DIRECTOR	0.00
RONALD BOIRE	
DIRECTOR	0.00
JIM CANTALUPO	
DIRECTOR	0.00
DOUG COY	
DIRECTOR	0.00
PETER GALLIGAN	
DIRECTOR	0.00
WILLIAM GILLESPIE	
DIRECTOR	0.00
JULIUS HOBSON	
DIRECTOR	0.00
VANESSA HODGES	
DIRECTOR	0.00
CAROL HOUGHTBY	
TREASURER	0.00
MARY HUGHES	
DIRECTOR	0.00
JULIE KAUFER	
DIRECTOR	0.00
RICHARD KNUTSON	
DIRECTOR	0.00
THOMAS KUHN	
CHAIRMAN OF THE BOARD	0.00
FRED LUBLIN	
DIRECTOR	0.00
CRAIG LYNCH	
DIRECTOR	0.00
LINDA MCALEER	
SECRETARY	0.00
AARON MILLER	
DIRECTOR	0.00
BILL MONAHAN	

Name of the organization	Employer identification number
NATIONAL MULTIPLE SCLEROSIS SOCIETY	

ATTACHMENT 3 (CONT'D)

DIRECTOR	0.00
JOYCE NELSON	
PRESIDENT AND CEO	0.00
KEVIN O'SULLIVAN	
DIRECTOR	0.00
BRUCE PFAU	
DIRECTOR	0.00
KIMBERLY PHILLIPS	
DIRECTOR	0.00
BRAD ROBBINS	
DIRECTOR	0.00
ELI RUBENSTEIN	
DIRECTOR	0.00
JOHN SIMONETTI	
DIRECTOR	0.00
RICHARD SLIFKA	
DIRECTOR	0.00
ROBERT SOWINSKI	
DIRECTOR	0.00
PETER TARRICONE	
DIRECTOR	0.00
JAMES TIDWELL	
DIRECTOR	0.00
MALCOLM WATTMAN	
DIRECTOR	0.00
DANIEL MESSINA	
DIRECTOR	0.00
LILY JUNG HENSON	
DIRECTOR	0.00
JEFFERY WESSEL	
DIRECTOR	0.00
LISA RISI	
CHIEF FINANCIAL OFFICER	0.00
PAUL WEISS	
CHIEF OPERATING OFFICER	0.00
GRAHAM MCREYNOLDS	
EVP MARKETING AND DEVELOPMENT	0.00
MARK NEAGLI	
REGIONAL EVP	0.00
CYNTHIA ZAGIEBOYLO	
EVP CHIEF FIELD OFFICER	0.00
MICHAEL ELKOW	
REGIONAL EVP	0.00

ATTACHMENT 4



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

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CONVIO, INC 11400 BURMET RD BLDG 5 STE 200 AUSTIN, TX 78752	DATA PROCESSING INFO	1,547,133.
EPSILON DATA MANAGEMENT L2751 COLUMBUS, OH 43260	DONOR INFO PROCESS	2,921,113.
INFOCISION MANAGEMENT CORP. 325 SPRINGSIDE DR AKRON, OH 44333	DATA PROCESSING	684,156.
MERKLE, INC. PO BOX 64897 BALTIMORE, MD 21264	DATA PROCESSING	8,306,486.
ACT, INC 101 ACT DR., P.O. BOX 4030 IOWA CITY, IA 52243	SCHOLARSHIP SERVICES	1,228,116.
TOTAL COMPENSATION		<u>14,687,004.</u>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

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

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

Open to Public Inspection

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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FAST FORWARD LLC 733 THIRD AVENUE NEW YORK, NY 10017 26-1933619	RESEARCH	DE	2,160,955.	3,156,114.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

JSA

83622Z F253

0E1907 1.000

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

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

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

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

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

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

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

(1) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).