

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 09/30, 2016

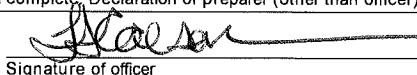
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY			D Employer identification number 13-5661935	
	Doing business as			E Telephone number (212) 986-3240	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	733 THIRD AVENUE				
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017-4057			G Gross receipts \$ 158,487,757.		
F Name and address of principal officer: CYNTHIA ZAGIEBOYLO 733 THIRD AVENUE NEW YORK, NY 10017-3288			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶ 1048		
J Website: ▶ WWW.NATIONALMSSOCIETY.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1946 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PEOPLE AFFECTED BY MS CAN LIVE THEIR BEST LIVES AS WE STOP MS IN ITS TRACKS, RESTORE WHAT HAS BEEN LOST AND END MS FOREVER.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	302.
	6 Total number of volunteers (estimate if necessary)	6	500.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,605,654.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	110,102,818.	106,277,577.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,323.	646,108.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,573.	-481,577.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,623,877.	1,993,708.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	113,580,591.	108,435,816.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	53,328,203.	46,986,745.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	28,887,509.	35,773,829.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,881,668.	3,378,723.	3,042,702.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,728,648.	31,714,496.
19 Revenue less expenses. Subtract line 18 from line 12	117,323,083.	117,517,772.	
Net Assets or Fund Balances		-3,742,492.	-9,081,956.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	120,813,206.	110,314,180.
	22 Net assets or fund balances. Subtract line 21 from line 20.	94,409,691.	86,285,441.
		26,403,515.	24,028,739.

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		Date
	TAMI CAESAR Type or print name and title	5-18-17 CFO

Paid Preparer Use Only	Print/Type preparer's name QI WEN LIANG	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01270238
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 212-599-0100	
	Firm's address ▶ 757 THIRD AVE 4TH FLOOR NEW YORK, NY 10017-2013				

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** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PEOPLE AFFECTED BY MS CAN LIVE THEIR BEST LIVES AS WE STOP MS IN ITS TRACKS, RESTORE WHAT HAS BEEN LOST AND END MS FOREVER.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 50,969,812. including grants of \$ 44,164,483.) (Revenue \$ 0.)

RESEARCH - TO MOVE US CLOSER TO A WORLD FREE OF MS, IN 2016, THE NATIONAL MULTIPLE SCLEROSIS SOCIETY'S INVESTED AN ESTIMATED \$51 MILLION TO SUPPORT MORE THAN 380 RESEARCH PROJECTS AROUND THE WORLD AIMED AT STOPPING MS IN ITS TRACKS, RESTORING FUNCTION, AND ENDING THE DISEASE FOREVER. THE SOCIETY COLLABORATES WORLDWIDE TO DEVELOP SOLUTIONS FOR EVERYONE AFFECTED BY MS, INCLUDING THOSE WITH PROGRESSIVE MS, THROUGH THE ACCELERATED DISCOVERY AND COMMERCIAL DEVELOPMENT OF PROMISING RESEARCH DISCOVERIES, NEW MS THERAPIES, AND RESEARCH TOOLS.

4b (Code:) (Expenses \$ 25,148,091. including grants of \$ 0.) (Revenue \$ 646,108.)

SERVICES TO CHAPTERS - INCLUDE COSTS INCURRED BY THE HOME OFFICE TO SUPPORT THE ACTIVITIES OF ITS CHAPTERS. THESE COSTS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING CENTRALIZED FUNCTIONS: INFORMATION TECHNOLOGY, FINANCE, HUMAN RESOURCES, LEGAL AND COMMUNICATIONS AND MARKETING. IN 2016, THE ACCOUNTING AND FINANCE FUNCTION FOR THE HOME OFFICE AND ALL OF THE SOCIETY'S CHAPTERS WAS CONSOLIDATED INTO A SINGLE FUNCTION MANAGED CENTRALLY BY THE HOME OFFICE. ALSO, IN 2016, THE SOCIETY MOVED TO A CENTRALLY MANAGED 401(K) PLAN FOR ALL SOCIETY EMPLOYEES. COSTS RELATED TO THESE CHANGES SHIFTED FROM 36 CHAPTERS TO THE HOME OFFICE.

4c (Code:) (Expenses \$ 11,027,987. including grants of \$ 1,134,317.) (Revenue \$ 0.)

CLIENT PROGRAMS - PEOPLE AFFECTED BY MS CONNECT TO EACH OTHER AND EXTENSIVE VARIETY OF PROGRAMS, SERVICES AND RESOURCES. MANY PROGRAMS FACILITATE EDUCATION, RECREATION, PHYSICAL AND EMOTIONAL WELLNESS, CONNECTION WITH OTHERS. OTHER PROGRAMS SUPPORT INDEPENDENCE, SAFETY, HEALTH AND QUALITY OF LIFE. THE MS NAVIGATOR PROGRAM PROVIDED MORE THAN 172,000 PEOPLE INFORMATION, EMOTIONAL SUPPORT, AND CONNECTIONS TO RESOURCES. IN ADDITION, MORE THAN 160,000 PEOPLE ATTENDED GROUPS AND PROGRAMS. MORE THAN 800,000 PEOPLE ENGAGED IN CONVERSATIONS AND ACCESSED INFORMATION AND SUPPORT ON THE SOCIETY'S ONLINE COMMUNITY AND SOCIAL MEDIA CHANNELS. COMMUNITY PROGRAMS - CONTINUED ON SCH O.

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

(Expenses \$ 9,932,659. including grants of \$ 1,687,945.) (Revenue \$ 0.)

4e Total program service expenses 97,078,549.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</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?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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>		
36	Section 501(c)(3) organizations. 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 11b and 19? Note. 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 or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included in line 1a, above, who are independent (32); 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 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TAMI CAESAR, CFO 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 or note to any line 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) CYNTHIA ZAGIEBOYLO PRESIDENT & CEO	40.00 0.	X		X				501,300.	0.	9,090.
(2) MINDY B. ALPERT DIRECTOR	5.00 0.	X						0.	0.	0.
(3) BONNIE HIGGINS (FROM 11/6/15) DIRECTOR	5.00 0.	X						0.	0.	0.
(4) MICHAEL A. BOGDONOFF, ESQ. DIRECTOR	5.00 0.	X						0.	0.	0.
(5) DOUG COY DIRECTOR	5.00 0.	X						0.	0.	0.
(6) DANA M. FOOTE DIRECTOR	5.00 0.	X						0.	0.	0.
(7) SHYAM GIDUMAL DIRECTOR	5.00 0.	X						0.	0.	0.
(8) LILY JUNG HENSON, MD, MMM, FAAN DIRECTOR	5.00 0.	X						0.	0.	0.
(9) WILLIAM HOLLEY DIRECTOR	5.00 0.	X						0.	0.	0.
(10) MARY HUGHES, MD DIRECTOR	5.00 0.	X						0.	0.	0.
(11) JULIUS HOBSON, JR. DIRECTOR	5.00 0.	X						0.	0.	0.
(12) RICHARD KNUTSON TREASURER	5.00 0.	X		X				0.	0.	0.
(13) CRAIG T. LYNCH DIRECTOR	5.00 0.	X						0.	0.	0.
(14) DANIEL MESSINA DIRECTOR	5.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) AARON E. MILLER, MD DIRECTOR	5.00 0.	X					0.	0.	0.	
(16) KIMBERLY PHILLIPS (THRU 11/6/15) DIRECTOR	5.00 0.	X					0.	0.	0.	
(17) RUSSEL PARKER (FROM 11/6/15) DIRECTOR	5.00 0.	X					0.	0.	0.	
(18) DAVID M. ROTTKAMP DIRECTOR	5.00 0.	X					0.	0.	0.	
(19) CHRIS SEROCKE (THRU 9/13/16) DIRECTOR	5.00 0.	X					0.	0.	0.	
(20) FRED LUBLIN (THRU 11/6/15) DIRECTOR	5.00 0.	X					0.	0.	0.	
(21) RICHARD B. SLIFKA DIRECTOR	5.00 0.	X					0.	0.	0.	
(22) ROBERT L. SOWINKSKI DIRECTOR	5.00 0.	X					0.	0.	0.	
(23) PETER G. TARRICONE DIRECTOR	5.00 0.	X					0.	0.	0.	
(24) MALCOLM P. WATTMAN, ESQ. DIRECTOR	5.00 0.	X					0.	0.	0.	
(25) JEFFREY WESSEL DIRECTOR	5.00 0.	X					0.	0.	0.	
1b Sub-total							501,300.	0.	9,090.	
c Total from continuation sheets to Part VII, Section A							2,011,166.	0.	199,784.	
d Total (add lines 1b and 1c)							2,512,466.	0.	208,874.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 64

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 **▶** 29

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(26) ELI RUBENSTEIN ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(27) PETER A. GALLIGAN ----- CHAIRMAN OF BOD	5.00 0.	X		X				0.	0.	0.
(28) CYNTHIA PERRAZO (FROM 11/6/15) ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(29) WILLIAM T. MONAHAN ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(30) LINDA MCALEER ----- SECRETARY	5.00 0.	X		X				0.	0.	0.
(31) MIKE PONGON (FROM 11/6/15) ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(32) VALLI BALDASSANO ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(33) PETER PORRINO ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(34) DAVID SCHULMAN (FROM 11/6/15) ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(35) LAURA VACCARO ----- DIRECTOR	5.00 0.	X						0.	0.	0.
(36) CAROLINE WHITACRE ----- DIRECTOR	5.00 0.	X						0.	0.	0.

1b Sub-total ▶

c Total from continuation sheets to Part VII, Section A ▶

d Total (add lines 1b and 1c) ▶

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 64

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

Section B. Independent Contractors

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

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

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(37) PAUL WEISS COO	40.00 0.				X			310,854.	0.	38,084.
(38) ERIC HILTY CHIEF LEGAL OFFICER	40.00 0.				X			211,252.	0.	36,370.
(39) TAMI CAESAR (FROM 9/28/15) CFO	40.00 0.				X			54,336.	0.	6,875.
(40) TIM COETZEE CHIEF RESEARCH OFFICER	40.00 0.					X		307,794.	0.	37,985.
(41) GRAHAM MCREYNOLDS CHIEF M & D OFFICER	40.00 0.					X		305,039.	0.	25,398.
(42) JOHN SCOTT CHIEF FIELD OFFICER	40.00 0.					X		300,310.	0.	18,323.
(43) MARK NEAGLI REGIONAL EVP	40.00 0.					X		262,682.	0.	27,085.
(44) MAUREEN REEDER REGIONAL EVP	40.00 0.					X		258,899.	0.	9,664.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 64

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

Section B. Independent Contractors

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

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

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above . .	1f	106,277,577.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f ▶			106,277,577.				
Program Service Revenue	2a RENTAL INCOME FROM CHAPTERS	Business Code	900099	646,108.	646,108.			
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			646,108.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			1,020,380.			1,020,380.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
				385,146.				
		b Less: rental expenses						
		c Rental income or (loss)		385,146.				
	d Net rental income or (loss) ▶			385,146.			385,146.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
				48,549,984.				
		b Less: cost or other basis and sales expenses		50,051,941.				
		c Gain or (loss)		-1,501,957.				
	d Net gain or (loss) ▶			-1,501,957.			-1,501,957.	
	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.				
11a ADVERTISING INCOME	Business Code	900099		1,605,654.		1,605,654.		
	b MISCELLANEOUS REVENUE	541800		2,908.		2,908.		
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d ▶			1,608,562.				
12 Total revenue. See instructions. ▶			108,435,816.	646,108.	1,605,654.	-93,523.		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	40,711,436.	40,711,436.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,134,317.	1,134,317.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,140,992.	5,140,992.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,353,071.	1,074,482.	204,107.	74,482.
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	25,667,732.	20,382,885.	3,871,924.	1,412,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,278,895.	1,811,273.	340,265.	127,357.
9 Other employee benefits	4,636,904.	3,685,427.	692,341.	259,136.
10 Payroll taxes	1,837,227.	1,460,234.	274,318.	102,675.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	24,526.	16,473.	4,151.	3,902.
c Accounting	138,003.	92,687.	23,359.	21,957.
d Lobbying	144,781.	97,239.	24,507.	23,035.
e Professional fundraising services. See Part IV, line 17.	3,042,702.			3,042,702.
f Investment management fees	151,047.	101,449.	25,567.	24,031.
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,305,434.	4,906,578.	1,236,543.	1,162,313.
12 Advertising and promotion	0.			
13 Office expenses	5,637,201.	2,707,920.	1,058,147.	1,871,134.
14 Information technology	6,028,785.	4,049,137.	1,020,453.	959,195.
15 Royalties	0.			
16 Occupancy	3,156,166.	2,450,368.	513,009.	192,789.
17 Travel	2,196,200.	1,796,725.	283,121.	116,354.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,069,738.	863,982.	130,237.	75,519.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,862,949.	1,499,148.	264,445.	99,356.
23 Insurance	1,271,625.	1,003,791.	206,393.	61,441.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUNDRY</u>	909,955.	587,665.	188,190.	134,100.
b <u>DUES AND SUBSCRIPTIONS</u>	715,136.	470,430.	158,827.	85,879.
c <u>APPROPRIATED RESEARCH EXP</u>	557,404.	557,404.		
d <u>TELEPHONE</u>	236,247.	217,650.	15,436.	3,161.
e All other expenses	309,299.	258,857.	22,215.	28,227.
25 Total functional expenses. Add lines 1 through 24e	117,517,772.	97,078,549.	10,557,555.	9,881,668.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	7,457,553.	2,035,914.	1,722,690.	3,698,949.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	28,410,259.	2	34,708,519.
	3 Pledges and grants receivable, net	5,174,057.	3	2,977,443.
	4 Accounts receivable, net	1,486,992.	4	1,221,976.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other 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). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	206,897.	8	282,709.
	9 Prepaid expenses and deferred charges	1,974,521.	9	2,018,575.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,845,785.		
	b Less: accumulated depreciation	10b 7,731,139.		
		6,065,568.	10c	6,114,646.
	11 Investments - publicly traded securities	76,275,638.	11	61,917,472.
	12 Investments - other securities. See Part IV, line 11	151,708.	12	155,791.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	1,067,566.	15	917,049.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,813,206.	16	110,314,180.	
Liabilities	17 Accounts payable and accrued expenses	8,488,426.	17	5,316,975.
	18 Grants payable	50,372,928.	18	45,255,779.
	19 Deferred revenue	412,578.	19	215,000.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	658,139.	21	2,676,470.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	34,477,620.	25	32,821,217.
	26 Total liabilities. Add lines 17 through 25	94,409,691.	26	86,285,441.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,103,473.	27	17,008,510.
	28 Temporarily restricted net assets	4,408,057.	28	5,128,244.
	29 Permanently restricted net assets	1,891,985.	29	1,891,985.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	26,403,515.	33	24,028,739.	
34 Total liabilities and net assets/fund balances	120,813,206.	34	110,314,180.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,435,816.
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,517,772.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,081,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,403,515.
5	Net unrealized gains (losses) on investments	5	4,041,224.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,665,956.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,028,739.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97,248,883.	99,409,632.	108,092,743.	110,102,818.	106,277,577.	521,131,653.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	97,248,883.	99,409,632.	108,092,743.	110,102,818.	106,277,577.	521,131,653.
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).						0.
6 Public support. Subtract line 5 from line 4.						521,131,653.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	97,248,883.	99,409,632.	108,092,743.	110,102,818.	106,277,577.	521,131,653.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193,668.	611,305.	698,913.	970,403.	1,020,380.	3,494,669.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,418,601.	1,412,472.	1,787,944.	1,922,671.	1,605,654.	8,147,342.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	669,259.	203,070.	23,044.	352,073.	2,908.	1,250,354.
11 Total support. Add lines 7 through 10						534,024,018.
12 Gross receipts from related activities, etc. (see instructions)					12	2,360,539.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	97.59%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.50%
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISCELLANEOUS REVENUE	624,763.	8,185.	23,044.	352,073.	2,908.	1,010,973.
NET SALE OF INVENTORIES	42,406.	194,885.				237,291.
OTHER INCOME	2,090.					2,090.
TOTALS	<u>669,259.</u>	<u>203,070.</u>	<u>23,044.</u>	<u>352,073.</u>	<u>2,908.</u>	<u>1,250,354.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		250,965.
e Publications, or published or broadcast statements?	X		11,007.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		238,491.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		233,354.
i Other activities?		X	
j Total. Add lines 1c through 1i			733,817.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1

MS ACTIVISTS ARE ON THE FRONTLINE, MOVING TOGETHER AND SPEAKING WITH ONE VOICE TO CREATE LEGISLATIVE AND REGULATORY CHANGES THAT BENEFIT PEOPLE LIVING WITH MS AND THEIR FAMILIES. MS ACTIVISM DRIVES CHANGE IN PUBLIC POLICIES TO BRING POSITIVE IMPACT FOR PEOPLE AFFECTED BY MS. TOGETHER ON THE FRONTLINE, ACTIVISTS SHARE THE STORIES ABOUT LIVING WITH MS, CONNECT WITH DECISION-MAKERS, WORK WITH LIKE-MINDED PARTNERS AND CREATE SYSTEMATIC CHANGE TO IMPACT THE GREATEST NUMBER OF PEOPLE POSSIBLE. STATE AND LOCAL ACTIVISM PRIORITIES ARE DETERMINED BY BOTH AN ORGANIZATIONAL PROCESS AND BY ADVOCACY STAFF AND GOVERNMENT RELATIONS VOLUNTEERS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. 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" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

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

Schedule D (Form 990) 2015

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 XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows 1c-1f.

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 76.7600 %
c Temporarily restricted endowment 23.2400 %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD IN CUSTODY FOR CHAPTER	27,474,202.
(3) DUE TO ANNUITANTS	2,093,996.
(4) DEFERRED RENT	1,827,545.
(5) DUE TO CHAPTERS	1,425,474.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,821,217.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

ESCROW LIABILITY ARRANGEMENT EXPLANATION

SCHEDULE D, PART IV, LINE 2B

THE SOCIETY IS A MANAGING MEMBER, ALONG WITH ASSOCIANZIONE ITALIANA SCLEROSI MULTIPLA (ITALY), MS RESEARCH AUSTRALIA, MULTIPLE SCLEROSIS INTERNATIONAL FEDERATION, MS SOCIETY (UNITED KINGDOM), AND THE MULTIPLE SCLEROSIS SOCIETY OF CANADA, OF THE PROGRESSIVE MS ALLIANCE (THE "ALLIANCE"). THE ALLIANCE IS OPEN TO MS ORGANIZATIONS FROM AROUND THE WORLD AND IS CONTINUALLY SEEKING NEW MEMBER ORGANIZATIONS FROM THE GLOBAL MS COMMUNITY. THE ALLIANCE MADE A JOINT COMMITMENT TO SPEED UP THE DEVELOPMENT OF TREATMENT FOR PROGRESSIVE MS BY REMOVING SCIENTIFIC AND TECHNOLOGY BARRIERS. THE ALLIANCE HAS FOUR STRATEGIC OBJECTIVES WHICH INCLUDE: RAISE PROFILE AND ACCELERATE PROGRESS, SECURE RESOURCES AND GLOBALIZE RESEARCH FUNDING, INSPIRE, GALVANIZE AND ENGAGE AMONG PRIORITY STAKEHOLDERS AND DELIVER OPERATIONAL EXCELLENCE BY ALIGNING RESOURCES. AS A MANAGING MEMBER, THE SOCIETY COMMITTED TO PROVIDING FUNDS OF APPROXIMATELY \$9,305,000 OVER THE FOLLOWING THREE YEARS WHICH IS CONDITIONAL ON VARIOUS FACTORS, WITH \$1,428,000 PAID TO THE ALLIANCE OVER THREE YEARS AS WELL AS PROFESSIONAL AND SCIENTIFIC STAFF TO SUPPORT THE ALLIANCE. IN ADDITION, THE SOCIETY MAINTAINS CUSTODY OF THE POOLED FUNDS CONTRIBUTED FROM OTHER ALLIANCE MEMBERS WITHIN ITS REGION. THE DISBURSEMENT OF FUNDS FOR VARIOUS PROGRESSIVE MS RESEARCH INITIATIVES ARE APPROVED BY VOTING ALLIANCE MEMBERS. THE SOCIETY RECEIVED A TOTAL OF \$2,882,000 AND \$2,338,000 DURING THE YEARS ENDING SEPTEMBER 30, 2016 AND 2015, RESPECTIVELY FROM ALLIANCE MEMBERS, WHICH WILL BE HELD UNTIL SUCH TIME THE FUNDS ARE APPROVED FOR EXPENDITURE. AS OF SEPTEMBER 30, 2016 AND 2015, THE SOCIETY RECORDED UNSPENT DONATED FUNDS, CONSISTING OF BOTH SOCIETY AND OTHER ALLIANCE MEMBERS' MONIES, OF APPROXIMATELY \$2,676,000

Part XIII Supplemental Information (continued)

AND \$658,000, RESPECTIVELY.

FIN 48 FOOTNOTE

SCHEDULE D, PART X

GUIDANCE IN THE AREA OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION, CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATED TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THE STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED, IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE FISCAL YEARS ENDED 2013, 2014, 2015 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

THE NATIONAL MULTIPLE SCLEROSIS SOCIETY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SCHEDULE D, PART XII, LINE 2D

GRANT REFUNDS \$ -193,433

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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) EUROPE		18.	PROGRAM SERVICES	GRANTMAKING	3,640,686.
(2) EAST ASIA AND THE PACIFIC		4.	PROGRAM SERVICES	GRANTMAKING	672,025.
(3) NORTH AMERICA		6.	PROGRAM SERVICES	GRANTMAKING	828,281.
(4) EAST ASIA AND THE PACIFIC			INVESTMENTS	N/A	35,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.		28.			5,175,992.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		28.			5,175,992.

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

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH GRA	39,968.	WIRE			
(2)			EAST ASIA/PACIFIC	RESEARCH GRA	205,965.	WIRE			
(3)			EAST ASIA/PACIFIC	RESEARCH GRA	214,000.	WIRE			
(4)			EAST ASIA/PACIFIC	RESEARCH GRA	212,092.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	47,908.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	261,711.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	468,294.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	312,958.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	755,755.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	164,645.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	39,820.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	58,875.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	363,846.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	40,000.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	70,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	40,000.	WIRE			

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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	40,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	157,039.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	58,333.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	269,494.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	202,148.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH GRA	289,859.	WIRE			
(7)			NORTH AMERICA	RESEARCH GRA	77,419.	WIRE			
(8)			NORTH AMERICA	RESEARCH GRA	70,590.	WIRE			
(9)			NORTH AMERICA	RESEARCH GRA	543,077.	WIRE			
(10)			NORTH AMERICA	RESEARCH GRA	22,220.	WIRE			
(11)			NORTH AMERICA	RESEARCH GRA	70,400.	WIRE			
(12)			NORTH AMERICA	RESEARCH GRA	44,576.	WIRE			
(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. 25.

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" on 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)							

Schedule F (Form 990) 2015

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE NATIONAL MULTIPLE SCLEROSIS SOCIETY HAS AN INDEPENDENT RESEARCH COMMITTEE THAT EVALUATES ALL GRANT APPLICATIONS AND SELECTS GRANTS BASED UPON THE QUALIFICATIONS OF THE INSTITUTION AND RESEARCHER(S), AND THE RESEARCH 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 AUTHORIZED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				12,716,802.	3,042,702.	9,674,100.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2).			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION

PART I- LINE 2B

THE SOCIETY USED MERKLE AND INFOCISION FOR THE MAJORITY OF ITS DIRECT MAIL CAMPAIGNS IN FY2016. THESE CAMPAIGNS COLLECTIVELY RAISED \$12,475,946 IN REVENUE FOR FY2016.

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
MERKLE P.O. BOX 64897 BALTIMORE MD 21264	DONOR DATA	X	12,475,946.	2,920,666.	9,555,280.
INFOCISION 325 SPRINGSIDE DRIVE AKRON OH 44333	TELEMARKET	X	240,856.	122,036.	118,820.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF DARTMOUTH COLLEGE 6010 PARKHURST HALL, #204 HANOVER, NH 03755	02-0222111	501(C)(3)	54,299.				RESEARCH GRANT
(2) UNIVERSITY OF VERMONT 85 S. PROSPECT ST., BURLINGTON, VT 05405	03-0179440	501(C)(3)	330,003.				RESEARCH GRANT
(3) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	570,900.				RESEARCH GRANT
(4) HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	04-2103580	501(C)(3)	160,817.				RESEARCH GRANT
(5) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	2,629,192.				RESEARCH GRANT
(6) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	279,951.				RESEARCH GRANT
(7) MGH INSTITUTE OF HEALTH PROFESSIONS 36 FIRST AVENUE CHARLESTON, MA 02129	04-2868893	501(C)(3)	151,425.				RESEARCH GRANT
(8) UNIVERSITY OF MASSACHUSETTS AMHERST 300 MASSACHUSETTS AVENUE AMHERST, MA 01003	04-3167352	501(C)(3)	154,000.				RESEARCH GRANT
(9) ACCELERATED CURE PROJECT 460 TOTTEN POND ROAD WALTHAM, MA 02451	04-3555864		125,000.				RESEARCH GRANT
(10) YALE UNIVERSITY SCHOOL OF MEDICINE 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	852,365.				RESEARCH GRANT
(11) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	44,000.				RESEARCH GRANT
(12) STATE UNIVERSITY OF NY AT STONY BROOK 100 NICOLLS ROAD STONY BROOK, NY 11794	11-6077945	GOV	162,965.				RESEARCH GRANT

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

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Schedule I (Form 990) (2015)

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(1) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	347,992.				RESEARCH GRANT
(2) NYU SCHOOL OF MEDICINE 550 1ST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	881,161.				RESEARCH GRANT
(3) HUNTER COLLEGE 695 PARK AVENUE NEW YORK, NY 10065	13-6001027	501(C)(3)	43,991.				RESEARCH GRANT
(4) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE LEVY PL NEW YORK, NY 10029	13-6171197	501(C)(3)	1,116,415.				RESEARCH GRANT
(5) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE ALBANY, NY 12208	14-1338310	GOV	212,576.				RESEARCH GRANT
(6) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501(C)(3)	65,000.				RESEARCH GRANT
(7) THE STATE UNIVERSITY OF NEW YORK AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	16-1514621	GOV	452,489.				RESEARCH GRANT
(8) THE NEW YORK STEM CELL FOUNDATION 619 W 54TH STREET NEW YORK, NY 10019	20-2905531	501(C)(3)	43,607.				RESEARCH GRANT
(9) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 57 US HIGHWAY 1 NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	438,618.				RESEARCH GRANT
(10) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	297,320.				RESEARCH GRANT
(11) DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	191,324.				RESEARCH GRANT
(12) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	275,080.				RESEARCH GRANT

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Schedule I (Form 990) (2015)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Employer identification number

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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	356,772.				RESEARCH GRANT
(2) J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	165,694.				RESEARCH GRANT
(3) UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	191,884.				RESEARCH GRANT
(4) UNIVERSITY OF UTAH MEDICAL CENTER 561 E 1850 S PROVO, UT 84606	26-2476719	501(C)(3)	647,671.				RESEARCH GRANT
(5) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE ML 490 CINCINNATI, OH 45229	31-0833936	501(C)(3)	600,354.				RESEARCH GRANT
(6) KESSLER FOUNDATION RESEARCH CENTER 300 EXECUTIVE DR, #70 WEST ORANGE, NJ 07936	31-1562134	501(C)(3)	1,110,836.				RESEARCH GRANT
(7) OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	GOV	493,037.				RESEARCH GRANT
(8) THE CLEVELAND CLINIC 681 BRESCKVILLE RD INDEPENDENCE, OH 44131	34-0714585	501(C)(3)	78,766.				RESEARCH GRANT
(9) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	105,467.				RESEARCH GRANT
(10) INDIANA UNIVERSITY 107 S INDIANA AVENUE BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	33,000.				RESEARCH GRANT
(11) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	241,928.				RESEARCH GRANT
(12) ILLINOIS INSTITUTE OF TECHNOLOGY 3300 S FEDERAL STREET CHICAGO, IL 60616	36-2170136	501(C)(3)	43,316.				RESEARCH GRANT

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

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Schedule I (Form 990) (2015)

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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13-5661935

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(1) UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN STREET CHICAGO, IL 60612	36-2174823	501(C)(3)	73,393.				RESEARCH GRANT
(2) UNIVERSITY OF CHICAGO 5235 S. HARPER CT.4 FL CHICAGO, IL 60615	36-2177139	501(C)(3)	250,671.				RESEARCH GRANT
(3) NORTHWESTERN UNIVERSITY.FEINBERG SCHOOL OF 680 N. LAKE SHORE DR CHICAGO, IL 60611	36-3097297	501(C)(3)	54,174.				RESEARCH GRANT
(4) UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S MARYLAND AVENUE CHICAGO, IL 60637	36-3488183	501(C)(3)	81,250.				RESEARCH GRANT
(5) UNIVERSITY OF ILLINOIS AT CHICAGO 1200 W HARRISON ST, CHICAGO, IL 60607	37-6000511	501(C)(3)	1,327,225.				RESEARCH GRANT
(6) HENRY FORD HEALTH SCIENCES CENTER 2799 W. GRAND BOULEVARD DETROIT, MI 48202	38-1357020	501(C)(3)	92,564.				RESEARCH GRANT
(7) UNIVERSITY OF MICHIGAN 500 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	257,527.				RESEARCH GRANT
(8) WAYNE STATE UNIVERSITY 42 W WARREN AVENUE DETROIT, MI 48202	38-6028429	GOV	436,287.				RESEARCH GRANT
(9) MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE, WI 53233	39-0806251	501(C)(3)	44,000.				RESEARCH GRANT
(10) MEDICAL COLLEGE OF WISCONSIN P.O. BOX 2178 MILWAUKEE, WI 53201	39-0807235	501(C)(3)	446,131.				RESEARCH GRANT
(11) UNIVERSITY OF WISCONSIN 1308 W. DAYTON STREET MADISON, WI 53706	39-6006492	501(C)(3)	421,195.				RESEARCH GRANT
(12) MAYO CLINIC ROCHESTER 201 FIRST STREET SW ROCHESTER, MN 55905	41-0944601	501(C)(3)	202,370.				RESEARCH GRANT

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Schedule I (Form 990) (2015)

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(1) UNIVERSITY OF MINNESOTA MS NATIONAL RIVER MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	187,297.				RESEARCH GRANT
(2) MAYO CLINIC COLLEGE OF MEDICINE 200 FIRST STREET NW ROCHESTER, MN 55905	41-6011702	501(C)(3)	436,767.				RESEARCH GRANT
(3) UNIVERSITY OF IOWA 5 W JEFFERSON ST IOWA CITY, IA 52242	42-6004813	501(C)(3)	315,392.				RESEARCH GRANT
(4) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S EUCLID AVE SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	905,127.				RESEARCH GRANT
(5) ST. LOUIS UNIVERSITY 1 N GRAND BLVD ST. LOUIS, MO 63103	43-0654872	501(C)(3)	204,417.				RESEARCH GRANT
(6) SOUTH DAKOTA STATE UNIVERSITY 940 ADMINISTRATION LN BROOKINGS, SD 57007	46-6000364	501(C)(3)	117,878.				RESEARCH GRANT
(7) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	227,456.				RESEARCH GRANT
(8) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-11108830	501(C)(3)	277,112.				RESEARCH GRANT
(9) JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	1,814,408.				RESEARCH GRANT
(10) NATIONAL INSTITUTE OF NEUROLOGICAL DISORDER ATTN: SUSAN FREE BETHESDA, MD 20792	52-0658115	501(C)(3)	78,766.				RESEARCH GRANT
(11) HENRY M. JACKSON FOUNDATION 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501(C)(3)	498,426.				RESEARCH GRANT
(12) HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1524965	501(C)(3)	66,747.				RESEARCH GRANT

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(1) THE CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	404,966.				RESEARCH GRANT
(2) NATIONAL INSTITUTES OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501(C)(3)	64,213.				RESEARCH GRANT
(3) UNIVERSITY OF MARYLAND - COLLEGE PARK 4100 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	587,570.				RESEARCH GRANT
(4) GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	53-0196603	501(C)(3)	264,196.				RESEARCH GRANT
(5) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET RICHMOND, VA 23298	54-6001758	501(C)(3)	261,889.				RESEARCH GRANT
(6) UNIVERSITY OF VIRGINIA 400 EMMET ST S. CHARLOTTESVILLE, VA 23903	54-6001796	501(C)(3)	388,223.				RESEARCH GRANT
(7) WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE MORGANTOWN, WV 26506	55-6000842	501(C)(3)	103,125.				RESEARCH GRANT
(8) RTI INTERNATIONAL RESEARCH TRGL INSTITUTE RALEIGH, NC 27675	56-0686338	501(C)(3)	96,834.				RESEARCH GRANT
(9) DUKE UNIVERSITY MEDICAL CENTER 8 DUKE UNIVERSITY DURHAM, NC 27703	56-2070036	501(C)(3)	637,786.				RESEARCH GRANT
(10) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 153A CTRY CLUB RD CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	165,000.				RESEARCH GRANT
(11) AUGUST UNIVERSITY 1120 15TH STREET AUGUSTA, GA 30912	58-1418202	501(C)(3)	76,899.				RESEARCH GRANT
(12) UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	287,672.				RESEARCH GRANT

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(1) UNIVERSITY OF FLORIDA 123 GRINER HALL GAINSVILLE, FL 32611	59-9002052	501(C)(3)	189,882.				RESEARCH GRANT
(2) OREGON STATE UNIVERSITY 8308 BUILDING CORVALLIS, GA 97331	61-1730890	501(C)(3)	210,526.				RESEARCH GRANT
(3) VANDERBILT UNIVERSITY 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)(3)	419,356.				RESEARCH GRANT
(4) UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 20TH ST S. AB 1170 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	81,992.				RESEARCH GRANT
(5) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH S OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	211,200.				RESEARCH GRANT
(6) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, RM 600D HOUSTON, TX 77030	74-1613878	501(C)(3)	340,273.				RESEARCH GRANT
(7) THE UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)(3)	218,631.				RESEARCH GRANT
(8) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT 7000 FANNIN ST #120 HOUSTON, TX 77030	74-1761309	501(C)(3)	48,908.				RESEARCH GRANT
(9) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENT PO BOX 100674 SAN ANTONIO, TX 78201	74-2461806	501(C)(3)	200,890.				RESEARCH GRANT
(10) TEXAS A&M AGRILIFE RESEARCH 2147 TAMUS COLLEGE STATION, TX 77843	74-6000541	501(C)(3)	276,407.				RESEARCH GRANT
(11) SOUTHERN METHODIST UNIVERSITY UNIVERSITY DALLAS, TX 75275	75-0800689	501(C)(3)	16,403.				RESEARCH GRANT
(12) THE UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	501(C)(3)	247,521.				RESEARCH GRANT

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 TEXAS AT DALLAS 800 WEST CAMPBELL ROAD RICHARDSON, TX 75080	75-1305566	501(C)(3)	115,388.				RESEARCH GRANT
(2) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	501(C)(3)	53,608.				RESEARCH GRANT
(3) RESTAT 1650 RESEARCH BLVD. ROCKVILLE, MD 20850	84-0529566		499,799.				RESEARCH GRANT
(4) UNIVERSITY OF COLORADO DENVER 2010 WILLARD LOOP DR DENVER, CO 80209	84-6000555	501(C)(3)	703,196.				RESEARCH GRANT
(5) UNIVERSITY OF NEW MEXICO 1 UNIV. OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	89,100.				RESEARCH GRANT
(6) ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER 703 MAIN ST. PHOENIX, AZ 85013	86-0174371	501(C)(3)	219,450.				RESEARCH GRANT
(7) UNIVERSITY OF UTAH 201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	1,084,676.				RESEARCH GRANT
(8) SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINIC 1100 OLIVE WAY # 940 SEATTLE, WA 98101	91-1452438	501(C)(3)	44,000.				RESEARCH GRANT
(9) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073	501(C)(3)	1,691,256.				RESEARCH GRANT
(10) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE, BOX 359472	91-6001537	501(C)(3)	621,123.				RESEARCH GRANT
(11) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON RD PORTLAND, OR 97239	93-1176109	501(C)(3)	617,521.				RESEARCH GRANT
(12) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	545,716.				RESEARCH GRANT

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

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

Schedule I (Form 990) (2015)

**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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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, SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	2,312,193.				RESEARCH GRANT
(2) UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DRIVE DAVIS, CA 95618	94-6036494	GOV	200,521.				RESEARCH GRANT
(3) UNIVERSITY OF CALIFORNIA-BERKELEY 2227 PIEDMONT AVENUE BERKELEY, CA 94720	94-6090626	501(C)(3)	111,133.				RESEARCH GRANT
(4) UNIVERSITY OF CALIFORNIA LOS ANGELES 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	209,648.				RESEARCH GRANT
(5) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	412,467.				RESEARCH GRANT
(6) AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 1080 MONTREAL AVE SAINT PAUL, MN 55116	41-0726167	501(C)(3)	24,691.				RESEARCH GRANT
(7) DEPARTMENT OF STATE HEALTH SERVICES 1100 W. 49TH STREET AUSTIN, TX 78714	32-0113643	501(C)(3)	12,000.				RESEARCH GRANT
(8) IO THERAPEUTICS, INC. 1805 E. GARRY AVENUE SANTA ANA, CA 92705	13-5661935		132,000.				FAST FORWARD-DOMESTI
(9) EMORY - RH 3585 ATLANTA AVENUE HAPEVILLE, GA 30322	56-0566256	501(C)(3)	47,133.				FAST FORWARD-DOMESTI
(10) UNIVERSITY OF MIAMI/ACCERA (9/28/12) P.O. BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)(3)	155,000.				FAST FORWARD-DOMESTI
(11) UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-2544535	501(C)(3)	28,500.				FAST FORWARD-DOMESTI
(12) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 2115	04-2312909	501(C)(3)	181,875.				CLINICAL GRANT

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 MASSACHUSETTS MEDICAL SCHOOL 55 N LAKE AVE WORCESTER, MA 01655	04-3167352	501(C)(4)	121,000.				CLINICAL GRANT
(2) MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE LEVY PL NEW YORK, NY 10029	13-6171187	501(C)(3)	115,476.				CLINICAL GRANT
(3) UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501(C)(3)	116,875.				CLINICAL GRANT
(4) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	116,875.				CLINICAL GRANT
(5) UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S. MARYLAND AVE CHICAGO, IL 60637	36-3488183	501(C)(3)	116,875.				CLINICAL GRANT
(6) JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	112,173.				CLINICAL GRANT
(7) VANDERBILT UNIVERSITY MEDICAL CENTER MS CIR 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)(3)	65,000.				CLINICAL GRANT
(8) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	501(C)(3)	146,094.				CLINICAL GRANT
(9) UNIVERSITY OF COLORADO DENVER 2010 WILLARD LOOP DR DENVER, CO 80209	84-6000555	501(C)(3)	65,000.				CLINICAL GRANT
(10) UNIVERSITY OF UTAH 201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	65,000.				CLINICAL GRANT
(11) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073	501(C)(3)	116,875.				CLINICAL GRANT
(12) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE. NE SEATTLE, WA 98195	91-6001537	501(C)(3)	143,825.				CLINICAL GRANT

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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, SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	116,875.				CLINICAL GRANT
(2) UCLA DAVID GEFFIN SCHOOL OF MEDICINE 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	65,000.				CLINICAL GRANT
(3) PROGRESSIVE MS ALLIANCE 733 THIRD AVENUE NEW YORK, NY 10017	13-5661935	501(C)(3)	526,815.				PROGRESSIVE MS ALLIA
(4) MCKING CONSULTING CORPORATION 2810 OLD LEE HIGHWAY FAIRFAX, VA 22031	54-2006067		21,887.				RESEARCH GRANT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2015)

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	SCHOLARSHIPS	821.	1,134,317.			N/A
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE NATIONAL MULTIPLE SCLEROSIS SOCIETY UTILIZED A VOLUNTEER COMMITTEE OF RENOWNED SCIENTISTS AND NEUROLOGISTS TO SELECT RESEARCH GRANTS FOR FUNDING IN THE UNITED STATES AND ABROAD. ALL GRANTEEES ARE TO PROVIDE SCIENTIFIC AND FINANCIAL PROGRESS REPORTS ON A QUARTERLY BASIS WHICH ARE REVIEWED BY QUALIFIED STAFF. UPON ACCEPTANCE OF THE PROGRESS REPORTS, PAYMENTS ARE DISTRIBUTED TO GRANTEEES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</p>	7	X								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CYNTHIA ZAGIEBOYLO	(i) 498,462.	0.	2,838.	7,950.	1,140.	510,390.	0.
(ii) PRESIDENT & CEO	0.	0.	0.	0.	0.	0.	0.
2 PAUL WEISS	(i) 309,336.	0.	1,518.	7,950.	30,134.	348,938.	0.
(ii) COO	0.	0.	0.	0.	0.	0.	0.
3 ERIC HILTY	(i) 210,555.	0.	697.	6,486.	29,884.	247,622.	0.
(ii) CHIEF LEGAL OFFICER	0.	0.	0.	0.	0.	0.	0.
4 TIM COETZEE	(i) 306,276.	0.	1,518.	7,950.	30,035.	345,779.	0.
(ii) CHIEF RESEARCH OFFICER	0.	0.	0.	0.	0.	0.	0.
5 GRAHAM MCREYNOLDS	(i) 302,207.	0.	2,832.	7,950.	17,448.	330,437.	0.
(ii) CHIEF M & D OFFICER	0.	0.	0.	0.	0.	0.	0.
6 JOHN SCOTT	(i) 298,796.	0.	1,514.	7,950.	10,373.	318,633.	0.
(ii) CHIEF FIELD OFFICER	0.	0.	0.	0.	0.	0.	0.
7 MARK NEAGLI	(i) 260,172.	0.	2,510.	7,950.	19,135.	289,767.	0.
(ii) REGIONAL EVP	0.	0.	0.	0.	0.	0.	0.
8 MAUREEN REEDER	(i) 256,503.	0.	2,396.	7,634.	2,030.	268,563.	0.
(ii) REGIONAL EVP	0.	0.	0.	0.	0.	0.	0.
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

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

2015

**Open to Public
Inspection**

Employer identification number

13-5661935

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4C CONTINUED...

COMMUNITY PROGRAMS - THE SOCIETY COLLABORATES WITH DOZENS OF OTHER
COMMUNITY ORGANIZATIONS, FOCUSING ON ACCESS TO HEALTH CARE,
REHABILITATION, TREATMENTS AND THERAPIES; LONG-TERM CARE; DISABILITY
RIGHTS ISSUES; VOCATIONAL TRAINING AND REHAB, WELLNESS AND FITNESS; AND
OUTREACH AND EDUCATION TO RURAL AND UNDERSERVED POPULATIONS.

FORM 990, PART III, LINE 4D

PUBLIC EDUCATION - THERE ARE MANY WAYS THE SOCIETY EDUCATES THE PUBLIC
ABOUT MULTIPLE SCLEROSIS INCLUDING THE SOCIETY'S ANNUAL MS AWARENESS
CAMPAIGN, PUBLIC SERVICE ANNOUNCEMENTS, MOMENTUM, THE SOCIETY'S QUARTERLY
MAGAZINE DISTRIBUTED TO PEOPLE WITH MS, HEALTHCARE PROVIDERS, SUPPORTERS
OF THE SOCIETY AND MORE. IN ADDITION TO A NATION-WIDE E-NEWSLETTER,
CHAPTERS ALSO DISTRIBUTE A LOCAL NEWSLETTER, MS CONNECTION, TO THEIR
CONSTITUENTS THAT INCLUDES LOCAL ANNOUNCEMENTS AND INFORMATION ON
UPCOMING PROGRAMS AND SERVICES, AND MORE. IN TOTAL, MORE THAN 1.8 MILLION
PEOPLE RECEIVE SOCIETY PUBLICATIONS, NEWSLETTERS AND MOMENTUM EACH
YEAR.

PROFESSIONAL EDUCATION AND TRAINING - THE SOCIETY KEEPS HEALTHCARE
PROVIDERS ENGAGED IN PATIENT CARE BY KEEPING THEM ABREAST OF NEW
DIAGNOSTIC TECHNIQUES, THERAPIES, ETC. INFORMATION AND EDUCATION IS
PROVIDED TO THOUSANDS OF PROFESSIONALS THROUGH THE SOCIETY'S CLINICAL
CARE NETWORK, MD ON CALL PROGRAM, AND EDUCATIONAL MATERIALS FOR PHYSICAL

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AND OCCUPATIONAL THERAPISTS, MENTAL HEALTH PROFESSIONAL, NURSES AND OTHERS. A FREE QUARTERLY NEWSLETTER IS EMAILED TO MORE THAN 12,000 PROFESSIONALS, AND THE SOCIETY'S DIAGNOSTIC AND SYMPTOM MANAGEMENT SMARTPHONE APP HAS BEEN DOWNLOADED MORE THAN 62,300 TIMES.

CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

THE MEMBERS OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY ARE COMPRISED OF THE MEMBERS OF THE 36 CHAPTERS WHO ARE NON-VOTING MEMBERS, AND THOSE CHAPTERS CHOOSE VOTING MEMBERS WHO COMPRISE THE DELEGATE ASSEMBLY.

ELECTION OF MEMBERS AND THEIR RIGHTS

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE DELEGATE ASSEMBLY WHICH IS COMPRISED OF VOTING MEMBERS OF THE ORGANIZATION. EACH CHAPTER IS ALLOCATED A NUMBER OF VOTING MEMBERS BASED ON A FORMULA. VOTING MEMBERS ARE THE VOLUNTEER LEADERS OF THE CHAPTER AND THE NATIONAL BOARD OF DIRECTORS.

DECISIONS SUBJECT TO APPROVAL OF MEMBERS

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

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990

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

THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED BY MANAGEMENT AND AN

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EXTERNAL INDEPENDENT ACCOUNTING FIRM. THEY ARE THEN PROVIDED TO THE AUDIT COMMITTEE MEMBERS FOR REVIEW, COMMENTS, CORRECTIONS, AND EDITS. THE REVIEW COMMENTS OF THE AUDIT COMMITTEE ARE INCORPORATED INTO THE FORM 990 BY THE CFO. A MEETING OF THE AUDIT COMMITTEE IS HELD TO APPROVE THE REVISED FORM 990, AND TO APPROVE DISTRIBUTION TO THE ENTIRE NATIONAL MULTIPLE SCLEROSIS SOCIETY BOARD OF DIRECTORS. THE SOCIETY BOARD OF DIRECTORS ARE GIVEN A PERIOD OF TIME TO REVIEW AND COMMENT ON THE FORM 990 BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

ENFORCEMENT OF CONFLICTS POLICY

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

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

COMPENSATION PROCESS FOR TOP OFFICIAL

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

THE COMPENSATION COMMITTEE IS COMPRISED OF AT LEAST THREE (3) INDEPENDENT

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BOARD MEMBERS THAT DETERMINE THE COMPENSATION OF THE PRESIDENT AND CEO, OFFICERS AND OTHER KEY EMPLOYEES. THE COMMITTEE IS PROVIDED WITH COMPARABLE SALARY INFORMATION AND DATA FOR ALL POSITIONS AT OTHER VOLUNTARY HEALTHCARE AGENCIES OF SIMILAR SIZE AND NATIONAL INFLUENCE. THE PRESIDENT AND CEO'S PERFORMANCE IS EVALUATED ON AN ANNUAL BASIS BY THE MEMBERS OF THE COMPENSATION COMMITTEE. THE PRESIDENT AND CEO COMPENSATION IS THEN RATIFIED BY THE FULL BOARD DURING EXECUTIVE SESSION.

COMPENSATION PROCESS FOR OFFICERS

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

THE COMPENSATION COMMITTEE IS COMPRISED OF AT LEAST THREE (3) INDEPENDENT BOARD MEMBERS THAT DETERMINE COMPENSATION OF THE PRESIDENT AND CEO, OFFICERS AND KEY EMPLOYEES. THE COMMITTEE IS PROVIDED WITH COMPARABLE SALARY INFORMATION AND DATA FOR ALL POSITIONS AT OTHER VOLUNTARY HEALTHCARE AGENCIES OF SIMILAR SIZE AND NATIONAL INFLUENCE. THE PRESIDENT AND CEO OR HER DESIGNEE CONDUCTS PERFORMANCE EVALUATIONS FOR OFFICERS AND OTHER KEY EMPLOYEES. THE OUTCOME OF THESE EVALUATIONS IS SHARED WITH THE COMPENSATION COMMITTEE TO PROVIDE INFORMATION ON THEIR DECISIONS ABOUT COMPENSATION AND IS THEN RATIFIED BY THE FULL BOARD DURING EXECUTIVE SESSION.

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990, PART VI, SECTION C, LINE 19

THE NATIONAL MULTIPLE SCLEROSIS IRS FORM 990, IRS FORM 990-T AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.NMSS.ORG, AND ON THE CHARITY NAVIGATOR WEBSITE. THE SOCIETY'S GOVERNING DOCUMENTS, RECORD RETENTION

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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AND CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART VII

ADDITIONAL INFORMATION

EFFECTIVE OCTOBER 1, 2016 THE SOCIETY CONSOLIDATED THE 36 CHAPTERS AND THE NATIONAL HEADQUARTERS INTO A SINGLE ENTITY UNDER ONE FEDERAL EMPLOYER'S IDENTIFICATION NUMBER. THIS TRANSITION WILL BETTER ALIGN THE SOCIETY'S RESOURCES SO THAT THE ORGANIZATION CAN MAXIMIZE ITS IMPACT TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MS. AS PART OF THE SOCIETY'S IMPLEMENTATION PLAN FOR THIS CONSOLIDATION, NUMEROUS ACTIVITIES AND CHANGES WERE COMPLETED DURING THE FISCAL YEAR ENDING SEPTEMBER 30, 2016. MANY OF THESE CHANGES RESULTED IN THE TRANSFER OF COSTS, FROM WHAT HAD BEEN THE SOCIETY'S LONG STANDING PRACTICE TO BE EXPENSED BY THE CHAPTERS, TO THE NATIONAL HEADQUARTERS. THE LARGEST OF THESE TRANSFERS IN COST ARE SALARIES AND EMPLOYEE BENEFITS. SPECIFICALLY IN FISCAL 2016 THE DEPARTMENTS THAT SUPPORT THE SOCIETY'S ORGANIZATIONAL INFRASTRUCTURE INCLUDING FINANCE AND BENEFITS ADMINISTRATION INCREASED AT THE NATIONAL HEADQUARTERS TO MANAGE THE CONSOLIDATION. IN ADDITION, PRIOR TO OCTOBER 1, 2016 EMPLOYEE PENSION EXPENSE WAS ACCOUNTED FOR AT THE CHAPTER LEVEL AND THE NATIONAL HEADQUARTERS. AS OF OCTOBER 1, 2016 ALL PENSION EXPENSE IS ACCOUNTED FOR AT THE NATIONAL HEADQUARTERS.

OTHER CHANGES IN NET ASSETS EXPLANATION

FORM 990, PART XI, LINE 9

RECOVERIES OF PRIOR YEAR GRANTS \$ 2,472,523

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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GRANT REFUNDS	\$	193,433

TOTAL	\$	2,665,956

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,
 RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE, INC. P.O. BOX 64897 BALTIMORE, MD 21264	DIRECT MKTG	7,341,172.
BLACKBAUD P.O. 930256 ATLANTA, GA 31193	FUND. SOFTWARE	2,492,735.
EPSILON 11 WEST 19TH STREET NEW YORK, NY 10016	DATA.ADMIN/SUPP	1,565,535.
EVENT 360 INC. 205 N. MICHIGAN AVE. CHICAGO, IL 60601	EVENT PROD	1,395,001.
BULLY PULPIT INTERACTIVE LLC 915 BROADWAY NEW YORK, NY 10010	STRATEGIC COMMU.	778,538.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EAST FORWARD LLC 733 THIRD AVENUE NEW YORK, NY 10017-3822 26-1933619	RESEARCH	DE	1,198,199.	1,695,084.	NMSS
(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) 2015

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)					1a	
(2)					1b	
(3)					1c	
(4)					1d	
(5)					1e	
(6)					1f	
					1g	
					1h	
					1i	
					1j	
					1k	
					1l	
					1m	
					1n	
					1o	
					1p	
					1q	
					1r	
					1s	

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		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).
