

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **10/01/14**, and ending **09/30/15**

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 \$ 148,787,298

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(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: www.Nationalmssociety.org	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	H(c) Group exemption number 1048
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)	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	31
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	281
	6 Total number of volunteers (estimate if necessary)	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	1,922,671
b Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 108,092,743 Current Year: 110,102,818
	9 Program service revenue (Part VIII, line 2g)	637,827 604,323
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,430,878 249,573
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,810,988 2,623,877
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,972,436 113,580,591
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		26,362,556 28,887,509
16a Professional fundraising fees (Part IX, column (A), line 11e)		3,935,588 3,378,723
b Total fundraising expenses (Part IX, column (D), line 25) 10,111,398		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,850,659 31,728,648
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	108,828,463 117,323,083	
19 Revenue less expenses. Subtract line 18 from line 12	7,143,973 -3,742,492	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 104,343,829 End of Year: 120,813,206
	21 Total liabilities (Part X, line 26)	71,929,154 94,409,691
	22 Net assets or fund balances. Subtract line 21 from line 20	32,414,675 26,403,515

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		4-19-16
	Signature of officer	Date
	Tami Caesar	Chief Financial Officer
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name QI WEN LIANG	Preparer's signature 	Date 04/19/16	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P01270238
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558		
	Firm's address 757 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100		

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 (2014)

Part III Statement of Program Service Accomplishments

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

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ **56,377,795** including grants of \$ **50,396,105**) (Revenue \$)
RESEARCH - To move us closer to a world free of MS, in 2015, the National Multiple Sclerosis Society's invested an estimated \$56 million to support more than 360 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 \$ **24,151,226** including grants of \$) (Revenue \$ **604,323**)
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.

4c (Code:) (Expenses \$ **10,153,833** including grants of \$ **1,303,906**) (Revenue \$)
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 - The Society collaborates with dozens of other community organizations, focusing on access to health care, rehabilitation,

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

(Expenses \$ **7,414,596** including grants of \$ **1,628,192**) (Revenue \$)

4e Total program service expenses **98,097,450**

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)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule F, Parts II and IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule G, Part I (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
25b			
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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
28a			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			
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? If "Yes," complete Schedule L, Part IV		X
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
33			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
34			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			
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)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			
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	
38			

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 32		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 31		
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID**
- 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.
 Own website Another's website 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 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

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 0.00	X		X				452,299	0	8,940
(2) Mindy B. Alpert Director	5.00 0.00	X						0	0	0
(3) Timothy L. Barnes (Thru 11/7/14) Director	5.00 0.00	X						0	0	0
(4) Michael A. Bogdonoff, Esq Director	5.00 0.00	X						0	0	0
(5) Doug Coy Director	5.00 0.00	X						0	0	0
(6) Dana M. Foote Director	5.00 0.00	X						0	0	0
(7) Shyam Gidumal Director	5.00 0.00	X						0	0	0
(8) Lily Jung Henson, MD, MMM, FAAN Director	5.00 0.00	X						0	0	0
(9) William Holley Director	5.00 0.00	X						0	0	0
(10) Mary Hughes, MD Director	5.00 0.00	X						0	0	0
(11) Julie Kaufer (Thru 4/27/15) Director	5.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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			
(12) Richard Knutson	5.00									
Director	0.00	X					0	0	0	
(13) Fred D. Lublin, MD	5.00									
Director	0.00	X					0	0	0	
(14) Craig T. Lynch	5.00									
Director	0.00	X					0	0	0	
(15) Daniel Messina	5.00									
Director	0.00	X					0	0	0	
(16) Aaron E. Miller, MD	5.00									
Director	0.00	X					0	0	0	
(17) Kimberly Phillips	5.00									
Director	0.00	X					0	0	0	
(18) Dan Rattner (Thru 11/7/14)	5.00									
Director	0.00	X					0	0	0	
(19) David M. Rottkamp	5.00									
Director	0.00	X					0	0	0	
1b Sub-total							452,299		8,940	
c Total from continuation sheets to Part VII, Section A							2,004,088		232,444	
d Total (add lines 1b and 1c)							2,456,387		241,384	

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 **56**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Merkle, Inc. Baltimore MD 21264	PO Box 64897 Direct Mktg	7,081,566
Blackbaud Atlanta GA 31193	P.O. Box 930256 Fund. software	3,881,679
Epsilon New York NY 10016	11 West 19th Street Data.Admin/Supp	2,721,822
Event 360 Inc. Chicago IL 60601	205 N. Michigan Ave. Event Prod	1,784,124
Strategic Products & Services LLC Parsippany NJ 07054	300 Littleton Rd. Off Renovations	923,463

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23**

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			
(12) Chris Serocke	5.00									
Director	0.00	X					0	0	0	
(13) John A. Simonetti (Thru 11/7/14)	5.00									
Director	0.00	X					0	0	0	
(14) Richard B. Slikfa (From 11/7/14)	5.00									
Treasurer	0.00	X					0	0	0	
(15) Robert L. Sowinski	5.00									
Director	0.00	X					0	0	0	
(16) Peter G. Tarricone	5.00									
Director	0.00	X					0	0	0	
(17) Malcolm P. Wattman, Esq.	5.00									
Director	0.00	X					0	0	0	
(18) Jeffrey Wessel	5.00									
Director	0.00	X					0	0	0	
(19) Eli Rubenstein	5.00									
Chairman of BOD	0.00	X	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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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 of 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			
(12) Peter A. Galligan	5.00									
Director	0.00	X					0	0	0	
(13) Julius W. Hobson, Jr.	5.00									
Director	0.00	X					0	0	0	
(14) William T. Monahan	5.00									
Director	0.00	X					0	0	0	
(15) Linda McAleer	5.00									
Secretary	0.00	X		X			0	0	0	
(16) Jim E. Cantalupo (Thru 11/7/14)	5.00									
Treasurer	0.00	X		X			0	0	0	
(17) Valli Baldassano	5.00									
Director	0.00	X					0	0	0	
(18) Peter Porrino	5.00									
Director	0.00	X					0	0	0	
(19) Jeannie Unruh (Thru 11/7/14)	5.00									
Director	0.00	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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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 of 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			
(12) Laura Vaccaro	5.00									
Director	0.00	X					0	0	0	
(13) Caroline Whitacre	5.00									
Director	0.00	X					0	0	0	
(14) Paul Weiss	40.00									
COO	0.00			X			298,172	0	49,425	
(15) Eric Hilty	40.00									
Chief Legal Officer	0.00			X			202,879	0	44,523	
(16) James Nangle (Thru 6/18/15)	40.00									
CFO	0.00			X			132,338	0	956	
(17) Tami Caesar (From 9/28/15)	40.00									
CFO	0.00			X			0	0	0	
(18) Tim Coetzee	40.00									
Chief Research Offic	0.00				X		295,453	0	45,610	
(19) Graham McReynolds	40.00									
Chief M& D Officer	0.00				X		291,564	0	28,358	
1b Sub-total							1,220,406		168,872	
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 ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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 of 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			
(12) John Scott	40.00									
Chief Field Officer	0.00					X	279,306	0	19,218	
(13) Mark Neagli	40.00									
Regional EVP	0.00					X	254,924	0	34,970	
(14) Maureen Reeder	40.00									
Regional EVP	0.00					X	249,452	0	9,384	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							783,682		63,572	
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 ▶

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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 of 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	110,102,818			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		110,102,818			
Program Service Revenue	2a Rental Income from Chapters	Busn. Code 900099	604,323	604,323		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		604,323			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		970,403		970,403	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	349,133			
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)		349,133			
	d Net rental income or (loss)		349,133		349,133	
	7a Gross amount from sales of assets other than inventory	(i) Securities	34,485,877			
		(ii) Other				
	b Less: cost or other basis & sales exps.		35,206,707			
	c Gain or (loss)		-720,830			
	d Net gain or (loss)		-720,830		-720,830	
	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						
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						
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						
Miscellaneous Revenue		Busn. Code				
11a Advertising Income	541800	1,922,671		1,922,671		
b Escrow Funds Distribution	900099	326,085			326,085	
c Miscellaneous Revenue	900099	25,988			25,988	
d All other revenue						
e Total. Add lines 11a-11d		2,274,744				
12 Total revenue. See instructions.		113,580,591	604,323	1,922,671	950,779	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,123,805	47,123,805		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,303,906	1,303,906		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,900,492	4,900,492		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,262,657	1,036,498	175,524	50,635
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	21,813,866	17,906,693	3,032,394	874,779
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	579,450	475,662	80,551	23,237
9 Other employee benefits	3,633,565	2,982,744	505,109	145,712
10 Payroll taxes	1,597,971	1,311,753	222,137	64,081
11 Fees for services (non-employees):				
a Management				
b Legal	36,143	24,973	5,835	5,335
c Accounting	136,685	94,441	22,069	20,175
d Lobbying	115,179	79,581	18,597	17,001
e Professional fundraising services. See Part IV, line 17	3,378,723			3,378,723
f Investment management fees	168,856	116,670	27,263	24,923
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,214,957	2,221,340	519,072	474,545
12 Advertising and promotion				
13 Office expenses	7,571,509	2,815,920	1,608,696	3,146,893
14 Information technology	8,078,859	5,582,003	1,304,374	1,192,482
15 Royalties				
16 Occupancy	3,113,691	2,664,217	348,860	100,614
17 Travel	2,581,161	2,094,543	353,447	133,171
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,664,327	1,412,434	167,453	84,440
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,654,684	1,358,312	230,015	66,357
23 Insurance	1,337,141	1,097,638	185,881	53,622
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 Dues and Subscriptions	682,274	462,633	150,541	69,100
b Sundry	595,271	296,726	124,681	173,864
c Other Research Expense	462,972	462,972		
d Telephone	223,721	195,929	23,748	4,044
e All other expenses	91,218	75,565	7,988	7,665
25 Total functional expenses. Add lines 1 through 24e	117,323,083	98,097,450	9,114,235	10,111,398
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)	7,780,907	701,839	2,214,443	4,864,625

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	35,858,523	1	28,129,036
	2 Savings and temporary cash investments	21,451,415	2	281,223
	3 Pledges and grants receivable, net	3,750,581	3	5,619,670
	4 Accounts receivable, net	1,740,292	4	1,486,992
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	200,877	8	206,897
	9 Prepaid expenses and deferred charges	2,089,673	9	1,974,521
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,933,758		
	b Less: accumulated depreciation	10b 5,868,190	10c	6,065,568
	11 Investments—publicly traded securities	33,244,937	11	76,275,638
	12 Investments—other securities. See Part IV, line 11	426,625	12	151,708
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	636,387	15	621,953
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,343,829	16	120,813,206	
Liabilities	17 Accounts payable and accrued expenses	7,862,188	17	8,488,426
	18 Grants payable	43,695,526	18	50,372,928
	19 Deferred revenue	686,757	19	412,578
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,378,128	21	658,139
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,306,555	25	34,477,620
	26 Total liabilities. Add lines 17 through 25	71,929,154	26	94,409,691
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	27,195,062	27	20,103,473
	28 Temporarily restricted net assets	3,327,628	28	4,408,057
	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	32,414,675	33	26,403,515	
34 Total liabilities and net assets/fund balances	104,343,829	34	120,813,206	

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	113,580,591
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,323,083
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,742,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,414,675
5	Net unrealized gains (losses) on investments	5	-2,868,798
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	600,130
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,403,515

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.)
- 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 or IRC section (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						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,112,574	97,248,883	99,409,632	108,092,743	110,102,818	508,966,650
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	94,112,574	97,248,883	99,409,632	108,092,743	110,102,818	508,966,650
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						508,966,650

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	94,112,574	97,248,883	99,409,632	108,092,743	110,102,818	508,966,650
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,827	193,668	611,305	698,913	970,403	2,503,116
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,040,132	1,418,601	1,412,472	1,787,944	1,922,671	7,581,820
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,725,566	669,259	203,070	23,044	352,073	2,973,012
11 Total support. Add lines 7 through 10						522,024,598
12 Gross receipts from related activities, etc. (see instructions)					12	2,623,915
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 2014 (line 6, column (f) divided by line 11, column (f))	14	97.50%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	97.58%
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. 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—2013. 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 on 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
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).		
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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		

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** The organization satisfied the Activities Test. Complete line 2 below.
 - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** 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.		
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.		
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.		
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.		

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 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 2014 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-2014	(III) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

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.)

Part II, Line 10 - Other Income Detail

Miscellaneous Revenue (2010)	\$	1,725,566
Miscellaneous Revenue (2011)	\$	624,763
Net Sales of Inventories (2011)	\$	42,406
Other Income (2011)	\$	2,090
Gross Sales of Inventories (2012)	\$	194,885
Miscellaneous Revenue (2012)	\$	8,185
Miscellaneous Revenue (2013)	\$	23,044
Miscellaneous Revenue (2014)	\$	352,073

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (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
--	---

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)				

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.			
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) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to 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		276,951
e Publications, or published or broadcast statements?	X		12,147
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		263,184
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		257,515
i Other activities?		X	
j Total. Add lines 1c through 1i			809,797
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.

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

Part IV Supplemental Information (continued)

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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2014

Open to Public Inspection

Name of the organization

Employer identification number

National Multiple Sclerosis Society

13-5661935

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,584,378	1,685,483	3,064,173	2,797,983	2,559,985
b Contributions			384,479		250,000
c Net investment earnings, gains, and losses	-181,821	1,170,982	82,835	366,190	-12,002
d Grants or scholarships		272,087	1,846,004	100,000	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,402,557	2,584,378	1,685,483	3,064,173	2,797,983

- 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 78.75 %
 - c Temporarily restricted endowment 21.25 %
- The percentages in 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:
- | | Yes | No |
|---|--------|-------------------------------------|
| (i) unrelated organizations | 3a(i) | <input checked="" type="checkbox"/> |
| (ii) related organizations | 3a(ii) | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | <input type="checkbox"/> |
- 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,254,819	1,881,203	1,373,616
d Equipment		5,666,467	3,244,749	2,421,718
e Other		3,012,472	742,238	2,270,234
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,065,568

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to 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" to 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" to 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" to 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 chapters	29,414,926
(3) Deferred rent	1,950,165
(4) Due to Annuitants	1,916,382
(5) Due to chapters	1,196,147
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,477,620

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

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

1	Total revenue, gains, and other support per audited financial statements		1	117,020,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,868,798	
b	Donated services and use of facilities	2b	6,477,954	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	3,609,156
3	Subtract line 2e from line 1		3	113,411,734
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	168,857	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	168,857
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	113,580,591

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

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

1	Total expenses and losses per audited financial statements		1	123,032,050
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,477,954	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-600,130	
e	Add lines 2a through 2d		2e	5,877,824
3	Subtract line 2e from line 1		3	117,154,226
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	168,857	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	168,857
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	117,323,083

Part XIII Supplemental Information.

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

Part IV, Line 2b - Escrow Liability Arrangement Explanation

During fiscal 2014, the Society became a managing member, along with Associazione 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 formalized its purpose, structure and membership in fiscal 2014 and also agreed to its 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

Part XIII Supplemental Information (continued)

approximately \$6,823,000 over three years which is conditional on various factors, with \$901,000 paid to the Progress MS Alliance over two year as well as professional and scientific staff to support the Alliance. In addition, the Society controls 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. During fiscal 2015, the Society received a total of \$2,338,000 from Alliance members which will be held until such time the funds are approved for expenditure. As of September 30, 2015, the Society recorded unspent donated funds, consisting of both Society and other Alliance members' monies, of approximately \$658,000.

Part X - FIN 48 Footnote

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 2012, 2013, 2014 and 2015 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

Part XIII Supplemental Information (continued)

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.

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Grant refunds	\$ -600,130
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

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.

Open to Public Inspection

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
Europe (1)		18	Grantmaking	N/A	3,081,297
East Asia/Pacific (2)		4	Grantmaking	N/A	911,790
North America (3)		3	Grantmaking	N/A	907,405
East Asia/Pacific (4)			Investment	N/A	35,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		25			4,935,492
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		25			4,935,492

Schedule F (Form 990) 2014 **National Multiple Sclerosis Society 13-5661935** Page 2

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	Fast Forward-Foreign PACIFIC	80,000	CHECK			
(2)			EAST ASIA	Research Grant PACIFIC	408,576	CHECK			
(3)			EAST ASIA	Research Grant PACIFIC	214,000	CHECK			
(4)			EAST ASIA	Research Grant PACIFIC	209,214	CHECK			
(5)			EUROPE	Fast Forward-Foreign	50,166	CHECK			
(6)			EUROPE	Fast Forward-Foreign	75,000	CHECK			
(7)			EUROPE	Fast Forward-Foreign	74,676	CHECK			
(8)			EUROPE	Fast Forward-Foreign	726,773	CHECK			
(9)			EUROPE	Research Grant	45,497	CHECK			
(10)			EUROPE	Research Grant	64,996	CHECK			
(11)			EUROPE	Research Grant	107,901	CHECK			
(12)			EUROPE	Research Grant	40,000	CHECK			
(13)			EUROPE	Research Grant	323,871	CHECK			
(14)			EUROPE	Research Grant	176,000	CHECK			
(15)			EUROPE	Research Grant	138,920	CHECK			
(16)			EUROPE	Research Grant	242,968	CHECK			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 21

3 Enter total number of other organizations or entities 5

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	Research Grant	39,951	CHECK			
(2)			EUROPE	Research Grant	321,354	CHECK			
(3)			EUROPE	Research Grant	202,148	CHECK			
(4)			EUROPE	Research Grant	126,533	CHECK			
(5)			EUROPE	Research Grant	40,000	CHECK			
(6)			EUROPE	Research Grant	70,000	CHECK			
(7)			EUROPE	Research Grant	214,543	CHECK			
(8)			NORTH AMERICA	Research Grant	82,638	CHECK			
(9)			NORTH AMERICA	Research Grant	190,196	CHECK			
(10)			NORTH AMERICA	Research Grant	634,571	CHECK			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

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)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) Yes No

Part V Supplemental Information

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The 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, grantees are required to submit progress reports before additional funding is authorized.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Europe	\$ 3,081,297	\$ 0
East Asia/Pacific	\$ 911,790	\$ 0
North America	\$ 907,405	\$ 0
East Asia/Pacific	\$ 0	\$ 35,000

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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" to 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			
Event 360 1 205 N. Michigan Ave Chicago IL 60601	Event Prod		X	0	1,784,124	0
Merkle 2 PO Box 64897 Baltimore MD 21264	Donor Data		X	0	1,428,639	0
Infocision 3 325 Springside Drive Akron OH 44333	Telemarket		X	0	158,116	0
Donor Voice 4 11710 Plaza America Drive Reston VA 20190	Telemarket		X	0	7,845	0
5						
6						
7						
8						
9						
10						
Total					3,378,724	

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.

Alabama, Arkansas, Alaska, California, Colorado, Connecticut, Dist of Columbia, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Nevada, North Carolina, North Dakota, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, Wisconsin, West Virginia

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
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:

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

b If "Yes," explain:

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

13a		%
13b		%

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Schedule G, 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 FY2015. These campaigns collectively raised \$ 13,665,953 in revenue for FY2015. The Society uses Event 360 primarily for logistics and event production for the Muckfest MS 360 event.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

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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?
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" to 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)	Accerlated Cure Project 460 Totten Pond Road Waltham MA 02451	04-3555864		187,500				Research Grant
(2)	Albany Medical College 47 New Scotland Ave, CIMD, MC 151 Albany NY 12208	14-1338310	GOV	210,582				Research Grant
(3)	Albert Einstein College of Medicine 1300 Morris Park Avenue New York NY 10461	20-4933752	501c3	385,795				Research Grant
(4)	Baylor College of Medicine One Baylor Plaza Houston TX 77030	74-1613878	501c3	302,159				Research Grant
(5)	Boston Children's Hospital 3000 Longwood Avenue Boston MA 01225	04-2774441	501c3	336,315				Research Grant
(6)	Brigham and Women's Hospital 45 Francis St Boston MA 02115	04-2312909	501c3	3,046,283				Research Grant
(7)	Brown University 164 Angell Street Providence RI 02912	05-0258809	501c3	106,992				Research Grant
(8)	Case Western Reserve University 10900 Euclid Avenue Cleveland OH 44106	34-1018992	501c3	213,135				Research Grant
(9)	Children's Hospital Medical Center 3333 Burnet Ave MLC 5000 Cincinnati OH 45229	31-0833936	501c3	372,981				Research Grant

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 119

3 Enter total number of other organizations listed in the line 1 table ▶ 11

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Yes No

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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)	Children's Research Institute 111 Michigan Ave., NW Rm5340 Washington DC 20010	52-1654453	501c3	110,163				Research Grant
(2)	Cleveland Clinic Foundation PO 931531 Office of Grants & Contra Cleveland OH 44193	91-2153073	501c3	2,251,893				Research Grant
(3)	Columbia University 615 W. 131 Street New York NY 10027	13-5998093	501c3	248,635				Research Grant
(4)	Cornell University Medical College 1300 York Avenue New York NY 10021	13-1623978	501c3	251,879				Research Grant
(5)	Critical Path Institute 1730 E River Rd Tucson AZ 85718	20-1991334	501c3	755,960				Research Grant
(6)	Drexel University 3141 Chestnut St Philadelphia PA 19104	23-1352630	501c3	490,131				Research Grant
(7)	Duke University 200 Trent Dr Durham NC 27710	56-0532129	501c3	761,016				Research Grant
(8)	Emory University 201 Dowman Drive Atlanta GA 30322	58-0566256	501c3	43,864				Research Grant
(9)	Geisel School of Medicine at Dartm 1 Rope Ferry Rd, Hanover Hanover NH 03755	02-0222140	501c3	43,054				Research Grant

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DAA

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(Form 990)**

**Grants and Other Assistance to Organizations,
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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" to 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)	Georgetown University 3800 Reservoir Rd NW Washington DC 20007	53-0196603	501c3	215,449				Research Grant
(2)	Harvard Medical School 1350 Massachusetts Avenue Cambridge MA 02138	42-1035800	501c3	343,434				Research Grant
(3)	Henry Ford Health Sciences Center 2799 West Grand Boulevard Detroit MI 48202	38-1357020	501c3	295,056				Research Grant
(4)	Henry M. Jackson Foundation 1401 Rockville Pike Rockville MD 20852	52-1317896	501c3	44,000				Research Grant
(5)	Hunter College 695 Park Avenue New York NY 10065	13-6001027	501c3	44,000				Research Grant
(6)	J. David Gladstone Institutes 1650 Owens St San Francisco CA 94158	23-7203666	501c3	189,141				Research Grant
(7)	Johns Hopkins University 1101 East 33rd Street Suite D200 Baltimore MD 21218	52-0595110	501c3	1,205,539				Research Grant
(8)	Kaiser Foundation Hospitals 100 S. Robles Street Oakland CA 91101	94-1105628	501c3	111,310				Research Grant
(9)	Kennedy Krieger Research Institute 716 N Broadway Baltimore MD 21205	52-1524965	501c3	79,107				Research Grant

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(Form 990)**

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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 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" to 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)	Kessler Foundation Research Center 300 Executive Drive, Suite 150 West Orange NJ 07052	76-0637670	501c3	836,572				Research Grant
(2)	Loyola University - Chicago 1032 W Sheridan RD Chicago IL 60660	36-1408475	501c3	110,000				Research Grant
(3)	Massachusetts Institute of Technology 7 Massachusetts Avenue Cambridge MA 02139	04-2103594	501c3	411,851				Research Grant
(4)	Mayo Clinic College of Medicine 200 First Street SW Rochester MN 55905	41-1937751	501c3	187,164				Research Grant
(5)	Mayo Clinic Rochester 201 First Street SW Rochester MN 55905	41-0944601	501c3	303,555				Research Grant
(6)	McKing Consulting Corporation 2810 Old Lee Highway Fairfax VA 22031	54-2006067	501c3	367,768				Research Grant
(7)	Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee WI 53226	39-0807235	501c3	429,402				Research Grant
(8)	Medical Research Fund of Hadassah M 50 W 58 Street New York NY 10019	13-1656651	501c3	115,300				Research Grant
(9)	MGH Institute of Health Professions 36 First Ave Charleston MA 02129	04-2868893	501c3	73,062				Research Grant

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**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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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)	Michigan State University 1791 Hillandale Rd Benton Harbor MI 49022	23-7019032	GOV	44,000				Research Grant
(2)	Mount Sinai School of Medicine 185 S. Orange Avenue, MSB F607D Newark NJ 07103	13-6171197	501c3	1,131,731				Research Grant
(3)	National Institutes of Health 9000 Rockville Pike Bethesda MD 20814	52-1986675	501c3	77,415				Research Grant
(4)	New York University 70 Washington Sq. So New York NY 10012	13-5562308	501c3	767,897				Research Grant
(5)	NYU School of Medicine 550 First Avenue New York NY 10016	37-1592643	501c3	57,114				Research Grant
(6)	Northwestern University 633 Clark Street, Crown Room G-547 Evanston IL 60208	36-2167817	501c3	349,261				Research Grant
(7)	Northwestern University Feinberg School of Medicine 680 North Lake Shore Drive Chicago IL 60611	36-3097297	501c3	65,379				Research Grant
(8)	Ohio State University 1480 West Lane Avenue Columbus OH 43221	31-1145986	GOV	194,909				Research Grant
(9)	Oregon Health & Science University 2525 SW First Avenue, Suite 220 Portland OR 97201	93-1176109	501c3	1,250,090				Research Grant

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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Yes No

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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)	Portland VA Research Foundation 3710 SW US Veterans Hospital Road Portland OR 97201	94-3090170	501c3	45,497				Research Grant
(2)	Regents of the University of California One Shields Ave Davis CA 95616	94-6036494	GOV	85,033				Research Grant
(3)	Regents of the University of California 1400 Biological Sciences 3 Irvine CA 92697	95-2226406	GOV	155,497				Research Grant
(4)	Rhode Island Department of Health One Capital Hill Providence RI 02908	91-1528508	501c3	10,500				Research Grant
(5)	Rosalind Franklin University 3333 Green Bay Road North Chicago IL 60064	36-2181973	501c3	154,000				Research Grant
(6)	RTI International 3040 E. Cornwallis Road Research Triangle Park NC 27709	56-0686338	501c3	68,075				Research Grant
(7)	Rutgers University 65 Davidson Road, Room 306 Piscataway NJ 08854	46-2354111	501c3	700,483				Research Grant
(8)	Saint Francis Care Mandell MS Center 490 Blue Hill Avenue Hartford CT 06112	05-0440574	501c3	138,796				Research Grant
(9)	Sanford-Burnham Medical Research Institute 10901 N Torrey Pines Rd La Jolla CA 92037	51-0197108	501c3	39,550				Research Grant

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Yes No

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(1)	Seattle Children's Research Institute PO Box 50020, M/S 2000 Seattle WA 98145	91-1156519	501c3	207,580				Research Grant
(2)	Shepherd Center 2020 Peachtree St NW Atlanta GA 30309	51-0141601	501c3	43,579				Research Grant
(3)	Southern Methodist University PO Box 750294 Dallas TX 75275	75-0800689	501c3	63,079				Research Grant
(4)	St. Louis University 3545 Lindell Blvd. St. Louis MO 63103	43-0654872	501c3	204,029				Research Grant
(5)	Stanford University 326 Galvez St Stanford CA 94305	94-1156365	501c3	715,487				Research Grant
(6)	SUNY Stony Brook W5510 Melville Library Stony Brook NY 11794	11-6077945	GOV	192,965				Research Grant
(7)	Temple University 1852 N 10th Street/Tasb 3rd Philadelphia PA 19122	23-1365971	501c3	165,000				Research Grant
(8)	The Children's National Medical Center 111 Michigan Avenue NW Washington DC 20010	52-1640403	501c3	221,709				Research Grant
(9)	The General Hospital Corporation 50 Stanford St Ste 1001 Grants MA 02114	85-0141285	501c3	119,819				Research Grant

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DAA

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Yes No

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(1)	The Hospital for Sick Children 1731 Bunker Hill Rd NE Washington DC 20010	53-0204670	501c3	88,238				Research Grant
(2)	The Research Foundation of State Un 80 Maiden Ln Albany NY 12201	14-1368361	GOV	205,464				Research Grant
(3)	The Salk Institute for Biological S 10010 N Torrey Pines Rd San Diego CA 92037	95-2160097	501c3	81,502				Research Grant
(4)	The University of Iowa Jessup Hall Iowa City IA 52242	42-0796760	501c3	345,859				Research Grant
(5)	The University of Texas Health Scie 7000 Fannin Ste 1200 Houston TX 77030	74-1761309	501c3	109,211				Research Grant
(6)	The University of Texas Health Scie PO BOX 100674 San Antonio TX 78201	74-2461806	501c3	196,786				Research Grant
(7)	The University of Texas Southwester 5323 Harry Hines Blvd. Dallas TX 75235	75-6002868	501c3	130,493				Research Grant
(8)	Thomas Jefferson University 1020 Walnut Street, 525 Scott Bldg Philadelphia PA 19107	23-1352651	501c3	332,204				Research Grant
(9)	Trustees of Dartmouth College 11 Rope Ferry Road, #6120 Hanover NH 03775	02-0222111	501c3	74,250				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
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Yes No

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(1)	Uniformed Services University of the Health Sciences 4301 Jones Bridge Road, RmB2050 Bethesda MD 20814	53-0207336	501c3	44,000				Research Grant
(2)	University at Buffalo, SUNY BOX 900 Buffalo NY 14226	16-0865182	GOV	936,964				Research Grant
(3)	University Medical Center 1700 West Van Buren Street Chicago IL 60612	36-2174823	501c3	104,230				Research Grant
(4)	University of Alabama at Birmingham 701 20th Street South, AB 1170 Birmingham AL 35294	63-6005396	501c3	385,034				Research Grant
(5)	University of Arizona 1111 N Cherry Avenue Tucson AZ 85721	86-6050388	501c3	99,614				Research Grant
(6)	University of Baltimore 620 W. Lexington Street Baltimore MD 21201	31-1678679	501c3	43,958				Research Grant
(7)	University of California, Davis 1441 Research Park Drive Davis CA 95616	94-6036494	501c3	172,860				Research Grant
(8)	University of California San Diego 9500 Gilman Dr La Jolla CA 92093	95-2544535	501c3	220,000				Research Grant
(9)	University of California, Berkeley 2080 Addison St Berkeley CA 94720	94-6090626	501c3	274,969				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.

DAA

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2014

**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?
 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" to 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, Irvine 111 Academy Way, Suite 210 Irvine CA 92697	95-2540117	501c3	100,791				Research Grant
(2)	University of California, Los Angeles 405 Hilgard Ave Los Angeles CA 90095	95-6006143	501c3	165,000				Research Grant
(3)	University of California, San Francisco 1855 Folsom Street San Francisco CA 94143	94-6036493	501c3	2,526,534				Research Grant
(4)	University of Chicago 970 East 58th Street Chicago IL 60637	36-2177139	501c3	1,058,386				Research Grant
(5)	University of Cincinnati PO BOX 19970 Cincinnati OH 45219	31-0896555	501c3	39,942				Research Grant
(6)	University of Colorado Anschutz Medical Campus, Bldg. 500, Aurora CO 80045	84-6000555	501c3	1,132,989				Research Grant
(7)	University of Connecticut Health Center 263 Farmington Avenue Farmington CT 06030	06-6077072	501c3	392,891				Research Grant
(8)	University of Florida 123 Grinter Hall POB 113001 Gainesville FL 32611	59-9002052	501c3	284,823				Research Grant
(9)	University of Illinois 901 West Illinois Street Urbana IL 61801	37-6000511	501c3	1,167,623				Research Grant

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Name of the organization

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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?
 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" to 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 Kansas Medical Center 3901 Rainbow Blvd, MS 1039 Kansas City KS 66160	48-1108830	501c3	318,971				Research Grant
(2)	University of Kentucky 109 Kinkead Hall Lexington KY 40506	61-6033693	501c3	150,051				Research Grant
(3)	University of Maryland - College Park 4603 Calvert Rd College Park MD 20742	52-2197313	501c3	197,011				Research Grant
(4)	University of Massachusetts Amherst 405 Goodell Bldg Amherst MA 01003	54-2084125	501c3	241,421				Research Grant
(5)	University of Miami 1320 S Dixie Hwy Coral Gables FL 33146	59-0624458	501c3	70,000				Research Grant
(6)	University of Michigan Po Box 223131 Pittsburgh PA 15251	38-6006309	501c3	355,472				Research Grant
(7)	University of Minnesota 1300 South 2nd Street Minneapolis MN 55454	41-6007513	501c3	187,297				Research Grant
(8)	University of Missouri - Kansas City 1750 Independence Avenue Kansas City MO 64106	44-0545280	501c3	315,341				Research Grant
(9)	University of Nebraska - Lincoln 1400 R ST STE 134 Lincoln NE 68588	27-1324754	501c3	44,000				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)**

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

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

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Part I General Information on Grants and Assistance

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 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" to 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 New Mexico 1 University fo New Mexico, MSC 09 Albuquerque NM 87131	85-6000642	501c3	347,098				Research Grant
(2)	University of North Carolina-Chapel 220 E Cameron Ave Chapel Hill NC 27514	56-6001393	501c3	406,042				Research Grant
(3)	University of Pennsylvania 3451 Walnut Street, Franklin Buildi Philadelphia PA 19104	31-1538725	501c3	398,184				Research Grant
(4)	University of Pittsburgh 4200 Fifth Ave Pittsburgh PA 15260	25-0965591	501c3	323,850				Research Grant
(5)	University of Rochester 500 Wilson Blvd Rochester NY 14627	16-0743209	501c3	125,250				Research Grant
(6)	University of Texas at Dallas 800 W Campbell Rd Richardson TX 75080	75-1305566	501c3	230,777				Research Grant
(7)	University of Utah 201 Presidents Cir Salt Lake City UT 84112	87-6000525	501c3	743,823				Research Grant
(8)	University of Utah Medical Center 561 E 1860 S Provo UT 84606	26-2476719	501c3	863,562				Research Grant
(9)	University of Vermont 353 Waterman Building Burlington VT 05405	03-0179440	501c3	265,903				Research Grant

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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Part I General Information on Grants and Assistance

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- 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" to 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 Virginia P.O. Box 800773 Charlottesville VA 22908	41-2097394	501c3	264,000				Research Grant
(2)	University of Washington 4333 Brooklyn Ave. NE, Box 359472 Seattle WA 98195	91-6001537	501c3	1,055,887				Research Grant
(3)	University of Wisconsin 1848 University Avenue Madison WI 53726	39-0743975	501c3	521,171				Research Grant
(4)	Vanderbilt University 2301 Vanderbilt Place Nashville TN 37235	62-0476822	501c3	531,744				Research Grant
(5)	Veterans Administration Medical Cen 10 North Greene St Baltimore MD 21201	52-1705976	501c3	276,634				Research Grant
(6)	Virginia Commonwealth University P.O. Box 843075 Richmond VA 23284	54-0757884	501c3	242,400				Research Grant
(7)	Washington University 255 E Main Street STE 201 Pullman WA 99164	91-1075542	501c3	48,750				Research Grant
(8)	Washington University School of Med 700 Rosedale Avenue Saint Louis MO 63112	23-7060605	501c3	627,044				Research Grant
(9)	Wayne State University 5057 Woodward Avenue, Suite 13202 Detroit MI 48202	38-6028429	GOV	618,456				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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DAA

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

Employer identification number

National Multiple Sclerosis Society

13-5661935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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" to 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)	Westat 1650 Research Blvd. Rockville MD 20850	84-0529566	501c3	299,154				Research Grant
(2)	Yale University PO Box 1873 New Haven CT 06508	06-0646973	501c3	896,522				Research Grant
(3)	Acadia 3911 Sorrento Valley Blvd. San Diego CA 92121	61-3766510		54,538				Fast Forward-Domesti
(4)	Athersys, Inc. 3201 Carnegie Avenue Cleveland OH 44115	20-4864095		20,000				Fast Forward-Domesti
(5)	Io Therapeutics, Inc. 1805 E. Garry Avenue Sanata Ana NY 10017	13-5661935		72,000				Fast Forward-Domesti
(6)	NY University Medical Center 622 West 168TH ST New York NY 10032	80-0496512	501c3	134,764				Fast Forward-Domesti
(7)	Emory University 1599 Clifton Road NE 4th Fl Atlanta GA 30322	58-0566256	501c3	167,867				Fast Forward-Domesti
(8)	Glialogix Inc 150 Tioga Lane Greenbrae CA 94904	26-2171757		233,753				Fast Forward-Domesti
(9)	Kryopharm 2 Mercer Road Natick MA 01760	26-3931704		250,000				Fast Forward-Domesti

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(Form 990)**

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Name of the organization

National Multiple Sclerosis Society

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- 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?
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" to 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 Diego 9500 Gillman Drive La Jolla CA 92093	95-2544535	501c3	132,500				Fast Forward-Domesti
(2)	University of Kansas 3901 Rainbow Blvd, MS 1039 Kansas City KS 66160	48-1108830	501c3	65,000				Clinical Grant
(3)	State University of New York at Stony Brook W5510 Melville Library Stony Brook NY 11794	11-6077945	GOV	65,000				Clinical Grant
(4)	University of Virginia P.O. Box 800773 Charlottesville VA 22908	41-2097394	501c4	65,000				Clinical Grant
(5)	Yale University PO Box 1873 New Haven CT 06508	06-0646973	501c3	65,000				Clinical Grant
(6)	Ohio State University-Ohio Health 1960 Kenny Road, 4th Floor Columbus OH 43210	31-6025986	GOV	65,000				Clinical Grant
(7)	University of Kentucky 109 Kinkead Hall Lexington KY 40506	61-6033693	501c3	65,000				Clinical Grant
(8)	Beth Israel Deaconess Medical Center 20 E 46th Street New York NY 10017	04-2103881	501c3	65,000				Clinical Grant
(9)	Brown University 164 Angell Street Providence RI 02912	05-0258809	501c3	65,000				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

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DAA

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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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?
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" to 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)	Children's Hospital of Philadelphia 34th Street & Civic Center Blvd Philadelphia PA 19104	23-1352166	501c3	116,875				Clinical Grant
(2)	Cleveland Clinic Foundation PO 931531 Office of Grants & Contra Cleveland OH 44193	91-2153073	501c3	116,875				Clinical Grant
(3)	University of California-San Franc 1855 Folsome Street San Francisco CA 94143	94-6036493	501c3	116,875				Clinical Grant
(4)	University of Rochester Medical Cen 518 Hylan Bldg., Box 270140 Rochester NY 14627	16-0743209	501c3	116,875				Clinical Grant
(5)	Mount Sinai School of Medicine - 1 185 S. Orange Avenue, MSB F607D Newark NJ 07103	13-6171197	501c3	115,476				Clinical Grant
(6)	University of Chicago Medical Cente 700 S. Halsted Street Chicago IL 60607	36-2177139	501c3	116,875				Clinical Grant
(7)	Bringham and Womens Hospital 45 Francis St Boston MA 02115	04-2312909	501c3	116,875				Clinical Grant
(8)	Johns Hopkins University 1101 East 33rd Street Suite D200 Baltimore MD 21218	52-0595110	501c3	140,216				Clinical Grant
(9)	University of Massachusetts Medical 55 Lake Avenue North, Worcester, MA Worcester MA 01655	91-1943504	501c3	151,250				Clinical Grant

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014) **National Multiple Sclerosis Society 13-5661935**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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	835	1,194,685			N/A
2 Step. Stones Patient Asst	108	109,221			N/A
3					
4					
5					
6					
7					

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

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 grantees 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 grantees.

SCHEDULE J
(Form 990)

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.

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OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2014 **National Multiple Sclerosis Society 13-5661935**

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

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

Note. The sum of columns (B)(i)-(iii) 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) Nonizable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Cynthia Zagieboylo President & CEO	(i) 452,299 (ii) 0 (iii) 0	0	0	7,800	1,140	461,239	0
2	Paul Weiss COO	(i) 298,172 (ii) 0 (iii) 0	0	0	7,800	41,625	347,597	0
3	Eric Hilty Chief Legal Officer	(i) 202,879 (ii) 0 (iii) 0	0	0	6,178	38,345	247,402	0
4	Tim Coetzee Chief Research Offic	(i) 295,453 (ii) 0 (iii) 0	0	0	7,800	37,810	341,063	0
5	Graham McReynolds Chief M& D Officer	(i) 291,564 (ii) 0 (iii) 0	0	0	7,800	20,558	319,922	0
6	John Scott Chief Field Officer	(i) 279,306 (ii) 0 (iii) 0	0	0	7,800	11,418	298,524	0
7	Mark Neagli Regional EVP	(i) 254,924 (ii) 0 (iii) 0	0	0	7,731	27,239	289,894	0
8	Maureen Reeder Regional EVP	(i) 249,452 (ii) 0 (iii) 0	0	0	7,341	2,043	258,836	0
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

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.

Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments

Severance Nonqualified Equity-based

James Nangle (Thru 6/18/15)

34,354

0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (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

Form 990, Part III, Line 4c - Third Accomplishment

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 - All Other Accomplishment

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 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.

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Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Members of the National Multiple Sclerosis Society are comprised of the members of the 37 local chapters.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

All members of the Board of Directors are elected by the Delegate Assembly, which is comprised of elected members of the Society's local affiliated chapter members.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

The Delegate Assembly elects the Governing Body, approves any By-Law changes and approves the Society's strategic response.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form 990 and accompanying schedules are reviewed by management and an 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.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All staff and members of the National Board of Directors and volunteers serving on key committees must review the Conflict of Interest policy and

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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.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Compensation Committee is comprised of at least three (3) independent 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.

Form 990, Part VI, Line 15b - Compensation Process for Officers

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

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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.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed
 Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
 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 and conflict of interest policy is available upon request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Grant refunds \$ 600,130

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number
13-5661935

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Fast Forward LLC 733 Third Avenue New York NY 10017-3822 26-1933619	Research	DE	1,449,632	930,109	NMSS
(2)					
(3)					
(4)					
(5)					

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)							

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.

(1)	(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 alloc.?		(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)													

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.

(1)	(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)										

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

Table with 11 rows (1-11) and columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (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; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Area with horizontal dotted lines for supplemental information.