


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

2015

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
National Multiple Sclerosis Society

% TAMI CAESAR CFO

Doing business as

Number and street (or P O box if mail is not delivered to street address) 733 third avenue

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
new york, NY 100174057

D Employer identification number

13-5661935

E Telephone number

(212) 986-3240

G Gross receipts \$ 158,487,757

F Name and address of principal officer
cynthia zagieboylo
733 third avenue
new york, NY 100173288

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

H(b) Are all subordinates included?
If "No," attach a list (see instructions) ☐ Yes ☐ No

H(c) Group exemption number ▶ 1048

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.nationalmssociety.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1946

M State of legal domicile NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
people affected by ms can live their best lives as we stop ms in its tracks, restore what has been lost and end ms forever

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	302
6 Total number of volunteers (estimate if necessary)	6	500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,605,654
b Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	110,102,818	106,277,577
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,323	646,108
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,573	-481,577
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,623,877	1,993,708
	113,580,591	108,435,816

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	53,328,203	46,986,745
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	28,887,509	35,773,829
16a Professional fundraising fees (Part IX, column (A), line 11e)	3,378,723	3,042,702
b Total fundraising expenses (Part IX, column (D), line 25) ▶9,881,668		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	31,728,648	31,714,496
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	117,323,083	117,517,772
19 Revenue less expenses Subtract line 18 from line 12	-3,742,492	-9,081,956

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	120,813,206	110,314,180
21 Total liabilities (Part X, line 26)	94,409,691	86,285,441
22 Net assets or fund balances Subtract line 21 from line 20	26,403,515	24,028,739

Part II

Signature Block

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

Sign Here

Signature of officer

2017-05-18

Date

TAMI CAESAR cfo

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Qi Wen Liang

Preparer's signature
Qi Wen Liang

Date
2017-05-19

Check ☐ if self-employed

PTIN
P01270238

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶

Firm's address ▶ 757 THIRD AVE 4TH FLOOR

Phone no (212) 599-0100

NEW YORK, NY 100172013

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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 \$ 50,969,812 including grants of \$ 44,164,483) (Revenue \$ 0)

RESEARCH - To move us closer to a world free of MS, in 2016, the National Multiple Sclerosis Society's invested an estimated \$51 million to support more than 380 research projects around the world aimed at stopping MS in its tracks, restoring function, and ending the disease forever The Society collaborates worldwide to develop solutions for everyone affected by MS, including those with progressive MS, through the accelerated discovery and commercial development of promising research discoveries, new MS therapies, and research tools

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

SERVICES TO CHAPTERS - Include costs incurred by the Home Office to support the activities of its chapters These costs include but are not limited to the following centralized functions Information Technology, Finance, Human Resources, Legal and Communications and Marketing IN 2016, THE ACCOUNTING AND FINANCE FUNCTION FOR THE HOME OFFICE AND ALL OF THE SOCIETY'S CHAPTERS WAS CONSOLIDATED INTO A SINGLE FUNCTION MANAGED CENTRALLY BY THE HOME OFFICE ALSO, IN 2016, THE SOCIETY MOVED TO A CENTRALLY MANAGED 401(K) PLAN FOR ALL SOCIETY EMPLOYEES COSTS RELATED TO THESE CHANGES SHIFTED FROM 36 CHAPTERS TO THE HOME OFFICE

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

Client programs - people affected by MS connect to each other and extensive variety of programs, services and resources Many programs facilitate education, recreation, physical and emotional wellness, connection with others Other programs support independence, safety, health and quality of life The MS navigator program provided more than 172,000 people information, emotional support, and connections to resources In addition, more than 160,000 people attended groups and programs More than 800,000 people engaged in conversations and accessed information and support on the society's online community and social media channels COMMUNITY PROGRAMS - Continued on SCH O

4d Other program services (Describe in Schedule O)








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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	3	No
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	4 Yes	
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	5	No
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	6	No
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	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	9 Yes	
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	10 Yes	
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	11a Yes	
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	11b	No
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	11c	No
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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
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	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b Yes	
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	15 Yes	
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	16	No
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)	17 Yes	
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	18	No
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
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	38	Yes	

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.	116		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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.	302		
b	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).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
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)?	4a		No
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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
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.	13a		
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.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	33		
b Enter the number of voting members included in line 1a, above, who are independent	1b	32		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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?	3			No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6 Did the organization have members or stockholders?	6		Yes	
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?	7a		Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a The governing body?	8a		Yes	
b Each committee with authority to act on behalf of the governing body?	8b		Yes	
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	9			No

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?	10a	Yes	
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?	10b	Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records TAMI CAESAR CFO 733 THIRD AVENUE new york, NY 100173288 (212) 476-0424	

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

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, or 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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,512,466	0	208,874

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

3Did 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

No

4For 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

Yes

5Did 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

No

Section B. Independent Contractors

1Complete 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, PO BOX 64897 BALTIMORE, MD 21264	DIRECT MKTG	7,341,172
BLACKBAUD, PO 930256 ATLANTA, GA 31193	FUND SOFTWARE	2,492,735
EPSILON, 11 WEST 19TH STREET NEW YORK, NY 10016	DATA ADMIN/SUPP	1,565,535
EVENT 360 INC, 205 N MICHIGAN AVE CHICAGO, IL 60601	EVENT PROD	1,395,001
BULLY PULPIT INTERACTIVE LLC, 915 BROADWAY NEW YORK, NY 10010	STRATEGIC COMMU	778,538

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 29

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	106,277,577				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			106,277,577			
Program Service Revenue			Business Code					
	2a	RENTAL INCOME FROM CHAPTERS	900099	646,108	646,108			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			646,108			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,020,380			1,020,380	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
		Gross rents		385,146				
		b	Less rental expenses					
		c	Rental income or (loss)	385,146	0			
	d	Net rental income or (loss)			385,146		385,146	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		48,549,984				
		b	Less cost or other basis and sales expenses	50,051,941				
		c	Gain or (loss)	-1,501,957				
	d	Net gain or (loss)			-1,501,957		-1,501,957	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events . . .			0		
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances		a				
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory . . .			0		
		Miscellaneous Revenue		Business Code				
	11a	ADVERTISING INCOME		900099	1,605,654		1,605,654	
	b	MISCELLANEOUS REVENUE		541800	2,908			2,908
	c							
d	All other revenue							
e	Total. Add lines 11a-11d			1,608,562				
12	Total revenue. See Instructions			108,435,816	646,108	1,605,654	-93,523	

Part IX Statement of Functional Expenses

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

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

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	40,711,436	40,711,436		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,134,317	1,134,317		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	5,140,992	5,140,992		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	1,353,071	1,074,482	204,107	74,482
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	25,667,732	20,382,885	3,871,924	1,412,923
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,278,895	1,811,273	340,265	127,357
9	Other employee benefits.	4,636,904	3,685,427	692,341	259,136
10	Payroll taxes.	1,837,227	1,460,234	274,318	102,675
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	24,526	16,473	4,151	3,902
c	Accounting.	138,003	92,687	23,359	21,957
d	Lobbying.	144,781	97,239	24,507	23,035
e	Professional fundraising services. See Part IV, line 17.	3,042,702			3,042,702
f	Investment management fees.	151,047	101,449	25,567	24,031
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,305,434	4,906,578	1,236,543	1,162,313
12	Advertising and promotion.	0			
13	Office expenses.	5,637,201	2,707,920	1,058,147	1,871,134
14	Information technology.	6,028,785	4,049,137	1,020,453	959,195
15	Royalties.	0			
16	Occupancy.	3,156,166	2,450,368	513,009	192,789
17	Travel.	2,196,200	1,796,725	283,121	116,354
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,069,738	863,982	130,237	75,519
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	1,862,949	1,499,148	264,445	99,356
23	Insurance.	1,271,625	1,003,791	206,393	61,441
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUNDRY	909,955	587,665	188,190	134,100
b	DUES AND SUBSCRIPTIONS	715,136	470,430	158,827	85,879
c	APPROPRIATED RESEARCH EXP	557,404	557,404		
d	TELEPHONE	236,247	217,650	15,436	3,161
e	All other expenses	309,299	258,857	22,215	28,227
25	Total functional expenses. Add lines 1 through 24e.	117,517,772	97,078,549	10,557,555	9,881,668
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	7,457,553	2,035,914	1,722,690	3,698,949

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		28,410,259	2	34,708,519
	3	Pledges and grants receivable, net		5,174,057	3	2,977,443
	4	Accounts receivable, net		1,486,992	4	1,221,976
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		206,897	8	282,709
	9	Prepaid expenses and deferred charges		1,974,521	9	2,018,575
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a13,845,785			
	b	Less: accumulated depreciation	10b7,731,139	6,065,568	10c	6,114,646
	11	Investments—publicly traded securities		76,275,638	11	61,917,472
	12	Investments—other securities. See Part IV, line 11		151,708	12	155,791
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		1,067,566	15	917,049
	16	Total assets. Add lines 1 through 15 (must equal line 34)		120,813,206	16	110,314,180
Liabilities	17	Accounts payable and accrued expenses		8,488,426	17	5,316,975
	18	Grants payable		50,372,928	18	45,255,779
	19	Deferred revenue		412,578	19	215,000
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		658,139	21	2,676,470
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		34,477,620	25	32,821,217
	26	Total liabilities. Add lines 17 through 25		94,409,691	26	86,285,441
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		20,103,473	27	17,008,510
	28	Temporarily restricted net assets		4,408,057	28	5,128,244
	29	Permanently restricted net assets		1,891,985	29	1,891,985
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		26,403,515	33	24,028,739
	34	Total liabilities and net assets/fund balances		120,813,206	34	110,314,180

Part XI **Reconciliation of Net Assets**

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

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

Part XII **Financial Statements and Reporting**

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

		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		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 13-5661935
Name: National Multiple Sclerosis Society

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CYNTHIA ZAGIEBOYLO president & ceo	40 0 0 0	X		X				501,300	0	9,090
MINDY b ALPERT Director	5 0 0 0	X						0	0	0
BONNIE HIGGINS From 11615 Director	5 0 0 0	X						0	0	0
MICHAEL A BOGDONOFF ESQ Director	5 0 0 0	X						0	0	0
DOUG COY Director	5 0 0 0	X						0	0	0
DANA M FOOTE Director	5 0 0 0	X						0	0	0
SHYAM GIDUMAL Director	5 0 0 0	X						0	0	0
LILY JUNG HENSON MD MMMFAAN Director	5 0 0 0	X						0	0	0
WILLIAM HOLLEY Director	5 0 0 0	X						0	0	0
MARY HUGHES MD Director	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JULIUS HOBSON JR Director	5 0 0 0	X						0	0	0
RICHARD KNUTSON Treasurer	5 0 0 0	X		X				0	0	0
CRAIG T LYNCH Director	5 0 0 0	X						0	0	0
DANIEL MESSINA Director	5 0 0 0	X						0	0	0
AARON E MILLER MD Director	5 0 0 0	X						0	0	0
KIMBERLY PHILLIPSthru 11615 Director	5 0 0 0	X						0	0	0
RUSSEL PARKER From 11615 Director	5 0 0 0	X						0	0	0
DAVID M ROTTKAMP Director	5 0 0 0	X						0	0	0
CHRIS SEROCKE thru 91316 Director	5 0 0 0	X						0	0	0
FRED LUBLIN Thru 11615 Director	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RICHARD B SLIFKA Director	5 0 0 0	X						0	0	0
ROBERT L SOWINKSKI Director	5 0 0 0	X						0	0	0
PETER G TARRICONE Director	5 0 0 0	X						0	0	0
MALCOLM P WATTMAN ESQ Director	5 0 0 0	X						0	0	0
JEFFREY WESSEL Director	5 0 0 0	X						0	0	0
ELI RUBENSTEIN DIRECTOR	5 0 0 0	X						0	0	0
PETER A GALLIGAN Chairman of BOD	5 0 0 0	X		X				0	0	0
cynthia PERRAZOFrom 11615 Director	5 0 0 0	X						0	0	0
WILLIAM T MONAHAN Director	5 0 0 0	X						0	0	0
LINDA McALEER SECRETARY	5 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MIKE PONGON From 11615 Director	5 0 0 0	X						0	0	0
VALLI BALDASSANO Director	5 0 0 0	X						0	0	0
PETER PORRINO Director	5 0 0 0	X						0	0	0
DAVID SCHULMAN From 11615 Director	5 0 0 0	X						0	0	0
LAURA VACCARO Director	5 0 0 0	X						0	0	0
CAROLINE WHITACRE Director	5 0 0 0	X						0	0	0
PAUL WEISS COO	40 0 0 0				X			310,854	0	38,084
ERIC HILTY CHIEF LEGAL OFFICER	40 0 0 0				X			211,252	0	36,370
TAMI CAESAR From 92815 CFO	40 0 0 0				X			54,336	0	6,875
TIM COETZEE CHIEF RESEARCH OFFICER	40 0 0 0					X		307,794	0	37,985

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GRAHAM McREYNOLDS CHIEF M & D Officer	40 0 0 0					X		305,039	0	25,398
JOHN SCOTT chief field officer	40 0 0 0					X		300,310	0	18,323
MARK NEAGLI regional evp	40 0 0 0					X		262,682	0	27,085
MAUREEN REEDER regional evp	40 0 0 0					X		258,899	0	9,664

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
National Multiple Sclerosis Society

Employer identification number
13-5661935

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	97,248,883	99,409,632	108,092,743	110,102,818	106,277,577	521,131,653
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	97,248,883	99,409,632	108,092,743	110,102,818	106,277,577	521,131,653
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						521,131,653

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	97,248,883	99,409,632	108,092,743	110,102,818	106,277,577	521,131,653
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193,668	611,305	698,913	970,403	1,020,380	3,494,669
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,418,601	1,412,472	1,787,944	1,922,671	1,605,654	8,147,342
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	669,259	203,070	23,044	352,073	2,908	1,250,354
11 Total support. Add lines 7 through 10						534,024,018
12 Gross receipts from related activities, etc. (see instructions)					12	2,360,539
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					► <input type="checkbox"/>	

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	97.586 %
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	97.500 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					► <input checked="" type="checkbox"/>	
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization					► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization					► <input type="checkbox"/>	
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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 II 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.)		
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.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>		
<div>2</div> <div>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? <i>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.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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? <i>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.</i></div>		
<div>b</div> <div>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? <i>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.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

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)	1	
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) <input type="checkbox"/>		

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

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

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

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization National Multiple Sclerosis Society	Employer identification number 13-5661935
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

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

Part II-B

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

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1	MS activists are on the frontline, moving together and speaking with one voice to create legislative and regulatory changes that benefit people living with MS and their families. MS activism drives change in public policies to bring positive impact for people affected by MS. Together on the frontline, activists share the stories about living with MS, connect with decision-makers, work with like-minded partners and create systematic change to impact the greatest number of people possible. State and local activism priorities are determined by both an organizational process and by advocacy staff and government relations volunteers.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
National Multiple Sclerosis Society

Employer identification number
13-5661935

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1
► \$

(ii)

Assets included in Form 990, Part X
► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

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

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	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	2,402,557	2,584,378	1,685,483	3,064,173	2,797,983
b	Contributions			384,479		
c	Net investment earnings, gains, and losses	62,402	-181,821	1,170,982	82,835	366,190
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	2,464,959	2,402,557	2,584,378	1,685,483	3,064,173

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

76 760 %

c

Temporarily restricted endowment

23 240 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

	Yes	No	
3a(i)		No	
3a(ii)		No	
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		
3b			

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	2,221,024	1,033,795
d	Equipment	9,136,076	4,700,581	4,435,495
e	Other	1,454,890	809,534	645,356
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			6,114,646

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	127,576,880
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	4,041,224
b	Donated services and use of facilities	2b	12,778,364
c	Recoveries of prior year grants	2c	2,472,523
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	19,292,111
3	Subtract line 2e from line 1	3	108,284,769
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	151,047
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	151,047
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	108,435,816

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	129,951,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	12,778,364
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-193,433
e	Add lines 2a through 2d	2e	12,584,931
3	Subtract line 2e from line 1	3	117,366,725
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	151,047
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	151,047
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	117,517,772

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.

Return Reference	Explanation
Escrow Liability Arrangement Explanation	Schedule D, Part IV, Line 2b The Society is 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 has four strategic objectives which include raise profile and accelerate progress, secure resources and globalize research funding, inspire, galvanize and engage among priority Stakeholders and deliver operational excellence by aligning resources As a managing member, the Society committed to providing funds of approximately \$9,305,000 over the following three years which is conditional on various factors, with \$1,428,000 paid to the Alliance over three years as well as professional and scientific staff to support the Alliance In addition, the Society maintains custody of the pooled funds contributed from other Alliance members within its region The disbursement of funds for various progressive MS research initiatives are approved by voting Alliance members The Society received a total of \$2,882,000 and \$2,338,000 during the years ending September 30, 2016 and 2015, respectively from Alliance members, which will be held until such time the funds are approved for expenditure As of September 30, 2016 and 2015, the Society recorded unspent donated funds, consisting of both Society and other Alliance members' monies, of approximately \$2,676,000 and \$658,000, respectively

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Expense Amounts Included in Financials - Other	schedule d, Part XII, Line 2d Grant refunds \$ -193,433

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

► **Complete if the organization answered "Yes" to 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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I General Information on Activities Outside the United States.

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Europe (Including Iceland and Greenland)		18	Program Services	grantmaking	3,640,686
(2) East Asia and the Pacific		4	Program Services	grantmaking	672,025
(3) North America		6	Program Services	grantmaking	828,281
(4) East Asia and the Pacific			Investments	N/A	35,000
(5)					
3a Sub-total		28			5,175,992
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		28			5,175,992

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

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

25

3

Enter total number of other organizations or entities ▶

3

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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.

Additional Data

Software ID:
Software Version:
EIN: 13-5661935
Name: National Multiple Sclerosis Society

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		East Asia and the Pacific	Research Grant	39,968	WIRE			
		East Asia and the Pacific	Research Grant	205,965	WIRE			
		EAST ASIA PACIFIC	Research Grant	214,000	WIRE			
		EAST ASIA PACIFIC	Research Grant	212,092	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	fast forward-foreign	47,908	WIRE			
		Europe (Including Iceland and Greenland)	fast forward-foreign	261,711	WIRE			
		Europe (Including Iceland and Greenland)	fast forward-foreign	468,294	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	312,958	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	Research Grant	755,755	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	164,645	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	39,820	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	58,875	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	Research Grant	363,846	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	40,000	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	70,000	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	40,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	Research Grant	40,000	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	157,039	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	58,333	WIRE			
		Europe (Including Iceland and Greenland)	Research Grant	269,494	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	Research Grant	202,148	WIRE			
		Europe (Including Iceland and Greenland)	research grants	289,859	WIRE			
		North America	research grants	77,419	WIRE			
		North America	research grants	70,590	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	research grants	543,077	WIRE			
		North America	research grants	22,220	WIRE			
		North America	research grants	70,400	WIRE			
		North America	research grant	44,576	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
National Multiple Sclerosis Society

Employer identification number
13-5661935

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☐ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 MERKLE PO BOX 64897 BALTIMORE, MD 21264	DONOR DATA		No	12,475,946	2,920,666	9,555,280
2 INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKET		No	240,856	122,036	118,820
3						
4						
5						
6						
7						
8						
9						
10						
Total				12,716,802	3,042,702	9,674,100

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events.

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

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

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)	
					Total gaming (add col (a) through col (c))	
Direct Expenses	1	Gross revenue				
	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

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

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION	PART I- LINE 2B The Society used Merkle and Infocision for the majority of its Direct Mail campaigns in FY2016 These campaigns collectively raised \$12,475,946 in revenue for FY2016

2015

13-5661935

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships	821	1,134,317			n/a

Part IV

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

Return Reference	Explanation
Procedures for Monitoring the Use of Grant Funds	SCHEDULE I, Part I, Line 2 The National Multiple Sclerosis Society utilized a volunteer committee of renowned scientists and neurologists to select research grants for funding in the United States and abroad. All 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.

Additional Data

Software ID:
Software Version:
EIN: 13-5661935
Name: National Multiple Sclerosis Society

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

(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
Trustees of Dartmouth College 6010 Parkhurst Hall 204 Hanover, NH 03755	02-0222111	501(C)(3)	54,299				Research Grant
University of Vermont 85 S Prospect St Burlington, VT 05405	03-0179440	501(C)(3)	330,003				Research Grant
Massachusetts General Hospital 55 Fruit Street Boston, MA 02114	04-1564655	501(C)(3)	570,900				Research Grant

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

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Harvard Medical School 25 Shattuck Street Boston, MA 02115	04-2103580	501(C)(3)	160,817				Research Grant
Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(C)(3)	2,629,192				Research Grant
Boston Children's Hospital 300 Longwood Avenue Boston, MA 02115	04-2774441	501(C)(3)	279,951				Research Grant

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MGH Institute of Health Professions 36 First Avenue Charleston, MA 02129	04-2868893	501(C)(3)	151,425				Research Grant
University of Massachussetts Amherst 300 Massachusetts Avenue Amherst, MA 01003	04-3167352	501(C)(3)	154,000				Research Grant
Accelerated Cure Project 460 Totten Pond Road Waltham, MA 02451	04-3555864		125,000				Research Grant

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

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Yale University School of Medicine 333 Cedar Street New Haven, CT 06510	06-0646973	501(C)(3)	852,365				Research Grant
Whitehead Institute for Biomedical Research 9 Cambridge Center Cambridge, MA 02142	06-1043412	501(C)(3)	44,000				Research Grant
State University of NY at Stony Brook 100 Nicolls Road Stony Brook, NY 11794	11-6077945	Gov	162,965				Research Grant

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

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Weill Cornell Medical College 1300 York Avenue New York, NY 10065	13-1623978	501(C)(3)	347,992				Research Grant
NYU School of Medicine 550 1st Avenue New York, NY 10016	13-5562308	501(C)(3)	881,161				Research Grant
Hunter College 695 Park Avenue New York, NY 10065	13-6001027	501(C)(3)	43,991				Research Grant

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

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Mount Sinai School of Medicine One Gustave Levy Pl New York, NY 10029	13-6171197	501(C)(3)	1,116,415				Research Grant
Albany Medical College 47 New Scotland Ave Albany, NY 12208	14-1338310	Gov	212,576				Research Grant
University of Rochester 601 Elmwood Ave Rochester, NY 14642	16-0743209	501(C)(3)	65,000				Research Grant

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

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The State University of New York at Buffalo 12 Capen Hall Buffalo, NY 14260	16-1514621	Gov	452,489				Research Grant
The New York Stem Cell Foundation 619 W 54th Street New York, NY 10019	20-2905531	501(C)(3)	43,607				Research Grant
Rutgers The State University of New Jersey 57 US Highway 1 New Brunswick, NJ 08901	22-6001086	501(C)(3)	438,618				Research Grant

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

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Children's Hospital of Philadelphia 3401 Civic Ctr Blvd Philadelphia, PA 19104	23-1352166	501(C)(3)	297,320				Research Grant
Drexel University 3141 Chestnut Street Philadelphia, PA 19104	23-1352630	501(C)(3)	191,324				Research Grant
Thomas Jefferson University 125 S 9th Street Philadelphia, PA 19107	23-1352651	501(C)(3)	275,080				Research Grant

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University of Pennsylvania 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(C)(3)	356,772				Research Grant
J David Gladstone Institutes 1650 Owens Street San Francisco, CA 94158	23-7203666	501(C)(3)	165,694				Research Grant
University of Pittsburgh 4200 Fifth Avenue Pittsburgh, PA 15260	25-0965591	501(C)(3)	191,884				Research Grant

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

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University of Utah Medical Center 561 E 1860 S Provo, UT 84606	26-2476719	501(C)(3)	647,671				Research Grant
Children's Hospital Medical Center 3333 BURNET AVE ML 490 Cincinnati, OH 45229	31-0833936	501(C)(3)	600,354				Research Grant
Kessler Foundation Research Center 300 Executive Dr 70 West Orange, NJ 07936	31-1562134	501(C)(3)	1,110,836				Research Grant

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Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	Gov	493,037				Research Grant
The Cleveland Clinic 681 Brescksville Rd Independence, OH 44131	34-0714585	501(C)(3)	78,766				Research Grant
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501(C)(3)	105,467				Research Grant

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Indiana University 107 S Indiana Avenue Bloomington, IN 47405	35-6001673	501(C)(3)	33,000				Research Grant
Northwestern University 633 Clark Street Evanston, IL 60208	36-2167817	501(C)(3)	241,928				Research Grant
Illinois Institute of Technology 3300 S Federal Street Chicago, IL 60616	36-2170136	501(C)(3)	43,316				Research Grant

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University Medical Center 1700 W Van Buren Street Chicago, IL 60612	36-2174823	501(C)(3)	73,393				Research Grant
University of Chicago 5235 S Harper Ct4 fl Chicago, IL 60615	36-2177139	501(C)(3)	250,671				Research Grant
Northwestern University Feinberg School of Medicine 680 N Lake Shore Dr Chicago, IL 60611	36-3097297	501(C)(3)	54,174				Research Grant

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

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University of Chicago Medical Center 5841 S Maryland Avenue Chicago, IL 60637	36-3488183	501(C)(3)	81,250				Research Grant
University of Illinois at Chicago 1200 W Harrison St Chicago, IL 60607	37-6000511	501(C)(3)	1,327,225				Research Grant
Henry Ford Health Sciences Center 2799 W Grand Boulevard Detroit, MI 48202	38-1357020	501(C)(3)	92,564				Research Grant

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

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University of Michigan 500 S State Street Ann Arbor, MI 48109	38-6006309	501(C)(3)	257,527				Research Grant
Wayne State University 42 W Warren Avenue Detroit, MI 48202	38-6028429	Gov	436,287				Research Grant
Marquette University 1250 W Wisconsin Ave Milwaukee, WI 53233	39-0806251	501(C)(3)	44,000				Research Grant

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

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Medical College of Wisconsin PO Box 2178 Milwaukee, WI 53201	39-0807235	501(C)(3)	446,131				Research Grant
University of Wisconsin 1308 W Dayton Street Madison, WI 53706	39-6006492	501(C)(3)	421,195				Research Grant
Mayo Clinic Rochester 201 First Street SW Rochester, MN 55905	41-0944601	501(C)(3)	202,370				Research Grant

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University of Minnesota Ms National River Minneapolis, MN 55455	41-6007513	501(C)(3)	187,297				Research Grant
Mayo Clinic College of Medicine 200 First Street NW Rochester, MN 55905	41-6011702	501(C)(3)	436,767				Research Grant
University of Iowa 5 W Jefferson St Iowa City, IA 52242	42-6004813	501(C)(3)	315,392				Research Grant

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

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Washington University School of Medicine 660 S Euclid Ave Saint Louis, MO 63110	43-0653611	501(C)(3)	905,127				Research Grant
St Louis University 1 N Grand Blvd St Louis, MO 63103	43-0654872	501(C)(3)	204,417				Research Grant
South Dakota State University 940 Administration Ln Brookings, SD 57007	46-6000364	501(C)(3)	117,878				Research Grant

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

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Albert Einstein College of Medicine 1300 Morris Park Avenue Bronx, NY 10461	47-2209056	501(C)(3)	227,456				Research Grant
University of Kansas Medical Center 3901 RAINBOW BLVD Kansas City, KS 66160	48-1108830	501(C)(3)	277,112				Research Grant
Johns Hopkins University 600 North Wolfe Street Baltimore, MD 21287	52-0595110	501(C)(3)	1,814,408				Research Grant

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

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National Institute of Neurological Disorders and S Attn Susan Free Bethesda, MD 20792	52-0858115	501(C)(3)	78,766				Research Grant
Henry M Jackson Foundation 6720-A Rockledge Dr Bethesda, MD 20817	52-1317896	501(C)(3)	498,426				Research Grant
Hugo W Moser Research Institute at Kennedy Kriege 707 North Broadway Baltimore, MD 21205	52-1524965	501(C)(3)	66,747				Research Grant

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

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The Children's National Medical Center 111 Michigan Ave NW Washington, DC 20010	52-1640403	501(C)(3)	404,966				Research Grant
National Institutes of Health 9000 Rockville Pike Bethesda, MD 20814	52-1986675	501(C)(3)	64,213				Research Grant
University of Maryland - College Park 4100 Chesapeake Bldg College Park, MD 20742	52-6002033	501(C)(3)	587,570				Research Grant

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

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Georgetown University 3700 O St NW Washington, DC 20057	53-0196603	501(C)(3)	264,196				Research Grant
Virginia Commonwealth University 800 East Leigh Street Richmond, VA 23298	54-6001758	501(C)(3)	261,589				Research Grant
University of Virginia 400 Emmet St S Charlottesville, VA 23903	54-6001796	501(C)(3)	388,223				Research Grant

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

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West Virginia University 886 Chestnut Ridge Morgantown, WV 26506	55-6000842	501(C)(3)	103,125				Research Grant
RTI International Research Trgl Institute Raleigh, NC 27675	56-0686338	501(C)(3)	96,834				Research Grant
Duke University Medical Center 8 Duke University Durham, NC 27703	56-2070036	501(C)(3)	637,786				Research Grant

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

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University of North Carolina at Chapel Hill 153A Ctry Club Rd Chapel Hill, NC 27514	56-6001393	501(C)(3)	165,000				Research Grant
August University 1120 15th Street Augusta, GA 30912	58-1418202	501(C)(3)	76,899				Research Grant
University of Miami 1320 S Dixie Hwy Coral Gables, FL 33146	59-0624458	501(C)(3)	287,672				Research Grant

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

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University of Florida 123 Grinter Hall Gainsville, FL 32611	59-9002052	501(C)(3)	189,882				Research Grant
Oregon State University 8308 Building Corvallis, GA 97331	61-1730890	501(C)(3)	210,526				Research Grant
Vanderbilt University 1211 Medical Center Dr Nashville, TN 37232	62-0476822	501(C)(3)	419,356				Research Grant

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

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University of Alabama at Birmingham 701 20th St S AB 1170 Birmingham, AL 35294	63-6005396	501(C)(3)	81,992				Research Grant
Oklahoma Medial Research Foundation 825 NE 13th S Oklahoma City, OK 73104	73-0580274	501(C)(3)	211,200				Research Grant
Baylor College of Medicine One Baylor Plaza Rm 600D Houston, TX 77030	74-1613878	501(C)(3)	340,973				Research Grant

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

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The University of Texas at San Antonio One UTSA Circle San Antonio, TX 78249	74-1717115	501(C)(3)	218,631				Research Grant
The University of Texas Health Science Center at 7000 Fannin St 120 Houston, TX 77030	74-1761309	501(C)(3)	48,908				Research Grant
The University of Texas Health Science Center at S PO BOX 100674 San Antonio, TX 78201	74-2461806	501(C)(3)	200,890				Research Grant

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

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Texas A&M AgriLife Research 2147 TAMUS College Station, TX 77843	74-6000541	501(C)(3)	276,407				Research Grant
Southern Methodist University University Dallas, TX 75275	75-0800689	501(C)(3)	16,403				Research Grant
The University of Texas at Dallas 800 W Campbell Rd Richardson, TX 75080	75-1305566	501(C)(3)	247,521				Research Grant

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University of Texas at Dallas 800 West Campbell Road Richardson, TX 75080	75-1305566	501(C)(3)	115,388				Research Grant
UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	75-6002868	501(C)(3)	53,608				Research Grant
Westat 1650 Research Blvd Rockville, MD 20850	84-0529566		499,799				Research Grant

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

(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
University of Colorado Denver 2010 Willard Loop Dr Denver, CO 80209	84-6000555	501(C)(3)	703,196				Research Grant
University of New Mexico 1 Univ of New Mexico Albuquerque, NM 87131	85-6000642	501(C)(3)	89,100				Research Grant
St Joseph's Hospital and Medical Center 703 Main St Phoenix, AZ 85013	86-0174371	501(C)(3)	219,450				Research Grant

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

(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
University of Utah 201 Presidents Cir Salt Lake City, UT 84112	87-6000525	501(C)(3)	1,084,676				Research Grant
Seattle Institute for biomedical and Clinical Rese 1100 Olive Way 940 Seattle, WA 98101	91-1452438	501(C)(3)	44,000				Research Grant
Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	91-2153073	501(C)(3)	1,691,256				Research Grant

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

(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
University of Washington 4333 Brooklyn Ave NE Box 359472 Seattle, WA 98195	91-6001537	501(C)(3)	621,123				Research Grant
Oregon Health & Science University 3181 SW Sam Jackson Rd Portland, OR 97239	93-1176109	501(C)(3)	617,521				Research Grant
Stanford University 450 Serra Mall Stanford, CA 94305	94-1156365	501(C)(3)	545,716				Research Grant

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

(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
University of California San Francisco 505 Parnassus Ave San Francisco, CA 94143	94-2829914	501(C)(3)	2,312,193				Research Grant
University of California Davis 1850 Research Park Drive Davis, CA 95618	94-6036494	Gov	200,521				Research Grant
University of California-Berkeley 2227 Piedmont Avenue Berkeley, CA 94720	94-6090626	501(C)(3)	111,133				Research Grant

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

(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
University of California Los Angeles 10889 Wilshire Blvd Los Angeles, CA 90095	95-6006143	501(C)(3)	209,648				Research Grant
University of California San Diego 9500 Gilman Dr La Jolla, CA 92093	95-6006144	501(C)(3)	412,467				Research Grant
American Academy of Neurology Institute 1080 Montreal Ave Saint Paul, MN 55116	41-0726167	501(C)(3)	24,691				Research Grant

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

(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
Department of State Health Services 1100 W 49th Street Austin, TX 78714	32-0113643	501(C)(3)	12,000				Research Grant
Io Therapeutics Inc 1805 E Garry Avenue Santa Ana, CA 92705	13-5661935		132,000				Fast Forward-Domestic
Emory - RH 3585 Atlanta Avenue Hapeville, GA 30322	56-0566256	501(C)(3)	47,133				Fast Forward-Domestic

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

(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
University of MiamiAccera (92812) PO Box 405803 Atlanta,GA 30384	59-0624458	501(C)(3)	155,000				Fast Forward-Domestic
University of California San Diego 9500 Gillman Drive La Jolla,CA 92093	95-2544535	501(C)(3)	28,500				Fast Forward-Domestic
Brigham and Women's Hospital 75 Francis St Boston,MA 02115	04-2312909	501(C)(3)	181,875				Clinical Grant

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

(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
University of Massachusetts Medical School 55 N Lake Ave Worcester, MA 01655	04-3167352	501(C)(4)	121,000				Clinical Grant
Mount Sinai School of Medicine One Gustave Levy Pl New York, NY 10029	13-6171197	501(C)(3)	115,476				Clinical Grant
University of Rochester Medical Center 601 Elmwood Ave Rochester, NY 14642	16-0743209	501(C)(3)	116,875				Clinical Grant

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

(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
Children's Hospital of Philadelphia 3401 Civic Ctr Blvd Philadelphia, PA 19104	23-1352166	501(C)(3)	116,875				Clinical Grant
University of Chicago Medical Center 5841 S Maryland Ave Chicago, IL 60637	36-3488183	501(C)(3)	116,875				Clinical Grant
Johns Hopkins University 600 North Wolfe Street Baltimore, MD 21287	52-0595110	501(C)(3)	112,173				Clinical Grant

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

(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
Vanderbilt University Medical Center MS Ctr 1211 Medical Center Dr Nashville, TN 37232	62-0476822	501(C)(3)	65,000				Clinical Grant
University of Texas Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	75-6002868	501(C)(3)	146,094				Clinical Grant
University of Colorado Denver 2010 Willard Loop Dr Denver, CO 80209	84-6000555	501(C)(3)	65,000				Clinical Grant

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

(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
University of Utah 201 Presidents Cir Salt Lake City, UT 84112	87-6000525	501(C)(3)	65,000				Clinical Grant
Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	91-2153073	501(C)(3)	116,875				Clinical Grant
University of Washington 4333 Brooklyn Ave NE Seattle, WA 98195	91-6001537	501(C)(3)	143,825				Clinical Grant

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

(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
University of California San Francisco 1855 Folsom Street San Francisco, CA 94143	94-6036493	501(C)(3)	116,875				Clinical Grant
UCLA David Geffen School of Medicine 10889 Wilshire Blvd Los Angeles, CA 90095	95-6006143	501(C)(3)	65,000				Clinical Grant
Progressive MS Alliance 733 Third Avenue New York, NY 10017	13-5661935	501(C)(3)	526,815				Progressive MS Alliance

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

(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
McKing Consulting Corporation 2810 Old Lee Highway Fairfax, VA 22031	54-2006067		21,887				Research Grant

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
National Multiple Sclerosis Society

Employer identification number
13-5661935

Part I Questions Regarding Compensation

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

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

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

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

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

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.

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
National Multiple Sclerosis Society**Employer identification number**

13-5661935

**Return
Reference****Explanation**program service
accomplishments

Form 990, Part III, Line 4c continued Community programs - the society collaborates with dozens of other community organizations, focusing on access to health care, rehabilitation, treatments and therapies, long-term care, disability rights issues, vocational training and rehab, wellness and fitness, and outreach and education to rural and underserved populations FORM 990, PART III, LINE 4D Public education - there are many ways the society educates the public about multiple sclerosis including the society's annual MS awareness campaign, public service announcements, momentum, the society's quarterly magazine distributed to people with MS, healthcare providers, supporters of the society and more In addition to a nation-wide e-newsletter, chapters also distribute a local newsletter, MS connection, to their constituents that includes local announcements and information on upcoming programs and services, and more In total, more than 18 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, medical call program, and educational materials for physical and occupational therapists, mental health professionals, 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

Return Reference	Explanation
Classes of Members or Stockholders	Form 990, Part VI, SECTION A, Line 6 The Members of the National Multiple Sclerosis Society are comprised of the members of the 36 chapters WHO ARE NON-VOTING MEMBERS, AND THOSE CHAPTERS CHOOSE VOTING MEMBERS WHO COMPRISE THE DELEGATE ASSEMBLY

Return Reference	Explanation
Election of Members and Their Rights	Form 990, Part VI, SECTION A, Line 7a All members of the Board of Directors are elected by the Delegate Assembly which is comprised of voting members of the organization Each chapter is allocated a number of voting members based on a formula Voting members are the volunteer leaders of the chapter and the national board of directors

Return Reference	Explanation
Decisions Subject to Approval of members	Form 990, Part VI, SECTION A, Line 7b The Delegate Assembly elects the Governing Body, approves any By-Law changes and approves the Society's strategic response

Return Reference	Explanation
Organization's Process to Review Form 990	Form 990, Part VI, SECTION B, Line 11b The Form 990 and accompanying schedules are reviewed by management and an 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.

Return Reference	Explanation
Enforcement of Conflicts Policy	<p>Form 990, Part VI, SECTION B, Line 12c All staff and members of the National Board of Directors and volunteers serving on key committees must review the Conflict of Interest policy and make any appropriate disclosures. If an individual discloses an actual or potential conflict, the Chief Legal Officer reviews the disclosure and drafts a Conflict Resolution Report to address the actual or potential conflict. The resolution report is presented to the Audit Committee and the Audit Committee edits and ultimately approves a resolution report for each of the disclosed conflicts. The resolution report ensures that the individual does not participate in any discussions or votes related to the conflict. The individual who disclosed the conflict is provided a copy of the resolution report and complies with it.</p>

Return Reference	Explanation
Compensation Process for Top Official	<p>Form 990, Part VI, SECTION B, Line 15a 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.</p> <p>Compensation Process for Officers Form 990, Part VI, Section B, Line 15b The Compensation Committee is comprised of at least three (3) independent board members that determine compensation of the President and CEO, officers and key employees. The committee is provided with comparable salary information and data for all positions at other voluntary healthcare agencies of similar size and national influence. The President and CEO or her designee conducts performance evaluations for officers and other key employees. The outcome of these evaluations is shared with the compensation Committee to provide information on their decisions about compensation and is then ratified by the full board during Executive Session.</p>

Return Reference	Explanation
Governing Documents Disclosure Explanation	<p>Form 990, Part VI, SECTION C, Line 19 The National Multiple Sclerosis IRS Form 990, IRS Form 990-T and audited financial statements are available at www.nmss.org, and on the charity navigator website The Society's governing documents, record retention and conflict of interest policy is available upon request</p> <p>Form 990, Part VII Additional Information Effective October 1, 2016 the Society consolidated the 36 chapters and the national headquarters into a single entity under one federal employer's identification number This transition will better align the Society's resources so that the organization can maximize its impact to drive Research for a cure and to address the challenges of everyone affected by MS As part of the Society's implementation plan for this consolidation, numerous activities and changes were completed during the fiscal year ending September 30, 2016 Many of these changes resulted in the transfer of costs, from what had been the Society's long standing practice to be expensed by the chapters, to the national headquarters The largest of these transfers in cost are salaries and employee benefits Specifically in fiscal 2016 the departments that support the Society's organizational infrastructure including Finance and Benefits Administration increased at the national headquarters to manage the consolidation In addition, prior to October 1, 2016 employee pension expense was accounted for at the chapter level and the national headquarters As of October 1, 2016 all pension expense is accounted for at the national headquarters</p>

Return Reference	Explanation
Other Changes in Net Assets Explanation	Form 990, Part XI, Line 9 RECOVERIES OF PRIOR YEAR GRANTS \$ 2,472,523 GRANT REFUNDS \$ 193,433 ----- Total \$ 2,665,956

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
National Multiple Sclerosis Society

► 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.

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 100173822 26-1933619	RESEARCH	DE	1,198,199	1,695,084	NMSS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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)

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

No

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

Schedule R (Form 990) 2015

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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