

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1870

For calendar year 2013, or tax year beginning **10/01/13**, and ending **09/30/14**

2013

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization National Multiple Sclerosis Society	Employer identification number 13-5661935
---	---

Part I Type of Return and Return Information (Whole Dollars Only)

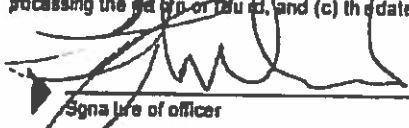
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, f any (Form 990, Part VIII, column (A), line 12)	1b 115,972,436
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, f any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration of Officer


- I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my internet service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive on the IRS' behalf an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  16/8/15 Chief Operating Officer
 Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature 	Date _____	Check if ERO paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
Firm's name (or yours if self-employed), address, and ZIP code _____	EIN _____	Phone no _____		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which I as preparer has any knowledge.

Print/Type preparer's name QI WEN LIANG	Preparer's signature 	Date 06/08/2015	Check <input type="checkbox"/> if self-employed	PTIN P01270238
Firm's name GRANT THORTON LLP	Firm's EIN 36-6055558	Phone no 212-599-0100		
Firm's address 757 THIRD AVE. 4TH FLOOR NEW YORK NY 10017				

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 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
2013
 Open to Public Inspection

A For the 2013 calendar year, or tax year beginning on **0/01/13**, and ending **09/30/14**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
National Multiple Sclerosis Society

D Employer identification number
13-5661935

E Telephone number
212-986-3240

F Name and address of principal officer
Ms. Cynthia Zagieboyle
733 Third Avenue 3rd Fl
New York NY 10017-3288

G Gross receipts **190,532,243**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

J Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Website: **www.Nationalmssociety.org**

L Year of formation: **1946**

M State of legal domicile: **NY**

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	35	
	4	34	
	5	266	
	6	500	
	7a	1,787,944	
	7b	-9,963	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 99,199,342	Current Year: 108,092,743
	9 Program service revenue (Part VIII, line 2g)	849,766	637,827
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,052,046	5,430,878
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,644,792	1,810,988
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,745,946	115,972,436
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,158,102	47,679,660
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,574,604	26,362,556
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,022,564	3,935,588
	b Total fundraising expenses (Part IX, column (D), line 25) 10,465,876		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,536,131	30,850,659
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	104,291,401	108,828,463
19 Revenue less expenses. Subtract line 18 from line 12	1,454,545	7,143,973	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 87,051,124	End of Year: 104,343,829
	21 Total liabilities (Part X, line 26)	59,776,103	71,929,154
	22 Net assets or fund balances. Subtract line 21 from line 20	27,275,021	32,414,675

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: *[Signature]*
Paul Weiss
 Type or print name and title: **Chief Operating Officer**

Paid Preparer Use Only
 Print/preparer's name: **QI HEN LIANG**
 Preparer's signature: *[Signature]*
 Date: **06/08/2015**
 Check self-employed:
 PTIN: **P01270238**
 Firm's name: **GRANT THORTON LLP**
 Firm's EIN: **36-6055558**
 Firm's address: **757 THIRD AVE., 4TH FLOOR**
NEW YORK, NY 10017-2013
 Phone no: **212-599-0100**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

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 \$ **49,784,156** including grants of \$ **45,137,197**) (Revenue \$)

RESEARCH - To move us closer to a world free of MS, in 2014, the National Multiple Sclerosis Society's invested an estimated \$50.6 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 \$ **21,846,528** including grants of \$) (Revenue \$ **637,827**)

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 centralized functions carried out by each of the Society's departments.

4c (Code:) (Expenses \$ **9,947,594** including grants of \$ **1,196,555**) (Revenue \$)

CLIENT PROGRAMS - People living with MS, family members, caregivers and other members of their support systems connect to each other and to an extensive variety of programs, services and resources. Many community based programs facilitate education, recreation, physical and emotional wellness, connection with others with MS, and family communication. Other programs, such as the financial assistance program, support independence, safety, health and quality of life for people living with MS and their families by offering guidance and resources to help contain the financial and other impacts of MS.

COMMUNITY PROGRAMS - The Society collaborates with dozens of other

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

(Expenses \$ **7,269,577** including grants of \$ **1,345,908**) (Revenue \$)

4e Total program service expenses ▶ **88,847,855**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	X	
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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cynthia Zagieboylo President & CEO	40.00 0.00	X		X				430,826	0	8,774
(2) Mindy B. Alpert Director	5.00 0.00	X						0	0	0
(3) Timothy L. Barnes, Esq. Director	5.00 0.00	X						0	0	0
(4) Michael A. Bogdonoff, Esq. Director	5.00 0.00	X						0	0	0
(5) Doug Coy Director	5.00 0.00	X						0	0	0
(6) Dana M. Foote Director	5.00 0.00	X						0	0	0
(7) Lily Jung Henson, MD, MMM, FAAN Director	5.00 0.00	X						0	0	0
(8) Mary Hughes, MD Director	5.00 0.00	X						0	0	0
(9) Julie Kaufer Director	5.00 0.00	X						0	0	0
(10) Richard Knutson Director	5.00 0.00	X						0	0	0
(11) Fred D. Lublin, MD Director	5.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Craig T. Lynch	5.00									
Director	0.00	X						0	0	0
(13) Daniel Messina	5.00									
Director	0.00	X						0	0	0
(14) Aaron E. Miller, MD	5.00									
Director	0.00	X						0	0	0
(15) Kimberly Phillips	5.00									
Director	0.00	X						0	0	0
(16) Dan Rattner	5.00									
Director	0.00	X						0	0	0
(17) Brad W. Robbins (Thru 11/08/13)	5.00									
Director	0.00	X						0	0	0
(18) David M. Rottkamp	5.00									
Director	0.00	X						0	0	0
(19) Chris Serocke	5.00									
Director	0.00	X						0	0	0
1b Sub-total								430,826		8,774
c Total from continuation sheets to Part VII, Section A								2,229,838		278,238
d Total (add lines 1b and 1c)								2,660,664		287,012

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 51**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Merkle, Inc. Baltimore MD 21264	PO Box 64897 Direct Mktg	9,671,013
Epsilon New York NY 10016	11 West 19th Street Professional	3,173,218
Blackbaud Atlanta GA 31193	P.O. Box 930256 Web Usage/Admin	1,615,283
Charity Dynamics Austin TX 78731	3721 Executive Center Drive Mobile App Serv	370,170
General Learning Communications Northbrook IL 60062	900 Skokie Blvd. Publication	264,123

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) John A. Simonetti	5.00									
Director	0.00	X					0	0	0	
(13) Richard B. Slikfa	5.00									
Director	0.00	X					0	0	0	
(14) Robert L. Sowinski	5.00									
Director	0.00	X					0	0	0	
(15) Peter G. Tarricone	5.00									
Director	0.00	X					0	0	0	
(16) Malcolm P. Wattman, Esq.	5.00									
Director	0.00	X					0	0	0	
(17) Jeffrey Wessel	5.00									
Director	0.00	X					0	0	0	
(18) Eli Rubenstein	5.00									
Chairman of BOD	0.00	X		X			0	0	0	
(19) Peter A. Galligan	5.00									
Vice Chair of BOD	0.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Julius W. Hobson, Jr. (VC thru 1/15/14)	5.00									
Director	0.00	X		X			0	0	0	
(13) William T. Monahan (VC Thru 1/15/14)	5.00									
Director	0.00	X		X			0	0	0	
(14) Linda McAleer	5.00									
Secretary	0.00	X		X			0	0	0	
(15) Jim E. Cantalupo	5.00									
Treasurer	0.00	X		X			0	0	0	
(16) Valli Baldassano	5.00									
Director	0.00	X					0	0	0	
(17) Peter Porrino	5.00									
Director	0.00	X					0	0	0	
(18) Jeannie Unruh	5.00									
Director	0.00	X					0	0	0	
(19) Laura Vaccaro	5.00									
Director	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Caroline Whitacre	5.00									
Director	0.00	X					0	0	0	
(13) Jeff Gentry (Thru 02/03/14)	40.00									
CFO	0.00			X			206,156	0	37,374	
(14) James Nangle (From 05/19/14)	0.00									
CFO	0.00			X			0	0	0	
(15) Paul Weiss	40.00									
COO	0.00			X			285,597	0	47,546	
(16) Eric Hilty	40.00									
Chief Legal Officer	0.00			X			188,171	0	42,400	
(17) Graham McReynolds	40.00									
EVP, Marketing & Dev	0.00				X		277,472	0	16,409	
(18) John Scott	40.00									
EVP, Field Operation	0.00				X		268,501	0	20,834	
(19) Tim Coetzee	40.00									
EVP, Research	0.00				X		267,293	0	42,528	
1b Sub-total							1,493,190		207,091	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Mark Neagli	40.00									
Regional EVP	0.00				X		248,916	0	33,646	
(13) Maureen Reeder	40.00									
Regional EVP	0.00				X		246,820	0	1,999	
(14) Michael Elkow (Thru 11/06/13)	40.00									
Regional EVP	0.00					X	240,912	0	35,502	
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total							736,648		71,147	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part 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 108,092,743				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		108,092,743			
Program Service Revenue	2a Rental Income from Chapters	Busn. Code 900099	637,827	637,827		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		637,827			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		698,913		698,913	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		79,291,772		
		(ii) Other				
		b Less: cost or other basis & sales exps.		74,559,807		
		c Gain or (loss)		4,731,965		
	d Net gain or (loss)		4,731,965		4,731,965	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a Advertising Income	541800	1,787,944		1,787,944		
b Miscellaneous Revenue	900099	23,044			23,044	
c						
d All other revenue						
e Total. Add lines 11a-11d		1,810,988				
12 Total revenue. See instructions.		115,972,436	637,827	1,787,944	5,453,922	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	40,982,313	40,982,313		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,196,555	1,196,555		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	5,500,792	5,500,792		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,132,073	939,864	150,728	41,481
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,937,676	16,552,600	2,654,523	730,553
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	513,917	436,066	60,554	17,297
9 Other employee benefits	3,191,589	2,708,110	376,056	107,423
10 Payroll taxes	1,587,301	1,346,848	187,027	53,426
11 Fees for services (non-employees):				
a Management				
b Legal	11,942	7,899	2,285	1,758
c Accounting	250,572	165,721	47,960	36,891
d Lobbying	22,126	14,632	4,236	3,258
e Professional fundraising services. See Part IV, line 17	3,935,588			3,935,588
f Investment management fees	186,092	123,075	35,620	27,397
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,126,487	1,406,395	407,015	313,077
12 Advertising and promotion				
13 Office expenses	8,872,101	2,550,256	2,753,906	3,567,939
14 Information technology	7,575,998	5,010,539	1,450,067	1,115,392
15 Royalties				
16 Occupancy	2,962,255	2,655,658	237,437	69,160
17 Travel	2,181,818	1,819,478	279,280	83,060
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,664,499	1,401,623	166,085	96,791
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,580,607	1,378,968	157,138	44,501
23 Insurance	1,478,618	1,192,375	243,317	42,926
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dues and Subscriptions	1,035,493	804,686	164,058	66,749
b Sundry	598,313	390,454	111,023	96,836
c Telephone	212,567	188,712	17,403	6,452
d Awards	91,171	74,236	9,014	7,921
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	108,828,463	88,847,855	9,514,732	10,465,876
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)	10,077,000	1,107,000	2,889,000	6,081,000

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	29,518,550	1	35,858,523
	2	7,337,306	2	21,451,415
	3	711,721	3	410,251
	4	8,339,557	4	4,189,460
	5		5	
	6		6	
	7		7	
	8	240,917	8	200,877
	9	4,323,565	9	2,980,835
	10a	10a 10,137,801		
	b	10b 5,193,282	10c	4,944,519
	11	31,173,991	11	33,244,937
	12	377,690	12	426,625
	13		13	
	14		14	
	15	573,721	15	636,387
16	87,051,124	16	104,343,829	
Liabilities	17	8,444,803	17	7,862,188
	18	39,460,258	18	43,695,526
	19	955,887	19	686,757
	20		20	
	21		21	1,378,128
	22		22	
	23		23	
	24		24	
	25	10,915,155	25	18,306,555
	26	59,776,103	26	71,929,154
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	22,080,213	27	27,195,062
	28	3,052,823	28	3,327,628
	29	2,141,985	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		30	
	31		31	
	32		32	
33	27,275,021	33	32,414,675	
34	87,051,124	34	104,343,829	

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	115,972,436
2	Total expenses (must equal Part IX, column (A), line 25)	2	108,828,463
3	Revenue less expenses. Subtract line 2 from line 1	3	7,143,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,275,021
5	Net unrealized gains (losses) on investments	5	-1,697,208
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	-307,111
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,414,675

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

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

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,033,988	94,112,574	97,248,883	99,409,632	108,092,743	497,897,820
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	99,033,988	94,112,574	97,248,883	99,409,632	108,092,743	497,897,820
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						497,897,820

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	99,033,988	94,112,574	97,248,883	99,409,632	108,092,743	497,897,820
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	799,703	28,827	193,668	611,305	698,913	2,332,416
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,065,424	1,040,132	1,418,601	1,412,472	1,787,944	6,724,573
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	663,126	1,725,566	669,259	203,070	23,044	3,284,065
11 Total support. Add lines 7 through 10						510,238,874
12 Gross receipts from related activities, etc. (see instructions)					12	3,884,922
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 2013 (line 6, column (f) divided by line 11, column (f))	14	97.58%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.84%
16a 33 1/3% support test—2013. 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—2012. 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—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Part II, Line 10 - Other Income Detail

Miscellaneous Revenue (2009)	\$	663,126
Miscellaneous Revenue (2010)	\$	1,725,566
Miscellaneous Revenue (2011)	\$	624,763
Net Sales of Inventories (2011)	\$	42,406
Other Income (2011)	\$	2,090
Gross Sales of Inventories (2012)	\$	194,885
Miscellaneous Revenue (2012)	\$	8,185
Miscellaneous Revenue (2013)	\$	23,044

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

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization National Multiple Sclerosis Society	Employer identification number 13-5661935
--	---

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		318,125
e Publications, or published or broadcast statements?	X		13,953
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		302,312
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		295,800
i Other activities?		X	
j Total. Add lines 1c through 1i			930,190
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1

MS activists are on the frontline, moving together and speaking with one voice to create legislative and regulatory changes that benefit people living with MS and their families. MS activism drives change in public policies to bring positive impact for people affected by MS. Together on the frontline, activists share the stories about living with MS, connect

Part IV Supplemental Information (continued)

with decision-makers, work with like-minded partners and create systematic change to impact the greatest number of people possible. State and local activism priorities are determined by both an organizational process and by advocacy staff and government relations volunteers.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

National Multiple Sclerosis Society

13-5661935

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements.

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,685,483	3,064,173	2,797,983	2,559,985	2,449,604
b Contributions		384,479		250,000	
c Net investment earnings, gains, and losses	1,170,982	82,835	366,190	-12,002	250,381
d Grants or scholarships	272,087	1,846,004	100,000		140,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,584,378	1,685,483	3,064,173	2,797,983	2,559,985

- 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 ▶ **73.20 %**
 - c Temporarily restricted endowment ▶ **26.80 %**
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		3,189,530	1,669,971	1,519,559
d Equipment		5,491,372	2,640,661	2,850,711
e Other		1,456,899	882,650	574,249
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,944,519

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Amounts held in custody for chapters	12,874,727
(3) Due to Annuitants	2,057,511
(4) Deferred rent	2,049,152
(5) Due to chapters	1,325,165
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,306,555

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	123,621,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-1,697,208	
b	Donated services and use of facilities	2b	9,532,575	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	7,835,367	
3	Subtract line 2e from line 1	3	115,786,344	
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	186,092	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	186,092	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	115,972,436	

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

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

1	Total expenses and losses per audited financial statements		1	118,174,946
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,532,575	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	9,532,575	
3	Subtract line 2e from line 1	3	108,642,371	
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	186,092	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	186,092	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	108,828,463	

Part XIII Supplemental Information

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

Part IV, Line 2b - Escrow Liability Arrangement Explanation

During fiscal 2014, the Society became a managing member, along with Associazione Italiana Sclerosi Multipla (Italy), MS Research Australia, Multiple Sclerosis International Federation, MS Society (United Kingdom), and the Multiple Sclerosis Society of Canada, of the Progressive MS Alliance (the "Alliance"). The Alliance is open to MS organizations from around the world and is continually seeking new member organizations from the global MS community. The Alliance made a joint commitment to speed up the development of treatment for progressive MS by removing scientific and technology barriers. The Alliance formalized its purpose, structure and membership in fiscal 2014 and also agreed to its four strategic objectives which include: raise profile and accelerate progress, secure resources and globalize research funding, inspire, galvanize and engage among priority stakeholders and deliver operational excellence by aligning resources.

Part XIII Supplemental Information (continued)

As a managing member, the Society committed to providing funds of approximately \$1,250,000 over three years which is conditional on various factors, with \$570,419 paid to the Progress MS Alliance in year one as well as professional and scientific staff to support the Alliance. In addition, the Society controls pooled funds contributed from other Alliance members within its region. The disbursement of funds for various progressive MS research initiatives are approved by voting Alliance members. During fiscal 2014, the Society received a total of \$1,468,997 from Alliance members which will be held until such time the funds are approved for expenditure. As of September 30, 2014, the Society recorded unspent donated funds, consisting of both Society and other Alliance members' monies, of approximately \$1,378,000.

Part V, Line 4 - Intended Uses for Endowment Funds

The Endowment Fund Represents those funds that are designated for the long-term benefit of the Society and are not to be used for operating or capital purposes. However, endowment fund earnings may be used for operating or capital purposes.

Part X - FIN 48 Footnote

Guidance in the area of "Accounting for Uncertainty in Income Taxes" under Financial Accounting Standards Board (FASB) Accounting Standards Codification, clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues related to financial statement recognition and measurement. The standard provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to

Part XIII Supplemental Information (continued)

be sustained, if the position were to be challenged by a taxing authority.

The standard also provides guidance on measurement, classification, interest and penalties, and disclosure. The fiscal years ended 2011, 2012, 2013 and 2014 are still open to audit for both federal and state purposes.

The National Multiple Sclerosis Society has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and, to identify and evaluate other matters that may be considered tax positions.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe					
(1)	18		Grantmaking	N/A	2,675,506
East Asia/Pacific					
(2)	6		Grantmaking	N/A	1,121,495
North America					
(3)	9		Grantmaking	N/A	1,703,791
East Asia/Pacific					
(4)			Investment	N/A	35,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	33				5,535,792
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	33				5,535,792

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia	Fast Forward-Foreign Pacific	430,578	CHECK			
(2)			East Asia	Research Grant Pacific	37,340	CHECK			
(3)			East Asia	Research Grant Pacific	187,975	CHECK			
(4)			East Asia	Research Grant Pacific	42,900	CHECK			
(5)			East Asia	Research Grant Pacific	208,701	CHECK			
(6)			East Asia	Research Grant Pacific	214,000	CHECK			
(7)			Europe	Fast Forward-Foreign	43,059	CHECK			
(8)			Europe	Fast Forward-Foreign	275,911	CHECK			
(9)			Europe	Fast Forward-Foreign	125,000	CHECK			
(10)			Europe	Fast Forward-Foreign	462,929	CHECK			
(11)			Europe	Fast Forward-Foreign	11,634	CHECK			
(12)			Europe	Fast Forward-Foreign	79,652	CHECK			
(13)			Europe	Research Grant	211,834	CHECK			
(14)			Europe	Research Grant	199,851	CHECK			
(15)			Europe	Research Grant	40,000	CHECK			
(16)			Europe	Research Grant	200,000	CHECK			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	Research Grant	58,250	CHECK			
(2)			Europe	Research Grant	175,000	CHECK			
(3)			Europe	Research Grant	51,529	CHECK			
(4)			Europe	Research Grant	138,920	CHECK			
(5)			Europe	Research Grant	79,162	CHECK			
(6)			Europe	Research Grant	38,440	CHECK			
(7)			Europe	Research Grant	181,114	CHECK			
(8)			Europe	Research Grant	303,222	CHECK			
(9)			North America	Research Grant	194,779	CHECK			
(10)			North America	Research Grant	30,395	CHECK			
(11)			North America	Research Grant	192,196	CHECK			
(12)			North America	Research Grant	177,095	CHECK			
(13)			North America	Research Grant	40,000	CHECK			
(14)			North America	Research Grant	863,222	CHECK			
(15)			North America	Research Grant	14,206	CHECK			
(16)			North America	Research Grant	41,898	CHECK			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Research Grant	150,000	CHECK			
(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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, 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) Yes No

Part V Supplemental Information

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

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

The National Multiple Sclerosis Society has an independent research committee that evaluates all grant applications and selects grants based upon the qualifications of the institution and researcher(s), and the research project's scientific merit and potential applicability to Multiple Sclerosis. Once a grant has been approved, grantees are required to submit progress reports before additional funding is authorized.

Part I, Line 3 - Activities per Region

Region	Expenditures	Investments
Europe	\$ 2,675,506	\$ 0
East Asia/Pacific	\$ 1,121,495	\$ 0
North America	\$ 1,703,791	\$ 0
East Asia/Pacific	\$ 0	\$ 35,000

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Merkle, Inc 1 PO Box 64897 Baltimore MD 21264	Donor Data		X	0	2,082,341	0
Event 360 2 205 N. Michigan Ave Chicago IL 60601	Event Man.		X	0	1,418,104	0
Donor Care 3 4535 Strausser St. North Caton OH 44720	Telemarket		X	0	222,316	0
Infocision 4 325 Springside Drive Akron OH 44333	Telemarket		X	0	145,559	0
Donor Voice 5 11710 Plaza America Drive Reston VA 20190	Telemarket		X	0	67,268	0
6						
7						
8						
9						
10						
Total					3,935,588	

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

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

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

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

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

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

a Is the organization licensed to operate 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 operate 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 operated in:

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Schedule G, Page 3, Part IV - Additional Information
Part I- Line 2b

The Society used Merkle, Infocision and Event 360 for the majority of its Direct Mail campaigns in FY2014. These campaigns raised \$ 15,480,619 in revenue for FY2014.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number
13-5661935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Abt Associates 55 Wheeler St Cambridge MA 02138	04-2347643		25,000			N/A	Research Grant
(2)	Acadia 3911 Sorrento Valley Blvd. San Diego CA 92121	61-3766510		35,589			N/A	Fast Forward-Domesti
(3)	Accerlated Cure Project 460 Totten Pond Road Waltham MA 02451	04-3555864	501c3	75,000			N/A	Research Grant
(4)	Albany Medical College 47 New Scotland Ave, CIMD, MC 151 Albany NY 12208	14-1338310	501c3	313,744			N/A	Research Grant
(5)	Albert Einstein College of Medicine 1300 Morris Park Avenue New York NY 10461	20-4933752	501c3	65,000			N/A	Clinical Grant
(6)	Athersys, Inc 3201 Carnegie Avenue Cleveland OH 44115	20-4864095		163,420			N/A	Fast Forward-Domesti
(7)	Auburn University 208 M. White Smith Hall, Contract 6 Auburn AL 36849	63-6000724	501c3	44,000			N/A	Research Grant
(8)	Baylor College of Medicine One Baylor Plaza Houston TX 77030	74-1613878	501c3	499,550			N/A	Research Grant
(9)	Benaroya Research Institute 1201 9th Av Seattle WA 98101	91-0653422	501c3	245,691			N/A	Research Grant

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 118

3 Enter total number of other organizations listed in the line 1 table ▶ 10

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BloodCenter of Wisconsin 8278 Watertown Plank Rd. Milwaukee WI 53201	39-0807235	501c3	113,852			N/A	Research Grant
(2)	Boston College 31 Lawrence Ave Chesnut Hill MA 02467	04-2103545	501c3	44,000			N/A	Research Grant
(3)	Brigham and Women's Hospital 45 Francis St Boston MA 02115	04-2312909	501c3	1,989,528			N/A	Research Grant
(4)	Brigham and Women's Hospital 45 Francis St Boston MA 02115	04-2312909	501c3	146,093			N/A	Clinical Grant
(5)	Brown University 164 Angell Street Providence RI 02912	50-0390989	501c3	39,600			N/A	Research Grant
(6)	Case Western Reserve University 10900 Euclid Avenue Cleveland OH 44106	34-1018992	501c3	323,002			N/A	Research Grant
(7)	Children's Hospital of Cincinnati 3333 Burnett Ave MLC 5000 Cincinnati OH 45229	31-0833936	501c3	162,850			N/A	Research Grant
(8)	Children's Hospital of Philadelphia 34th Street & Civic Center Blvd Philadelphia PA 19104	23-1352166	501c3	135,000			N/A	Research Grant
(9)	Children's Hospital of Philadelphia 34th Street & Civic Center Blvd Philadelphia PA 19104	23-1352166	501c3	146,094			N/A	Clinical Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Children's National Medical Center 111 Michigan Avenue Washington DC 20010	52-1640403	501c3	217,748			N/A	Research Grant
(2)	Children's Research Institute 111 Michigan Ave., NW Rm5340 Washington DC 20010	52-1654453	501c3	223,881			N/A	Research Grant
(3)	Cleveland Clinic Foundation PO 931531 Office of Grants & Contra Cleveland OH 44193	91-2153073	501c3	1,199,689			N/A	Research Grant
(4)	Cleveland Clinic Foundation PO 931531 Office of Grants & Contra Cleveland OH 44193	91-2153073	501c3	211,094			N/A	Clinical Grant
(5)	Columbia University 615 W. 131 Street New York NY 10027	13-5998093	501c3	204,864			N/A	Research Grant
(6)	Cornell University Medical College 1300 York Avenue New York NY 10021	13-1623978	501c3	144,125			N/A	Research Grant
(7)	Critical Path Institute 1730 E River Rd Tucson AZ 85718	20-1991334	501c3	816,680			N/A	Research Grant
(8)	Diogenix, Inc 50 West Watkins Mill Road Gaithersburg MD 20878	26-1414582		229,000			N/A	Fast Forward-Domesti
(9)	Drexel University 3141 Chestnut St Philadelphia PA 19104	23-1352630	501c3	166,628			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

Part I National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Duke University 200 Trent Dr Durham NC 27710	56-0532129	501c3	364,927			N/A	Research Grant
(2)	Emory University 201 Dowman Drive Atlanta GA 30322	58-0566256	501c3	100,410			N/A	Research Grant
(3)	Emory University 1599 Clifton Road NE 4th Fl Atlanta GA 30322	58-0566256	501c3	185,636			N/A	Fast Forward-Domesti
(4)	Endece LLC 1001 West Glen Oaks Lane 105B Mequon WI 53092	14-1968413		199,055			N/A	Fast Forward-Domesti
(5)	Ezose 25 Riverside Drive Pine Brook NJ 07058	26-4390281		170,000			N/A	Fast Forward-Domesti
(6)	FivePrime 2 Corporate Drive S. San Francisco CA 94080	26-0038620		56,437			N/A	Fast Forward-Domesti
(7)	General Hospital Corporation 50 Staniford St Ste.1001 Boston MA 02114	04-2697983	501c3	237,323			N/A	Research Grant
(8)	Georgetown University 3800 Reservoir Rd NW Washington DC 20007	53-0196603	501c3	228,741			N/A	Research Grant
(9)	Georgia Health Sciences University 1120 15th S Augusta GA 30912	58-6002053	501c3	78,395			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Gliaiogix Inc 150 Tioga Lane Greenbrae CA 94904	26-2171757		39,891			N/A	Fast Forward-Domesti
(2)	Harvard Medical School 1350 Massachusetts Avenue Cambridge MA 02138	42-1035800	501c3	101,520			N/A	Research Grant
(3)	Harvard School of Public Health 677 Huntington Avenue Boston MA 02115	42-1035800	501c3	318,628			N/A	Research Grant
(4)	Harvard University 1350 Massachusetts Ave Cambridge MA 02138	42-1035800	501c3	149,391			N/A	Research Grant
(5)	Henry Ford Health Sciences Center 2799 West Grand Boulevard Detroit MI 48202	38-1357020	501c3	141,786			N/A	Research Grant
(6)	Henry M. Jackson Foundation 1401 Rockville Pike Rockville MD 20852	52-1317896	501c3	236,452			N/A	Research Grant
(7)	Icahn School of Medicine at Mount S 1 Gustave L. Levy Place New York NY 10029	13-6171197	501c3	78,372			N/A	Research Grant
(8)	Johns Hopkins University 1101 East 33rd Street Suite D200 Baltimore MD 21218	52-0595110	501c3	1,178,286			N/A	Research Grant
(9)	Kaiser Foundation Hospitals 1800 Harrison Street, 16th Floor Oakland CA 94612	94-1105628	501c3	174,952			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Kent State University 232 Schwartz Center Kent OH 44242	31-6402079	501c3	239,113			N/A	Research Grant
(2)	Kessler Foundation Research Center 300 Executive Drive, Suite 150 West Orange NJ 07052	76-0637670	501c3	897,052			N/A	Research Grant
(3)	Kryopharm 2 Mercer Road Natick MA 01760	26-3931704		250,000			N/A	Fast Forward-Domesti
(4)	Lineagen, Inc 423 Wakara Way, Suite 200 Salt Lake City UT 84108	20-4508128		220,432			N/A	Fast Forward-Domesti
(5)	Massachusetts Institute of Technolo 7 Massachusetts Avenue Cambridge MA 02139	04-2103594	501c3	187,591			N/A	Research Grant
(6)	Mayo Clinic College of Medicine 200 First Street SW Rochester MN 55905	41-1937751	501c3	170,829			N/A	Research Grant
(7)	Medical College of Wisconsin 8701 Watertown Plank Road Milwaukee WI 53226	39-0807235	501c3	217,800			N/A	Research Grant
(8)	Mount Sinai School of Medicine 185 S. Orange Avenue, MSB F607D Newark NJ 07103	13-6171197	501c3	478,131			N/A	Research Grant
(9)	Mount Sinai School of Medicine 185 S. Orange Avenue, MSB F607D Newark NJ 07103	13-6171197	501c3	144,345			N/A	Clinical Grant

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

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

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	New York University 70 Washington Sq. So New York NY 10012	13-5562308	501c3	422,184			N/A	Research Grant
(2)	New York University Medical Center 1 Park Avenue New York NY 10016	13-5562308	501c3	702,777			N/A	Research Grant
(3)	Northwestern University 633 Clark Street, Crown Room G-547 Evanston IL 60208	36-2167817	501c3	631,189			N/A	Research Grant
(4)	Ohio State University 1960 Kenny Road, 4th Floor Columbus OH 43210	31-6025986	501c3	282,909			N/A	Research Grant
(5)	Ohio State University 1960 Kenny Road, 4th Floor Columbus OH 43210	31-6025986	501c3	65,000			N/A	Clinical Grant
(6)	Oregon Health & Science University 2525 SW First Avenue, Suite 220 Portland OR 97201	93-1176109	501c3	678,860			N/A	Research Grant
(7)	Progressive MS Alliance 733 Third Avenue New York NY 10017	13-5661935	501c3	570,419				Research Grant
(8)	Purdue University 401 S. Grant Street West Lafayette IN 47907	35-6002041	501c3	116,022			N/A	Research Grant
(9)	Rutgers University 65 Davidson Road, Room 306 Piscataway NJ 08854	46-2354111	501c3	127,546			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Saint Francis Care Mandell MS Center 490 Blue Hill Avenue Hartford CT 06112	05-0440574	501c3	166,426			N/A	Research Grant
(2)	Seattle Children's Research Institute PO Box 50020, M/S 2000 Seattle WA 98145	91-1156519	501c3	205,148			N/A	Research Grant
(3)	Southern Methodist University PO Box 750294 Dallas TX 75275	75-0800689	501c3	94,522			N/A	Research Grant
(4)	St. Jude Children's Research Hospital 332 North Lauderdale Memphis TN 38105	62-0646012	501c3	220,000			N/A	Research Grant
(5)	St. Louis University 3545 Lindell Blvd. St. Louis MO 63103	43-0654872	501c3	300,994			N/A	Research Grant
(6)	Stanford University 326 Galvez St Stanford CA 94305	94-1156365	501c3	1,213,737			N/A	Research Grant
(7)	State University of New York at Stony Brook W5510 Melville Library Stony Brook NY 11794	11-6077945	501c3	307,895			N/A	Research Grant
(8)	The Burnham Institute 10901 N Torrey Pines Rd La Jolla CA 92037	51-0197108	501c3	188,570			N/A	Research Grant
(9)	The J. David Gladstone Institutes Grants and Contracts Officer San Francisco CA 94158	23-7203666	501c3	283,711			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

Part I National Multiple Sclerosis Society

Part II General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (look, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	The Research Foundation of SUNY 80 Maiden Ln Albany NY 12201	14-1368361	501c3	436,541			N/A	Research Grant
(2)	The Salk Institute for Biological S 10010 N Torrey Pines Rd San Diego CA 92037	95-2160097	501c3	162,119			N/A	Research Grant
(3)	The University of Iowa Jessup Hall Iowa City IA 52242	42-0796760	501c3	25,781			N/A	Research Grant
(4)	The University of Texas at El Paso 500 W. University Avenue El Paso TX 79968	74-6000813	501c3	43,297			N/A	Research Grant
(5)	The University of Texas Southwester 5323 Harry Hines Blvd. Dallas TX 75235	75-6002868	501c3	214,718			N/A	Research Grant
(6)	Thomas Jefferson University 1020 Walnut Street, 525 Scott Bldg Philadelphia PA 19107	23-1352651	501c3	302,137			N/A	Research Grant
(7)	Trustees of Dartmouth College 11 Rope Ferry Road, #6120 Hanover NH 03775	02-0222111	501c3	380,999			N/A	Research Grant
(8)	Uniformed Services of Health Scienc 4301 Jones Bridge Road, RmB2050 Bethesda MD 20814	53-0207336	501c3	37,732			N/A	Research Grant
(9)	Univ of Texas Health Science Center 6431 Fannin Street, Suite 7.044 Houston TX 77030	74-1761309	501c3	125,503			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

Part I National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Univ of Texas Health Science Center 1 UTSA Circle, Financial Serv San Antonio TX 78249	74-1717115	501c3	292,283			N/A	Research Grant
(2)	University at Buffalo, State Univer 35 State Street Albany NY 12207	14-1368361	501c3	489,585			N/A	Research Grant
(3)	University of Alabama at Birmingham 701 20th Street South, AB 1170 Birmingham AL 35294	63-6005396	501c3	383,475			N/A	Research Grant
(4)	University of California, Irvine 111 Academy Way, Suite 210 Irvine CA 92697	95-2540117	501c3	451,825			N/A	Research Grant
(5)	University of California San Diego- 9500 Gilman Dr La Jolla CA 92093	95-2544535	501c3	330,000			N/A	Research Grant
(6)	University of California, Davis 1441 Research Park Drive Davis CA 95616	94-6036494	501c3	264,000			N/A	Research Grant
(7)	University of California, Los Angel 405 Hilgard Ave Los Angeles CA 90095	95-6006143	501c3	439,642			N/A	Research Grant
(8)	University of California, Los Angel 405 Hilgard Ave Los Angeles CA 90095	95-6006143	501c3	219,137			N/A	Research Grant
(9)	University of California, San Franc 1855 Folsom Street San Francisco CA 94143	94-6036493	501c3	1,394,230			N/A	Research Grant

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

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

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

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of California, San Francisco 1855 Folsom Street San Francisco CA 94143	94-6036493	501c3	595,289			N/A	Research Grant
(2)	University of California, San Francisco 1855 Folsom Street San Francisco CA 94143	94-6036493	501c3	211,094			N/A	Clinical Grant
(3)	University of California- San Diego 9500 Gillman Drive La Jolla CA 92093	95-2544535	501c3	119,672			N/A	Fast Forward-Domesti
(4)	University of Chicago 970 East 58th Street Chicago IL 60637	36-2177139	501c3	515,895			N/A	Research Grant
(5)	University of Chicago 970 East 58th Street Chicago IL 60637	36-2177139	501c3	65,000			N/A	Clinical Grant
(6)	University of Chicago-M 970 East 58th Street Chicago IL 60637	36-2177139	501c3	146,094			N/A	Clinical Grant
(7)	University of Colorado at Boulder 13001 E 17th Pl Boulder CO 80309	84-6000555	501c3	237,408			N/A	Research Grant
(8)	University of Colorado Denver 13001 E 17th Pl Aurora CO 80045	84-6000555	501c3	225,597			N/A	Research Grant
(9)	University of Colorado Denver - Anschutz Medical Campus, Bldg. 500, Aurora CO 80045	84-6000555	501c3	150,652			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of Colorado Health Scier Anshutz Medical Campus, Bldg. 500, Aurora CO 80045	84-6000555	501c3	511,157			N/A	Research Grant
(2)	University of Colorado School of Me Anshutz Medical Campus, Bldg. 500, Aurora CO 80045	84-6000555	501c3	148,002			N/A	Research Grant
(3)	University of Connecticut Health Ce 263 Farmington Avenue Farmington CT 06030	23-7187838	501c3	399,239			N/A	Research Grant
(4)	University of Florida 123 Grinter Hall POB 113001 Gainsville FL 32611	59-9002052	501c3	44,000			N/A	Research Grant
(5)	University of Georgia 279 WilliamSt Contract & Grants Athens GA 30602	58-1353149	501c3	44,000			N/A	Research Grant
(6)	University of Illinois 901 West Illinois Street Urbana IL 61801	37-6000511	501c3	58,434			N/A	Research Grant
(7)	University of Illinois at Chicago PO Box 20787 Springfield IL 62708	36-2177139	501c3	231,804			N/A	Research Grant
(8)	University of Illinois at Chicago-M 700 S Halsted St Chicago IL 60607	36-2177139	501c3	81,655			N/A	Research Grant
(9)	University of Illinois at Urbana-Ch 901 West Illinois Street Urbana IL 61801	37-6000511	501c3	879,423			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of Kansas Medical Center 3901 Rainbow Blvd, MS 1039 Kansas City KS 66160	48-1108830	501c3	539,949			N/A	Research Grant
(2)	University of Kentucky 109 Kinkead Hall Lexington KY 40506	61-6033693	501c3	179,290			N/A	Research Grant
(3)	University of Massachusetts Amherst 405 Goodell Bldg Amherst MA 01003	54-2084125	501c3	154,000			N/A	Research Grant
(4)	University of Miami 1320 S Dixie Hwy Coral Gables FL 33146	59-0624458	501c3	250,243			N/A	Research Grant
(5)	University of Miami 1320 S Dixie Hwy Coral Gables FL 33146	59-0624458	501c3	68,071			N/A	Fast Forward-Domesti
(6)	University of Michigan Po Box 223131 Pittsburgh PA 15251	38-6006309	501c3	67,261			N/A	Research Grant
(7)	University of Minnesota 1300 South 2nd Street Minneapolis MN 55454	41-6007513	501c3	437,907			N/A	Research Grant
(8)	University of New Mexico 1 University fo New Mexico, MSC 09 Albuquerque NM 87131	85-6000642	501c3	303,098			N/A	Research Grant
(9)	University of North Carolina at Cha 220 E Cameron Ave Chapel Hill NC 27514	56-6001393	501c3	673,075			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

13-5661935

Part I National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of Pennsylvania 3451 Walnut Street, Franklin Building Philadelphia PA 19104	31-1538725	501c3	214,916			N/A	Research Grant
(2)	University of Pittsburgh 4200 Fifth Ave Pittsburgh PA 15260	25-0965591	501c3	445,110			N/A	Research Grant
(3)	University of Rochester 500 Wilson Blvd Rochester NY 14627	16-0743209	501c3	67,659			N/A	Research Grant
(4)	University of Rochester Medical Center 518 Hylan Bldg., Box 270140 Rochester NY 14627	16-0743209	501c3	206,012			N/A	Research Grant
(5)	University of Rochester Medical Center 518 Hylan Bldg., Box 270140 Rochester NY 14627	16-0743209	501c3	146,094			N/A	Clinical Grant
(6)	University of Southern California Contracts and Grants, 2250 Alcazar Los Angeles CA 90033	57-6001153	501c3	131,910			N/A	Research Grant
(7)	University of Texas at Dallas 800 W Campbell Rd Richardson TX 75080	75-1305566	501c3	346,165			N/A	Research Grant
(8)	University of Utah 201 Presidents Cir Salt Lake City UT 84112	87-6000525	501c3	430,596			N/A	Research Grant
(9)	University of Vermont 353 Waterman Building Burlington VT 05405	03-0179440	501c3	80,500			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Employer identification number

13-5661935

National Multiple Sclerosis Society

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	University of Washington 4333 Brooklyn Ave. NE, Box 359472 Seattle WA 98195	91-6001537	501c3	1,066,434			N/A	Research Grant
(2)	UT Southwestern Medical Center 5323 Harry Hines Blvd. Dallas TX 75235	75-6002868	501c3	38,234			N/A	Research Grant
(3)	Veterans Administration Medical Center PO Box 69539 Portland OR 97239	94-3090170	501c3	59,029			N/A	Research Grant
(4)	Veterans Administration Medical Center 10 North Greene St Baltimore MD 21201	52-1705976	501c3	348,960			N/A	Research Grant
(5)	Veterans Administration Medical Center 830 Chalkstone Avenue Bldg 35 Providence RI 02908	05-0440574	501c3	37,556			N/A	Research Grant
(6)	Washington State University Po Box 641025, 240 French Admin Bld Pullman WA 99164	91-6001537	501c3	44,000			N/A	Research Grant
(7)	Washington University School of Medicine 700 Rosedale Avenue Saint Louis MO 63112	23-7060605	501c3	914,525			N/A	Research Grant
(8)	Washington University in St. Louis 702 Rosedale Avenue Saint Louis MO 63112	23-7060605	501c3	58,646			N/A	Research Grant
(9)	Wayne State University 5057 Woodward Avenue, Suite 13202 Detroit MI 48202	38-6028429	501c3	423,433			N/A	Research Grant

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

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

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

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

National Multiple Sclerosis Society

13-5661935

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Weill Cornell Medical College 1300 York Avenue New York NY 10021	13-1623978	501c3	423,122			N/A	Research Grant
(2)	West Virginia 886 Chesnut Ridge Rd Rm 202 Second Morgantown WV 26506	55-0665758	501c3	44,000			N/A	Research Grant
(3)	Winthrop University 700 Hicksville Rd, Ste 205 Bethpage NY 11714	11-1633486	501c3	44,000			N/A	Research Grant
(4)	Yale University PO Box 1873 New Haven CT 06508	06-0646973	501c3	559,377			N/A	Research Grant
(5)	Yale University School of Medicine 333 Cedar St New Haven CT 06510	06-0646973	501c3	117,596			N/A	Research Grant
(6)								
(7)								
(8)								
(9)								

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

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

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

Schedule I (Form 990) (2013) **National Multiple Sclerosis Society 13-5661935**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	724	1,081,211			N/A
2 Step. Stones Patient Asst	83	115,344			N/A
3					
4					
5					
6					
7					

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

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

The National Multiple Sclerosis Society utilized a volunteer committee of renowned scientists and neurologists to select research grants for funding in the United States and abroad. All grantees are to provide scientific and financial progress reports on a quarterly basis which are reviewed by qualified staff. Upon acceptance of the progress reports, payments are distributed to grantees.

SCHEDULE J
(Form 990)

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2013 **National Multiple Sclerosis Society 13-5661935**

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Cynthia Zagieboylo President & CEO	(i) 430,826 (ii) 0	0	0	7,650	1,124	439,600	0
2	Jeff Gentry (Thru 02/03/14) CFO	(i) 206,156 (ii) 0	0	0	6,300	31,074	243,530	0
3	Paul Weiss COO	(i) 285,597 (ii) 0	0	0	7,650	39,896	333,143	0
4	Eric Hilty Chief Legal Officer	(i) 188,171 (ii) 0	0	0	5,751	36,649	230,571	0
5	Graham McReynolds EVP, Marketing & Dev	(i) 277,472 (ii) 0	0	0	7,650	8,759	293,881	0
6	John Scott EVP, Field Operation	(i) 268,501 (ii) 0	0	0	7,650	13,184	289,335	0
7	Tim Coetzee EVP, Research	(i) 267,293 (ii) 0	0	0	7,650	34,878	309,821	0
8	Mark Neagli Regional EVP	(i) 248,916 (ii) 0	0	0	7,455	26,191	282,562	0
9	Maureen Reeder Regional EVP	(i) 239,783 (ii) 0	0	7,037	1,999	0	248,819	0
10	Michael Elkow (Thru 11/06/13) Regional EVP	(i) 240,912 (ii) 0	0	0	7,332	28,170	276,414	0
11								
12								
13								
14								
15								
16								

Schedule J (Form 990) 2013 National Multiple Sclerosis Society 13-5661935

Part III Supplemental Information

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

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

Severance Nonqualified Equity-based

Michael Elkow (Thru 11/06/13) 170,166 0 0

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

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

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 - All Other Accomplishment

PUBLIC EDUCATION - There are many ways the Society educates the public about multiple sclerosis including the Society's annual MS awareness campaign, public service announcements, Momentum, the Society's quarterly magazine distributed to people with MS, healthcare providers, supporters of the Society and more. In addition to a nation-wide e-Newsletter, chapters also distribute a local newsletter, MS Connection, to their constituents that includes local announcements and information on upcoming programs and services, and more. In total, more than 1.6 million people receive Society publications, newsletters and Momentum each year.

SOCIETY ACTIVITIES - Costs associated with funding constituent and community service, public education, and professional education conducted nationwide (beyond the chapter's territory) for the benefit of individuals living with MS. This past year, more than 200,000 people living with MS received information, emotional support, and connections to resources and programs through the Society's MS Navigator program. In addition, more than 100,000 people attended groups and programs, and over 1.1 million

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

people engaged in conversations and accessed information and support through the Society's social media channels.

PROFESSIONAL EDUCATION and TRAINING - Activities or programs designed to improve the knowledge, skills and critical judgment of physicians and other healthcare professionals engaged (directly or indirectly) in providing patient care by keeping them abreast of new diagnostic techniques, therapies, etc. The Society provides information and education to thousands of health care professionals through the Society's Clinical Care Network and website, the Society's MD on call program, and educational materials for physical and occupational therapists, mental health professional, nurses and CNAs and others. A free electronic newsletter is distributed quarterly to more than 10,000 health care professionals, and the Society's diagnostic and symptom management smartphone app has been downloaded more than 45,000 times.

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

The Members of the National Multiple Sclerosis Society are comprised of the members of the 44 local chapters.

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

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

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

The Delegate Assembly elects the Governing Body, approves any By-Law

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

changes and approves the Society's strategic response.

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

The Form 990 and accompanying schedules are reviewed by management and an external independent accounting firm. They are then provided to the audit committee members for review, comments, corrections, and edits. The review comments of the audit committee are incorporated into the Form 990 by the Vice-President of Finance. A meeting of the audit committee is held to approve the revised Form 990, and to approve distribution to the entire National Multiple Sclerosis Society Board of Directors. The Society Board of Directors are given a period of time to review and comment on the Form 990 before the Return is filed with the Internal Revenue Service.

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

All staff and members of the National Board of Directors and volunteers serving on key committees must review the Conflict of Interest policy and make any appropriate disclosures. If an individual discloses an actual or potential conflict, the Chief Legal Officer reviews the disclosure and drafts a Conflict Resolution Report to address the actual or potential conflict. The resolution report is presented to the Audit Committee and the Audit Committee edits and ultimately approves a resolution report for each of the disclosed conflicts. The resolution report ensures that the individual does not participate in any discussions or votes related to the conflict. The individual who disclosed the conflict is provided a copy of the resolution report and complies with it.

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

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

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.

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

The Compensation Committee is comprised of at least three (3) independent board members that determine compensation of the President and CEO, officers and key employees. The committee is provided with comparable salary information and data for all positions at other voluntary healthcare agencies of similar size and national influence. The President and CEO or her designee conducts performance evaluations for officers and other key employees. The outcome of these evaluations is shared with the Compensation Committee to provide information on their decisions about compensation.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, North Carolina, New Hampshire, New Jersey, New Mexico, Nevada, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Utah, Virginia, Wisconsin, West Virginia

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The National Multiple Sclerosis IRS Form 990, IRS Form 990-T and audited

Name of the organization

National Multiple Sclerosis Society

Employer identification number

13-5661935

financial statements are available at www.nmss.org, and on the charity navigator website. The Society's governing documents, record retention and conflict of interest policy is available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Transfer of net assets to chapter \$ 307,111

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Fast Forward LLC 733 Third Avenue New York NY 10017-3822 26-1933619	Research	DE	1,694,559	1,557,805	NMSS
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		
c Gift, grant, or capital contribution from related organization(s)		
d Loans or loan guarantees to or for related organization(s)		
e Loans or loan guarantees by related organization(s)		
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		
j Lease of facilities, equipment, or other assets to related organization(s)		
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		
m Performance of services or membership or fundraising solicitations by related organization(s)		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

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

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

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

Part VII Supplemental Information

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

Area with horizontal dotted lines for supplemental information.