C&E 351

SCANNED OCT 0 3 2018

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.

1709

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

29493244021088

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [X] Amended return
- [ ] Application pending

C Name of organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 733 THIRD AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10017-4057

D Employer identification number: 13-5661935

E Telephone number: (212) 986-3240

G Gross receipts $ 234,882,122.

F Name and address of principal officer: CYNTHIA ZAGIEBOYLO
733 THIRD AVENUE NEW YORK, NY 10017-4057

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.NATIONALMSSOCIETY.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1946

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PEOPLE AFFECTED BY MS CAN LIVE THEIR BEST LIVES AS WE STOP MS IN ITS TRACKS, RESTORE WHAT HAS BEEN LOST AND END MS FOREVER.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	35.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34.
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	1,086.
6 Total number of volunteers (estimate if necessary)	6	50,000.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,213,290.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	106,277,577.	175,698,717.
	9 Program service revenue (Part VIII, line 2g)	646,108.	77,872.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-481,577.	2,271,702.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,993,708.	3,199,580.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,435,816.	181,247,871.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,986,745.	44,109,446.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,773,829.	83,608,658.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,042,702.	3,472,372.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,061,609.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,714,496.	54,334,569.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	117,517,772.	185,525,045.
	19 Revenue less expenses Subtract line 18 from line 12	-9,081,956.	-4,277,174.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	110,314,180.	155,990,278.
	21 Total liabilities (Part X, line 26)	86,285,441.	73,547,574.
	22 Net assets or fund balances Subtract line 21 from line 20	24,028,739.	82,442,704

RECEIVED
AUG 07 2018
IRS-OSC
BOO
OGDEN, UT

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 — Date: 7-23-18

▶ Tami Caesar, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: QI WEN LIANG | Preparer's signature

Firm's name ▶ GRANT THORNTON LLP

Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10

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

For Paperwork Reduction Act Notice, see the separate instructions

JSA
6E1010 1 000
4781ME 700J V 16-

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

PEOPLE AFFECTED BY MS CAN LIVE THEIR BEST LIVES AS WE STOP MS IN ITS TRACKS, RESTORE WHAT HAS BEEN LOST AND END MS FOREVER EFFECTIVE 10/1/16, THE SOCIETY CONSOLIDATED THE 36 CHAPTERS AND THE NATIONAL HEADQUARTERS INTO A SINGLE ENTITY UNDER ONE EIN SEE SCH O

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 $ 47,713,049 including grants of $ 3,314,555) (Revenue $ 0)

CLIENT AND COMMUNITY SERVICES - PEOPLE AFFECTED BY MS CONNECT TO EACH OTHER AND AN EXTENSIVE VARIETY OF PROGRAMS, SERVICES AND RESOURCES MANY PROGRAMS FACILITATE EDUCATION, RECREATION, PHYSICAL AND EMOTIONAL WELLNESS, AND CONNECTION WITH OTHERS, ONLINE AND IN PERSON OTHER PROGRAMS SUPPORT INDEPENDENCE, SAFETY, HEALTH AND QUALITY OF LIFE THE MS NAVIGATOR PROGRAM PROVIDED MORE THAN 155,000 PEOPLE INFORMATION, EMOTIONAL SUPPORT, AND CONNECTIONS TO RESOURCES IN ADDITION, MORE THAN 34,000 PEOPLE ATTENDED GROUP PROGRAMS

COMMUNITY PROGRAMS - CONTINUED ON SCH O

4b (Code _____) (Expenses $ 43,763,411 including grants of $ 39,064,441) (Revenue $ 0)

RESEARCH - IN 2017, THE NATIONAL MULTIPLE SCLEROSIS SOCIETY INVESTED NEARLY $44 MILLION TO SUPPORT MORE THAN 350 RESEARCH PROJECTS AROUND THE WORLD AIMED AT STOPPING MS IN ITS TRACKS, RESTORING FUNCTION, AND ENDING THE DISEASE FOREVER THE SOCIETY STIMULATES STUDIES WORLDWIDE, LEVERAGES OPPORTUNITIES, FOSTERS COLLABORATION, AND SHAPES THE RESEARCH LANDSCAPE TO ADDRESS THE URGENT NEEDS OF PEOPLE WITH MS RESEARCH BREAKTHROUGHS FUEL THE TREATMENTS AND SOLUTIONS PEOPLE WITH MS NEED TO OVERCOME THE CHALLENGES OF MS TODAY WITH CONFIDENCE AND HOPE FOR A WORLD FREE OF MS TOMORROW

4c (Code _____) (Expenses $ 33,363,071 including grants of $ 29,772) (Revenue $ 0)

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, NEWSLETTERS, EMAIL, WEBSITE, ONLINE COMMUNITY, SOCIAL MEDIA AND PUBLIC RELATIONS ACTIVITIES ACROSS ALL MEDIA CHANNELS MS CONNECTION NEWSLETTERS (LOCAL ANNOUNCEMENTS AND INFORMATION ON UPCOMING PROGRAMS AND SERVICES) AND MOMENTUM (THE SOCIETY'S MAGAZINE DISTRIBUTED TO PEOPLE WITH MS, HEALTH CARE PROVIDERS, SUPPORTERS OF THE SOCIETY) REACH 450,000 EACH QUARTER

PUBLIC EDUCATION - CONTINUED ON SCH O

4d Other program services (Describe in Schedule O) ATTACHMENT 1

(Expenses $ 5,905,502 including grants of $ 1,700,678) (Revenue $ 77,872)

4e Total program service expenses ▶ 130,765,033

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		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 "Yes" complete Schedule L, Part II*	26		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*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV.*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes" complete Schedule R, Part V, line 2*	36		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*	37		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	38	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	1a	416		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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 . .	2a	1,086		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		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)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No" provide an explanation in Schedule O*	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below and for a "No" response to line 8a, 8b or 10b below, describe the circumstances processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
TAMI CAESAR, CFO 733 THIRD AVENUE, NEW YORK, NY 10017-3288 212-476-0424

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA ZAGIEBOYLO	40.00									
PRESIDENT & CEO	0	X		X				527,970	0	10,600
(2) PETER A GALLIGAN	5.00									
CHAIRMAN	0	X		X				0	0	0
(3) LINDA MCALEER	5.00									
SECRETARY	0	X		X				0	0	0
(4) RICHARD KNUTSON	5.00									
TREASURER	0	X		X				0	0	0
(5) MINDY B ALPERT	5.00									
DIRECTOR	0	X						0	0	0
(6) RICK ANDERSON	5.00									
DIRECTOR	0	X						0	0	0
(7) VALLI BALDASSANO	5.00									
DIRECTOR	0	X						0	0	0
(8) GREGORY R BISHOP	5.00									
DIRECTOR	0	X						0	0	0
(9) MICHAEL BOGDONOFF, ESQ	5.00									
DIRECTOR	0	X						0	0	0
(10) RON BOIRE	5.00									
DIRECTOR	0	X						0	0	0
(11) DOUG COY	5.00									
DIRECTOR	0	X						0	0	0
(12) DANA M FOOTE	5.00									
DIRECTOR	0	X						0	0	0
(13) SHYAM GIDUMAL	5.00									
DIRECTOR	0	X						0	0	0
(14) PETER HARBILAS	5.00									
DIRECTOR	0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LILY JUNG HENSON MD, MMM, FAAN	5.00									
DIRECTOR (THRU 11/2016)	0	X						0	0	0
(16) BONNIE HIGGINS	5.00									
DIRECTOR	0	X						0	0	0
(17) WILLIAM HOLLEY	5.00									
DIRECTOR	0	X						0	0	0
(18) MARY HUGHES, MD	5.00									
DIRECTOR	0	X						0	0	0
(19) CRAIG T LYNCH	5.00									
DIRECTOR	0	X						0	0	0
(20) DANIEL MESSINA	5.00									
DIRECTOR (THRU 11/2016)	0	X						0	0	0
(21) AARON E MILLER, MD	5.00									
DIRECTOR	0	X						0	0	0
(22) WILLIAM T MONAHAN	5.00									
DIRECTOR	0	X						0	0	0
(23) RUSSELL PARKER	5.00									
DIRECTOR	0	X						0	0	0
(24) CYNTHIA HARRIS PERAZZO	5.00									
DIRECTOR	0	X						0	0	0
(25) MIKE PONGON	5.00									
DIRECTOR	0	X						0	0	0
1b Sub-total ▶								527,970	0	10,600
c Total from continuation sheets to Part VII, Section A ▶								2,920,251	0	338,996
d Total (add lines 1b and 1c) ▶								3,448,221	0	349,596

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 66

		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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 25

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PETER PORRINO	5.00									
DIRECTOR	0	X						0	0	0
(27) TOBI ROGOWSKY	5.00									
DIRECTOR	0	X						0	0	0
(28) DAVID M ROTTKAMP	5.00									
DIRECTOR	0	X						0	0	0
(29) ELI RUBENSTEIN	5.00									
DIRECTOR (THRU 11/2016)	0	X						0	0	0
(30) LARRY SCHMID	5.00									
DIRECTOR	0	X						0	0	0
(31) DAVID B SCHULMAN	5.00									
DIRECTOR	0	X						0	0	0
(32) RICHARD B SLIFKA	5.00									
DIRECTOR	0	X						0	0	0
(33) ROBERT L SOWINSKI	5.00									
DIRECTOR	0	X						0	0	0
(34) PETER G TARRICONE	5.00									
DIRECTOR	0	X						0	0.	0
(35) LAURA VACCARO	5.00									
DIRECTOR	0	X						0	0	0
(36) MALCOLM P WATTMAN, ESQ	5.00									
DIRECTOR	0	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 66

		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JEFFREY WESSEL	5.00									
DIRECTOR	0.	X						0	0	0
(38) CAROLINE WHITACRE	5.00									
DIRECTOR	0	X						0	0	0
(39) PAUL WEISS	40.00									
CHIEF OPERATING OFFICER	0			X				325,586	0	47,613
(40) TAMI CAESAR	40.00									
CHIEF FINANCIAL OFFICER	0			X				233,036	0	46,606
(41) ERIC HILTY	40.00									
CHIEF LEGAL OFFICER	0			X				220,706	0	45,050
(42) TIM COETZEE	40.00									
CHIEF RESEARCH OFFICER	0				X			320,656	0	45,864
(43) GRAHAM MCREYNOLDS	40.00									
CHIEF M & D OFFICER	0				X			311,049	0	34,289
(44) JOHN SCOTT	40.00									
CHIEF FIELD OFFICER	0				X			315,806	0	22,479
(45) MAUREEN REEDER	40.00									
REGIONAL EVP	0					X		269,252	0	11,921
(46) JENNIFER LEE	40.00									
REGIONAL EVP	0					X		233,310	0	29,453
(47) PHYLLIS ROBSHAM	40.00									
REGIONAL EVP	0					X		238,273	0	23,326
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 66

		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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) KAY JULIAN	40 00									
EVP, SERVICES	0					X		221,276	0	23,138
(49) LISA GOLDFARB	40 00									
EVP, HUMAN RESOURCES	0					X		231,301	0	9,257
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 66

		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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	114,493,487			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	74,727			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	61,130,503			
	g	Noncash contributions included in lines 1a-1f $		2,586,934			
	h	**Total** Add lines 1a-1f	▶	175,698,717			
Program Service Revenue			Business Code				
	2a	PROGRAM REGISTRATION FEES	900099	77,872	77,872		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total** Add lines 2a-2f	▶	77,872			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	1,402,900			1,402,900
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			
			(i) Real / (ii) Personal				
	6a	Gross rents	784,040				
	b	Less rental expenses					
	c	Rental income or (loss)	784,040 / -				
	d	Net rental income or (loss)	▶	784,040			784,040
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	31,750,822				
	b	Less cost or other basis and sales expenses	30,882,020				
	c	Gain or (loss)	868,802				
	d	Net gain or (loss)	▶	868,802			868,802
	8a	Gross income from fundraising events (not including $ 114,493,487 of contributions reported on line 1c) See Part IV, line 18	a 22,752,231				
	b	Less direct expenses	b 22,752,231				
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory	▶	0			
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING INCOME	900099	2,213,290		2,213,290	
	b	LEGAL SETTLEMENT	900099	181,347			181,347
	c	MISCELLANEOUS	900099	20,903			20,903
	d	All other revenue					
	e	**Total** Add lines 11a-11d	▶	2,415,540			
	12	**Total revenue.** See instructions	▶	181,247,871	77,872	2,213,290	3,257,992

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,032,489	38,032,489		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,234,894	3,234,894		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,842,063	2,842,063		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,510,223	1,735,932	312,061	462,230
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	64,906,676	44,885,889	8,068,954	11,951,833
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,193,103	825,084	148,322	219,697
9 Other employee benefits	10,725,166	7,416,935	1,333,310	1,974,921
10 Payroll taxes	4,273,490	2,955,311	531,263	786,916
11 Fees for services (non-employees)				
a Management	0			
b Legal	25,641		25,641	
c Accounting	256,700		256,700	
d Lobbying	767,972	341,503	82,853	343,616
e Professional fundraising services See Part IV, line 17	3,472,372			3,472,372
f Investment management fees	248,518		248,518	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount list line 11g expenses on Schedule O.)	7,512,371	4,220,088	946,240	2,346,043
12 Advertising and promotion	2,905,831	865,880	223,592	1,816,359
13 Office expenses	4,325,097	82,494	155,044	4,087,559
14 Information technology	4,086,794	2,607,493	427,882	1,051,419
15 Royalties	0			
16 Occupancy	10,247,127	6,763,104	1,434,598	2,049,425
17 Travel	3,164,686	1,895,152	161,271	1,108,263
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,480,770	1,958,356	68,842	453,572
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,720,339	1,795,424	380,847	544,068
23 Insurance	1,383,011	912,787	193,622	276,602
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 PRNTG, PUBLICATION & POSTAGE	7,946,887	3,507,507	663,024	3,776,356
b AWARDS AND PRIZES	623,749	505,601	12,582	105,566
c TELEPHONE	2,363,209	1,560,239	329,415	473,555
d EQUIPMENT RENTAL	950,834	627,998	132,932	189,904
e All other expenses	2,325,033	1,192,810	620,890	511,333
25 **Total functional expenses** Add lines 1 through 24e	185,525,045	130,765,033	16,758,403	38,001,609
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 ▶ ☒ if following SOP 98-2 (ASC 958-720)	4,246,047	1,108,454	2,525,178	612,415

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		34,708,519	2	52,730,544
	3	Pledges and grants receivable, net		2,977,443	3	15,161,184
	4	Accounts receivable, net		1,221,976	4	787,082
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		282,709	8	205,994
	9	Prepaid expenses and deferred charges		2,018,575	9	5,974,958
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,984,587			
	b	Less accumulated depreciation	10b 18,128,602	6,114,646	10c	6,855,985
	11	Investments - publicly traded securities		61,917,472	11	72,343,871
	12	Investments - other securities See Part IV, line 11		155,791	12	136,934
	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		917,049	15	1,793,726
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		110,314,180	16	155,990,278
Liabilities	17	Accounts payable and accrued expenses		5,316,975	17	14,264,728
	18	Grants payable		45,255,779	18	37,500,928
	19	Deferred revenue		215,000	19	8,594,230
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		2,676,470	21	7,684,478
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		32,821,217	25	5,503,210
	26	**Total liabilities.** Add lines 17 through 25		86,285,441	26	73,547,574
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		17,008,510	27	56,040,027
	28	Temporarily restricted net assets		5,128,244	28	19,844,640
	29	Permanently restricted net assets		1,891,985	29	6,558,037
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,028,739	33	82,442,704
	34	Total liabilities and net assets/fund balances		110,314,180	34	155,990,278

Form **990** (2016)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,247,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	185,525,045
3	Revenue less expenses Subtract line 2 from line 1	3	-4,277,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,028,739
5	Net unrealized gains (losses) on investments	5	5,206,138
6	Donated services and use of facilities	6	-114,001
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	57,599,002
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,442,704

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL MULTIPLE SCLEROSIS SOCIETY	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 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 ☐ 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)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	99,409,632	108,092,743	110,102,818	106,277,577	175,698,717	599,581,487
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total** Add lines 1 through 3	99,409,632	108,092,743	110,102,818	106,277,577	175,698,717	599,581,487
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support** Subtract line 5 from line 4						599,581,487

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	99,409,632	108,092,743	110,102,818	106,277,577	175,698,717	599,581,487
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	611,305	698,913	970,403	1,020,380	2,186,940	5,487,941
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,412,472	1,787,944	1,922,671	1,605,654	2,213,290	8,942,031
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ATCH 1	203,070	23,044	352,073	2,908	22,954,481	23,535,576
11 **Total support.** Add lines 7 through 10						637,547,035
12 Gross receipts from related activities, etc (see instructions)					12	3,500,054

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** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	94 05 %
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	97 59 %

16a **33 1/3 % support test - 2016** 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 ▶ ☒

b **33 1/3 % support test - 2015.** 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 ▶ ☐

17a **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2016** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2015** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in* ***Part VI*** *how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 *Portion of operating expenses paid or incurred for production or* collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	**Excess distributions carryover to 2017** Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS REVENUE	8,185	23,044	352,073	2,908	20,903	407,113
NET SALE OF INVENTORIES	194,885					194,885
LEGAL SETTLEMENT					181,347	181,347
GROSS INCOME FROM FUNDRAISING					22,752,231	22,752,231
TOTALS	203,070	23,044	352,073	2,908	22,954,481	23,535,576

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
NATIONAL MULTIPLE SCLEROSIS SOCIETY	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) 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		5,000
d Mailings to members, legislators, or the public?	X		260,936
e Publications, or published or broadcast statements?	X		11,445
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		247,966
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		242,625
i Other activities?		X	
j Total Add lines 1c through 1i			767,972
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 campaign activity expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

SCHEDULE C, PART II-B, LINE 1

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,464,959	2,402,557	2,584,378	1,685,483	3,064,173
b Contributions	5,496,277				384,479
c Net investment earnings, gains, and losses	1,286,554	62,402	-181,821	1,170,982	82,835
d Grants or scholarships				272,087	1,846,004
e Other expenditures for facilities and programs	104,316				
f Administrative expenses					
g End of year balance	9,143,474	2,464,959	2,402,557	2,584,378	1,685,483

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 ▶ 71 7200 %
c Temporarily restricted endowment ▶ 28 2800 %
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on 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		5,536,332	4,179,351	1,356,981
d Equipment		10,677,314	10,653,704	23,610
e Other		8,770,941	3,295,547	5,475,394
Total Add lines 1a through 1e *(Column (d) must equal Form 990, Part X column (B), line 10c)* ▶				6,855,985

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG-TERM DEFFERRED RENT	2,784,612
(3) DUE TO ANNUITANTS	1,619,848
(4) OTHER LIABILITIES	1,098,750
(5)	
(6)	
(7)	
(8)	
(9)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,503,210

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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	208,114,589.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	5,206,138		
b	Donated services and use of facilities	2b	15,392,483		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,516,615		
e	Add lines 2a through 2d			2e	27,115,236
3	Subtract line 2e from line 1			3	180,999,353.
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	248,518		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	248,518.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	181,247,871

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	200,783,011
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	15,506,484		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	15,506,484
3	Subtract line 2e from line 1			3	185,276,527
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	248,518		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	248,518
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	185,525,045.

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

SEE PAGE 5

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

ESCROW LIABILITY ARRANGEMENT EXPLANATION

SCHEDULE D, PART IV, LINE 2B

THE SOCIETY IS A MANAGING MEMBER, ALONG WITH ASSOCIANZIONE ITALIANA SCLEROSI MULTIPLA (ITALY), MS RESEARCH AUSTRALIA, MULTIPLE SCLEROSIS INTERNATIONAL FEDERATION, MS SOCIETY (UNITED KINGDOM), AND THE MULTIPLE SCLEROSIS SOCIETY OF CANADA, OF THE PROGRESSIVE MS ALLIANCE (THE "ALLIANCE") THE ALLIANCE IS OPEN TO MS ORGANIZATIONS FROM AROUND THE WORLD AND IS CONTINUALLY SEEKING NEW MEMBER ORGANIZATIONS FROM THE GLOBAL MS COMMUNITY THE ALLIANCE MADE A JOINT COMMITMENT TO ACCELERATE THE DEVELOPMENT OF TREATMENT FOR PROGRESSIVE MS BY REMOVING SCIENTIFIC AND TECHNOLOGICAL BARRIERS THE ALLIANCE HAS FOUR STRATEGIC OBJECTIVES WHICH INCLUDE RAISE PROFILE AND ACCELERATE PROGRESS, SECURE RESOURCES AND GLOBALIZE RESEARCH FUNDING, INSPIRE, GALVANIZE AND ENGAGE AMONG PRIORITY STAKEHOLDERS AND DELIVER OPERATIONAL EXCELLENCE BY ALIGNING RESOURCES

AS A MANAGING MEMBER, THE SOCIETY COMMITTED TO PROVIDING FUNDS OF APPROXIMATELY $25,377,000 OVER THE FOLLOWING EIGHT YEARS CONDITIONAL ON VARIOUS FACTORS, WITH $5,362,877 PAID TO THE ALLIANCE OVER EIGHT YEARS AS WELL AS PROFESSIONAL AND SCIENTIFIC STAFF TO SUPPORT THE ALLIANCE IN ADDITION, THE SOCIETY MAINTAINS CUSTODY OF THE POOLED FUNDS CONTRIBUTED FROM OTHER ALLIANCE MEMBERS THE DISBURSEMENT OF FUNDS FOR VARIOUS PROGRESSIVE MS RESEARCH INITIATIVES ARE APPROVED BY VOTING ALLIANCE MEMBERS THE SOCIETY RECEIVED A TOTAL OF $5,923,941 ENDING SEPTEMBER 30, 2017 FROM ALLIANCE MEMBERS, WHICH WILL BE HELD UNTIL SUCH TIME THE FUNDS ARE APPROVED AND FOR EXPENDITURE AS OF SEPTEMBER 30, 2017, THE SOCIETY RECORDED UNSPENT DONATED FUNDS, CONSISTING OF BOTH SOCIETY AND OTHER ALLIANCE MEMBERS' MONIES, TOTALING $7,684,478 AS A LIABILITY

Part XIII .Supplemental Information *(continued)*

INTENDED USES OF ENDOWMENT FUND

SCHEDULE D, PART V

THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER INTENDED TO PRESERVE THEIR VALUE CONSISTENT WITH SUCH DONOR STIPULATIONS, MINIMIZE THE EFFECT OF HIGH ECONOMIC VOLATILITY AND/OR LOW INVESTMENT RETURN AND PROVIDE FUNDING FOR THE PROGRAMS SPECIFIED BY THE DONORS

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

GUIDANCE IN "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" UNDER THE FINANCIAL ACCOUNTING STANDARDS BOARD (THE "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 THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED, IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE THE 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

Part XIII Supplemental Information *(continued)*

INCOME AMOUNTS INCLUDED IN FINANCIALS - OTHER

SCHEDULE D, PART XI, LINE 2D

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST	$ 26,248
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	$181,041
ADJUSTMENT OF RESEARCH GRANT LIABILITY	$6,309,326
TOTAL	$6,516,615

DONATED SERVICES AND USE OF FACILITIES

PART XII, LINE 2A

DUE TO TIMING DIFFERENCES, DONATED ADVERTISING EXPENSE INCLUDES $114,001 OF CURRENT YEAR EXPENSE RELATED TO DONATED ADVERTISING REVENUE THAT WAS PLEDGED IN PRIOR YEAR

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

OMB No 1545-0047

2016

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? . . . . . [X] 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE		10	GRANTMAKING		1,731,837
(2) NORTH AMERICA		7	GRANTMAKING		820,227
(3) EAST ASIA AND THE PACIFIC		2	GRANTMAKING		290,000
(4) EAST ASIA AND THE PACIFIC			INVESTMENTS		1,000
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		19			2,843,064
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		19			2,843,064

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	FAST FORWARD	255,050	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	25,908	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	247,130	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	75,000	WIRE			
(5)			EAST ASIA/PACIFIC	RESEARCH	76,000	WIRE			
(6)			EAST ASIA/PACIFIC	RESEARCH	214,000	WIRE			
(7)			NORTH AMERICA	RESEARCH	70,400	WIRE			
(8)			NORTH AMERICA	RESEARCH	40,000	WIRE			
(9)			NORTH AMERICA	RESEARCH	118,104	WIRE			
(10)			NORTH AMERICA	RESEARCH	110,589	WIRE			
(11)			NORTH AMERICA	RESEARCH	137,050	WIRE			
(12)			NORTH AMERICA	RESEARCH	89,034	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	RESEARCH	197,436	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	RESEARCH	402,380	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	RESEARCH	83,323	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	RESEARCH	229,371	WIRE			

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

3 Enter total number of other organizations or entities . . . . . ▶

Schedule F (Form 990) 2016

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	157,039	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	58,333	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	255,917	WIRE			
(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 . . . . . ▶ 19

3 Enter total number of other organizations or entities . . . . . ▶

Schedule F (Form 990) 2016

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☒ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**
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 ADVISORY COMMITTEE THAT EVALUATES ALL GRANT APPLICATIONS AND RECOMMENDS GRANTS TO BE FUNDED BY THE SOCIETY 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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

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

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

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [X] Solicitation of government grants
- g [X] 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? [X] Yes [ ] No

b If "Yes," list the 10 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? Yes	(iii) No	(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
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶				9,090,168	3,472,372	5,617,796

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

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

		(a) Event #1 BIKE MS (86) (event type)	(b) Event #2 WALK MS (536) (event type)	(c) Other events 90 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	68,658,241	43,856,466	24,731,011	137,245,718
	2 Less Contributions	56,399,622	39,266,360	18,827,505	114,493,487
	3 Gross income (line 1 minus line 2)	12,258,619	4,590,106	5,903,506	22,752,231
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,273,233	585,655	1,177,373	3,036,261
	6 Rent/facility costs	1,904,711	1,398,546	532,329	3,835,586
	7 Food and beverages	2,308,999	308,720	1,805,371	4,423,090
	8 Entertainment	205,790	138,663	88,284	432,737
	9 Other direct expenses	6,565,886	2,158,522	2,300,149	11,024,557
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				22,752,231
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

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

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE G, PART I, LINE 2B

THE SOCIETY USED MERKLE AND INFOCISION FOR THE MAJORITY OF ITS DIRECT MAIL CAMPAIGNS IN FY2017 THESE CAMPAIGNS COLLECTIVELY RAISED $9,090,168 IN REVENUE FOR FY2017 THE RELATIONSHIP WITH INFOCISION ENDED ON 8/31/2017

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility . . . 13a %

b An outside facility . . . 13b %

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE G, PART II

BIKE MS

BIKE MS IS THE LARGEST FUNDRAISING BIKE SERIES IN THE WORLD WITH BIKE MS RIDES ACROSS THE COUNTRY, ANYONE, ANYWHERE, CAN FUEL PROGRESS EACH YEAR, 7,500 TEAMS AND NEARLY 100,000 CYCLISTS CHOOSE BIKE MS THERE WERE 86 BIKE EVENTS DURING FY2017

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

WALK MS

EACH YEAR, 300,000 PEOPLE PARTICIPATE IN WALK MS EVENTS EACH WALK IS FULLY-ACCESSIBLE, INCLUDES MULTIPLE DISTANCE OPTIONS, AND FEATURES SUPPORT FOR WALKERS BY OUR OUTSTANDING VOLUNTEERS WALK MS IS ALSO THE PERFECT PLACE TO CONNECT TO THE SERVICES AND SUPPORT OFFERED BY THE NATIONAL MS SOCIETY THERE WERE 536 WALK EVENTS DURING FY2017

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L PL NEW YORK, NY 10029	13-6171197	501(C)(3)	115,476				CLINICAL
(2) UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S MARYLAND AVENUE CHICAGO, IL 60637	36-3488183	501(C)(3)	165,625				CLINICAL
(3) UNIVERSITY OF TX SOUTHWESTERN MEDICAL CTR 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501(C)(3)	116,875				CLINICAL
(4) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073	501(C)(3)	116,875				CLINICAL
(5) PROGRESSIVE MS ALLIANCE 733 THIRD AVENUE NEW YORK, NY 10017	13-5661935	501(C)(3)	577,243				PROGRAM SUPPORT
(6) TRUSTEES OF DARTMOUTH COLLEGE 6010 PARKHURST HALL, #204 HANOVER NH 03755	02-0222111	501(C)(3)	326 526				RESEARCH
(7) UNIVERSITY OF VERMONT 65 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	261,070				RESEARCH
(8) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	537,041				RESEARCH
(9) HARVARD MEDICAL SCHOOL 25 SHATTUCK STREET BOSTON, MA 02115	04-2103560	501(C)(3)	183,626				RESEARCH
(10) BRIGHAM & WOMEN'S HOSPITAL P O BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	2,603,837				RESEARCH
(11) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	266,126				RESEARCH
(12) MGH INSTITUTE OF HEALTH PROFESSIONS 36 FIRST AVENUE CHARLESTON, MA 02129	04-2868893	501(C)(3)	19,688				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCELERATED CURE PROJECT 460 TOTTEN POND ROAD WALTHAM, MA 02451	04-3555864	501(C)(3)	62,500				RESEARCH
(2) YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	797,214				RESEARCH
(3) STATE UNIVERSITY OF NY AT STONY BROOK 100 NICOLLS ROAD STONY BROOK, NY 11794	11-6077945	501(C)(3)	439,814				RESEARCH
(4) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	358,931				RESEARCH
(5) RESEARCH FOUNDATION OF CUNY-HSRC 230 W 41ST ST , 7TH FLR NEW YORK NY 10036	13-1988190	501(C)(3)	58,956				RESEARCH
(6) NYU SCHOOL OF MEDICINE 545 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	823,994				RESEARCH
(7) COLUMBIA UNIVERSITY 16TH ST & BROADWAY, NEW YORK, NY 10027	13-5598093	501(C)(3)	201,202				RESEARCH
(8) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L PL NEW YORK, NY 10029	13-6171197	501(C)(3)	818,328				RESEARCH
(9) UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVE ROCHESTER NY 14642	16-0743209	501(C)(3)	419,674				RESEARCH
(10) THE STATE UNIVERSITY OF NEW YORK AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	16-1514621	501(C)(3)	897,958				RESEARCH
(11) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 57 US HIGHWAY 1 NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	489,057				RESEARCH
(12) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	308,755				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	95,937				RESEARCH
(2) THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	448,592				RESEARCH
(3) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	221,455				RESEARCH
(4) TEMPLE UNIVERSITY 1801 N BROAD ST, PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	177,400				RESEARCH
(5) THE J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	58,956				RESEARCH
(6) CHILDREN'S HOSPITAL MEDICAL CTR-CINCINNATI 3333 BURNET AVE ML 490 CINCINNATI, OH 45229	31-0833936	501(C)(3)	358,916				RESEARCH
(7) KESSLER FOUNDATION RESEARCH CENTER 300 EXECUTIVE DR, #70 WEST ORANGE, NJ 07936	31-1562134	501(C)(3)	973,385				RESEARCH
(8) OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	457,435				RESEARCH
(9) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	542,197				RESEARCH
(10) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	310,548				RESEARCH
(11) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON IL 60208	36-2167817	501(C)(3)	141,177				RESEARCH
(12) UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN STREET CHICAGO IL 60612	36-2174823	501(C)(3)	56,776				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60615	36-2177139	501(C)(3)	293,097				RESEARCH
(2) CARES 5000 S 5TH AVENUE, HINES, IL 60141	36-3334177	501(C)(3)	43,993				RESEARCH
(3) UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 1200 W HARRISON ST, CHAMPAIGN, IL 61801	37-6000511	501(C)(3)	704,605				RESEARCH
(4) REGENTS OF THE UNIVERSITY OF MICHIGAN 333 SOUTH STATE STREET, ANN ARBOR, MI 48109	38-6006309	501(C)(3)	256,404				RESEARCH
(5) WAYNE STATE UNIVERSITY 42 W WARREN AVENUE DETROIT, MI 48202	38-6028429	501(C)(3)	245,946				RESEARCH
(6) BLOODCENTER OF WISCONSIN 638 N 18TH STREET, MILWAUKEE, WI 53233	39-0807235	501(C)(3)	235,220				RESEARCH
(7) UNIVERSITY OF WISCONSIN-MADISON 1308 W DAYTON STREET MADISON, WI 53706	39-6006492	501(C)(3)	319,079				RESEARCH
(8) MAYO CLINIC ROCHESTER 200 FIRST STREET NW ROCHESTER, MN 55905	41-6011702	501(C)(3)	410,769				RESEARCH
(9) UNIVERSITY OF IOWA 5 W JEFFERSON ST IOWA CITY, IA 52242	42-6004813	501(C)(3)	436,585				RESEARCH
(10) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S EUCLID AVE SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	1,051,963				RESEARCH
(11) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	113,723				RESEARCH
(12) UNIVERSITY OF KS MEDICAL CTR-KANSAS CITY 3901 RAINBOW BLVD KANSAS CITY KS 66160	48-1108830	501(C)(3)	132,000				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	1,870,679				RESEARCH
(2) NATIONAL INSTITUTE OF NEUROLOGICAL DISORDER 9000 ROCKVILLE PIKE BETHESDA, MD 20792	52-0858115	501(C)(3)	65,344				RESEARCH
(3) HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR BETHESDA, MD 20817	52-1317896	501(C)(3)	396,276				RESEARCH
(4) INSTITUTE FOR CLINICAL RESEARCH, INC 50 IRVING STREET, WASHINGTON, DC 20422	52-1336656	501(C)(3)	283,985				RESEARCH
(5) THE CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	180,148				RESEARCH
(6) NATIONAL INSTITUTES OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20814	52-1986675	501(C)(3)	49,415				RESEARCH
(7) UNIVERSITY OF MARYLAND, BALTIMORE 4100 CHESAPEAKE BLDG COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	510,311				RESEARCH
(8) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET RICHMOND, VA 23298	54-6001758	501(C)(3)	418,818				RESEARCH
(9) UNIVERSITY OF VIRGINIA 400 EMMET ST S CHARLOTTESVILLE, VA 23903	54-6001796	501(C)(3)	449,292				RESEARCH
(10) RTI INTERNATIONAL RESEARCH TRGL INSTITUTE RALEIGH, NC 27675	56-0686338	501(C)(3)	49,931				RESEARCH
(11) DUKE UNIVERSITY MEDICAL CENTER 8 DUKE UNIVERSITY DURHAM, NC 27703	56-2070036	501(C)(3)	187,659				RESEARCH
(12) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 153A CTRY CLUB RD CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	461,484				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	199,024				RESEARCH
(2) UNIVERSITY OF FLORIDA 201 CRISER HALL COPAL GABLES, FL 32611	59-9002052	501(C)(3)	94,941				RESEARCH
(3) OREGON STATE UNIVERSITY 1500 SW JEFFERSON ST CORVALLIS, OR 97331	61-1730890	501(C)(3)	200,626				RESEARCH
(4) UNIVERSITY OF KENTUCKY 109 PINKEAD HALL, LEXINGTON, KY 40526	61-6033693	501(C)(3)	43,080				RESEARCH
(5) VANDERBILT UNIVERSITY 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)(3)	111,017				RESEARCH
(6) ST JUDES CHILDRENS HOSPITAL 262 DANNY THOMAS PL, MEMPHIS, TN 38105	62-0646012	501(C)(3)	330,000				RESEARCH
(7) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	761,813				RESEARCH
(8) OKLAHOMA MEDIAL RESEARCH FOUNDATION 825 NE 13TH S OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	211,200				RESEARCH
(9) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, RM 600D HOUSTON, TX 77030	74-1613878	501(C)(3)	410,909				RESEARCH
(10) THE UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)(3)	220,076				RESEARCH
(11) UNIVERSITY OF TEXAS CENTER AT HOUSTON 7000 FANNIN ST #120 HOUSTON, TX 77030	74-1761309	501(C)(3)	44,000				RESEARCH
(12) THE UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	501(C)(3)	166,706				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF COLORADO DENVER 1800 GRANT STREET, SUITE 500, CO 80203	84-6000555	501(C)(3)	934,570				RESEARCH
(2) UNIVERSITY OF NEW MEXICO 1 UNIV OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	44,000				RESEARCH
(3) ST JOSEPH'S HOSPITAL AND MEDICAL CENTER 703 MAIN ST PHOENIX, AZ 85013	86-0174371	501(C)(3)	146,300				RESEARCH
(4) UNIVERSITY OF UTAH 201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	1,443,501				RESEARCH
(5) UNIVERSITY OF NEVADA, RENO MAILSTOP 0124, RENO, NV 89557	88-6000024	501(C)(3)	43,628				RESEARCH
(6) BENAROYA RESEARCH INSTITUTE 1201 9TH AVENUE, SEATTLE, WA 98101	91-0653422	501(C)(3)	206,273				RESEARCH
(7) UNIVERSITY OF WASHINGTON 1410 NE CAMPUS PARKWAY SEATTLE, WA 98105	91-6001537	501(C)(3)	595,450				RESEARCH
(8) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON RD PORTLAND, OR 97239	93-1176109	501(C)(3)	1,450,126				RESEARCH
(9) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	224,591				RESEARCH
(10) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 505 PARNASSUS AVE SAN FRANCISCO, CA 94143	94-2829914	501(C)(3)	2,767,409				RESEARCH
(11) UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DRIVE DAVIS, CA 95618	94-6036494	501(C)(3)	214,587				RESEARCH
(12) UNIVERSITY OF CALIFORNIA-BERKELEY 2227 PIEDMONT AVENUE BERKELEY, CA 94720	94-6090626	501(C)(3)	272,417				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDEN, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	1,038,879				RESEARCH
(2) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD , LOS ANGELES, CA 90048	95-1644600	501(C)(3)	43,990				RESEARCH
(3) UNIVERSITY OF CALIFORNIA RIVERSIDE 900 UNIVERSITY AVE RIVERSIDE, CA 92521	95-6006142	501(C)(3)	44,000				RESEARCH
(4) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	166,317				RESEARCH
(5) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	189,826				RESEARCH
(6) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 N LAKE AVE WORCESTER, MA 01655	04-3167352	GOV	121,000				CLINICAL
(7) UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45220	31-6000989	GOV	65,000				CLINICAL
(8) UNIVERSITY OF CONNECTICUT 343 MANSFIELD RD STORRS MANSFIELD, CT 06269	06-0772160	GOV	206,981				RESEARCH
(9) UNIVERSITY OF WISCONSIN-MILWAUKEE 3203 N DOWNER AVE MILWAUKEE, WI 53211	39-1805963	GOV	44,000				RESEARCH
(10) WINONA STATE UNIVERSITY 1312 HARMON PLACE MINNEAPOLIS, MN 55403	41-1687554	GOV	44,000				RESEARCH
(11) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE, FARMINGTON, CT 06030	52-1725543	GOV	225,038				RESEARCH
(12) TEXAS A&M AGRILIFE RESEARCH 2147 TAMUS COLLEGE STATION, TX 77843	74-6000541	GOV	356,767				RESEARCH

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 . . . . . ▶

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LONGEVITY BIOTECH, INC 3001 MARKET STREET PHILADELPHIA, PA 19104	27-2351016	N/A	90,584				FAST FORWARD
(2) ANNEXON BIOSCIENCES, INC 280 UTAH AVENUE SAN FRANCISCO, CA 94080	27-5414423	N/A	230,825				FAST FORWARD
(3) TG THERAPEUTICS, INC 2 GANSEVOORT STREET, NEW YORK, NY 10014	36-3898269	N/A	84,817				FAST FORWARD
(4) TRUVEN HEALTH ANALYTICS INC 100 PHOENIX DRIVE, ANN ARBOR, MI 48108	06-1467923	N/A	42,440				RESEARCH
(5) WESTAT, INC 1650 RESEARCH BLVD ROCKVILLE, MD 20850	84-0529566	N/A	195,931				RESEARCH
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 96

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance
1	FINANCIAL ASSISTANCE	4,166	3,234,894			
2						
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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

RESEARCH GRANTS

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
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.

FINANCIAL ASSISTANCE GRANTS

MS NAVIGATORS WORK WITH EACH INDIVIDUAL TO DEVELOP AN ASSISTANCE REQUEST THAT WOULD LEAD TO A CUSTOMIZED AND SUSTAINABLE SOLUTION OTHER POTENTIAL RESOURCES ARE EXPLORED AND A DETERMINATION IS MADE WHETHER THE ASSISTANCE REEQUEST MEETS THE CRITERIA ESTABLISHED IN THE SOCIETY'S FINANCIAL ASSISTANCE GUIDELINES APPROVED REQUESTS RESULT IN PAYEMNTS MADE DIRECTLY TO THE VENDOR SPECIFIED IN THE REQUEST

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, 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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CYNTHIA ZAGIEBOYLO	(i)	524,135	0	3,835	10,600	3,325	541,895	0
1 PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
PAUL WEISS	(i)	322,116	0	3,470	10,600	39,614	375,800	0
2 CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
TIM COETZEE	(i)	318,520	0	2,136	10,600	37,835	369,091	0
3 CHIEF RESEARCH OFFICER	(ii)	0	0	0	0	0	0	0
GRAHAM MCREYNOLDS	(i)	307,612	0	3,437	10,600	26,565	348,214	0
4 CHIEF M & D OFFICER	(ii)	0	0	0	0	0	0	0
JOHN SCOTT	(i)	312,370	0	3,436	10,600	14,411	340,817	0
5 CHIEF FIELD OFFICER	(ii)	0	0	0	0	0	0	0
MAUREEN REEDER	(i)	266,248	0	3,004	9,790	4,738	283,780	0
6 REGIONAL EVP	(ii)	0	0	0	0	0	0	0
TAMI CAESAR	(i)	231,808	0	1,228	9,593	39,100	281,729	0
7 CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
ERIC HILTY	(i)	219,161	0	1,545	8,037	39,358	268,101	0
8 CHIEF LEGAL OFFICER	(ii)	0	0	0	0	0	0	0
JENNIFER LEE	(i)	231,718	0	1,592	9,345	22,495	265,150	0
9 REGIONAL EVP	(ii)	0	0	0	0	0	0	0
PHYLLIS ROBSHAM	(i)	235,600	0	2,673	9,615	16,140	264,028	0
10 REGIONAL EVP	(ii)	0	0	0	0	0	0	0
KAY JULIAN	(i)	218,808	0	2,468	8,908	16,550	246,734	0
11 EVP, SERVICES	(ii)	0	0	0	0	0	0	0
LISA GOLDFARB	(i)	229,724	0	1,577	9,257	2,030	242,588	0
12 EVP, HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30
▶ Attach to Form 990
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2016

Open To Public Inspection

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	195	2,586,934	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both Also complete this part for any additional information

SCHEDULE M, PART I, LINE 9

THE ORGANIZATION IS REPORTING THE NUMBER OF NONCASH CONTRIBUTIONS

RECEIVED, NOT THE NUMBER OF ITEMS CONTRIBUTED

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*	2016 Open to Public Inspection

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

AMENDED RETURN

FORM 990, PAGE 1, BOX B

THE SOCIETY IS FILING AN AMENDED RETURN TO REMOVE THE GROUP EXEMPTION NUMBER ORIGINALLY REPORTED IN BOX H THIS IS NOT A GROUP RETURN FOR SUBORDINATES, AND THE GROUP EXEMPTION IS NO LONGER APPLICABLE DUE TO THE REALIGNMENT OF CHAPTERS

REALIGNMENT OF CHAPTERS

FORM 990, PART III, LINE 1 CONTINUED

THE SOCIETY COMPLETED AN ORGANIZATIONAL REALIGNMENT EFFECTIVE OCTOBER 1, 2016 UP UNTIL THEN THE SOCIETY HAD A GROUP 501(C)(3) EXEMPTION AND EACH OF THE 36 CHAPTERS HAD SUBORDINATE STATUS WITH A SEPARATE EIN AS A RESULT, PRIOR TO THIS YEAR, SEPARATE 990S WERE FILED FOR EACH CHAPTER SOME OF THE CHAPTERS ALSO WERE SET UP AS A SEPARATELY INCORPORATED ENTITY IN THE STATE IN WHICH THEY WERE LOCATED THOSE SEPARATELY INCORPORATED ENTITIES HAVE ALL BEEN DISSOLVED, AND THE SEPARATE EINS ARE NO LONGER BEING USED EFFECTIVE OCTOBER 1, 2016, ALL SOCIETY ACTIVITIES ARE NOW CONDUCTED AS ONE ENTITY UNDER THE SOCIETY'S EIN

THE UNIFIED ENTITY HAS ISSUED ONE SET OF AUDITED STATEMENTS AND FILED A SINGLE TAX RETURN THIS TRANSITION BETTER ALIGNS THE SOCIETY'S RESOURCES SO THAT THE ORGANIZATION CAN MAXIMIZE ITS IMPACT SO THAT EACH PERSON AFFECTED BY MS CAN LIVE THEIR BEST LIFE WHILE WE RELENTLESSLY PURSUE A CURE FOR EVERYONE WITH MS FOR ACCOUNTING PURPOSES, THE TRANSITION WAS

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

TREATED AS AN ACQUISITION OF 100% OF THE ASSETS AND LIABILITIES OF THE 36 CHAPTERS BY THE SOCIETY TOTAL ASSETS ACQUIRED FROM THE 36 CHAPTERS WERE APPROXIMATELY $73 7 MILLION AND NET ASSETS ACQUIRED WERE APPROXIMATELY $51 MILLION NO CONSIDERATION WAS GIVEN IN EXCHANGE FOR THESE INTERESTS

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A CONTINUED

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

FORM 990, PART III, LINE 4C CONTINUED

PUBLIC EDUCATION - IN ADDITION TO NATIONWIDE EMAIL NEWSLETTERS SHARED TWICE MONTHLY WITH 1 3 MILLION RECIPIENTS (ONE MESSAGE RELATED TO SERVICES, THE OTHER TO OVERALL NEWS), MANY PEOPLE ENGAGE IN CONVERSATIONS VIA THE SOCIETY'S ONLINE COMMUNITY (50,000 MEMBERS), AND SOCIAL MEDIA (OVER ONE MILLION FOLLOWERS) MORE THAN 500,000 PEOPLE VISIT THE SOCIETY'S WEBSITE EACH MONTH TO ACCESS INFORMATION AND SUPPORT

FORM 990, PART III, LINE 4D

PROFESSIONAL EDUCATION AND TRAINING - THE SOCIETY KEEPS HEALTHCARE PROVIDERS ENGAGED IN PATIENT CARE BY KEEPING THEM ABREAST OF NEW

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

DIAGNOSTIC TECHNIQUES, THERAPIES, ETC INFORMATION AND EDUCATION IS PROVIDED TO THOUSANDS OF PROFESSIONALS THROUGH THE SOCIETY'S PARTNERS IN MS CARE NETWORK, NATIONAL WEBINARS, IN-SERVICES AND OUTREACH, AND EDUCATIONAL MATERIALS FOR PHYSICIANS A FREE QUARTERLY NEWSLETTER IS EMAILED TO MORE THAN 14,000 HEALTH CARE PROFESSIONALS

CLASSES OF MEMBERS OR STOCKHOLDERS
FORM 990, PART VI, SECTION A, LINE 6

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

ELECTION OF MEMBERS AND THEIR RIGHTS
FORM 990, PART VI, SECTION A, LINE 7A

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

DECISIONS SUBJECT TO APPROVAL OF MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990, PART VI, SECTION B, LINE 11B

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

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

ENFORCEMENT OF CONFLICTS POLICY
FORM 990, PART VI, SECTION B, LINE 12C

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

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

Name of the organization	Employer identification number
NATIONAL MULTIPLE SCLEROSIS SOCIETY	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 THE PRESIDENT AND CEO COMPENSATION IS THEN RATIFIED BY THE FULL BOARD DURING EXECUTIVE SESSION

THE PRESIDENT AND CEO OR HER DESIGNEE CONDUCTS PERFORMANCE EVALUATIONS FOR OFFICERS AND OTHER KEY EMPLOYEES THE OUTCOME OF THESE EVALUATIONS IS SHARED WITH THE COMPENSATION COMMITTEE TO PROVIDE INFORMATION ON THEIR DECISIONS ABOUT COMPENSATION AND IS THEN RATIFIED BY THE FULL BOARD DURING EXECUTIVE SESSION

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORM 990, PART VI, SECTION C, LINE 19
THE NATIONAL MULTIPLE SCLEROSIS'S IRS FORM 990, IRS FORM 990-T AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE AT WWW NATIONALMSSOCIETY ORG, AND ON THE CHARITY NAVIGATOR WEBSITE THE SOCIETY'S GOVERNING DOCUMENTS, RECORD RETENTION AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

DONATED SERVICES AND USE OF FACILITIES
PART XI, LINE 6
DUE TO TIMING DIFFERENCES, DONATED ADVERTISING EXPENSE INCLUDES $114,001

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

OF CURRENT YEAR EXPENSE RELATED TO DONATED ADVERTISING REVENUE THAT WAS PLEDGED IN PRIOR YEAR

OTHER CHANGES IN NET ASSETS EXPLANATION

FORM 990, PART XI, LINE 9

INHERENT CONTRIBUTION ACQUIRED THROUGH REALIGNMENT	$ 51,082,387
ADJUSTMENT OF RESEARCH GRANT LIABILITY	$ 6,309,326
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST	$ 26,248
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	$ 181,041
TOTAL	$ 57,599,002

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
PROFESSIONAL EDUCATION AND TRAINING	1,700,678	5,905,502	77,872
TOTALS	1,700,678	5,905,502	77,872

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,DE,

FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,

MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,

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

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MERKLE, INC 8400 CORPORATE DRIVE LANHAM, MD 20785-2238	DIRECT MARKETING	8,609,031
BLACKBAUD P O BOX 930256 ATLANTA, GA 31193	FUNDRAISING SOFTWARE	2,505,736
EVENT 360 INC 205 N MICHIGAN AVENUE, SUITE 2640 CHICAGO, IL 60601	EVENT PRODUCTION	1,905,311
EPSILON DATA MANAGEMENT 601 EDGEWATER DRIVE WAKEFIELD, MA 01880	DATA ADMIN/SUPPORT	1,119,025
THE DOYLE GROUP LLC P O BOX 204653 DALLAS, TX 75320	IT CONSULTING	736,554

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FAST FORWARD LLC 26-1933619 733 THIRD AVENUE NEW YORK, NY 10017-3822	RESEARCH	DE	781,998	1,037,090	NMSS
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(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)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**
Provide additional information for responses to questions on Schedule R See instructions

SCHEDULE R, PART I, DISREGARDED ENTITIES

FAST FORWARD LLC ("FAST FORWARD"), A CONSOLIDATED NOT-FOR-PROFIT AFFILIATE OF NATIONAL MULTIPLE SCLEROSIS SOCIETY, DERIVES ITS TAX EXEMPTION FROM NATIONAL MULTIPLE SCLEROSIS SOCIETY AND IS TREATED AS A "DISREGARDED ENTITY" FOR TAX PURPOSES FAST FORWARD PARTNERS WITH SELECTED BIOTECHNOLOGY COMPANIES AND ACADEMIC INSTITUTIONS ENGAGED IN RESEARCH AND DEVELOPMENT PROJECTS AIMED AT IDENTIFYING AND DEVELOPING THERAPIES AND/OR DIAGNOSTICS TO IMPROVE THE TREATMENT OF MULTIPLE SCLEROSIS