

# 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](http://www.irs.gov/form990).**

**A** For the **2017** calendar year, or tax year beginning **10/01, 2017**, and ending **09/30, 2018**


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY		<b>D</b> Employer identification number 13-5661935
	Doing Business As		<b>E</b> Telephone number (212) 986-3240
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 733 THIRD AVENUE	<b>G</b> Gross receipts \$ 244,988,100.	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017-4057		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: CYNTHIA ZAGIEBOYLO SAME AS C ABOVE			<b>H(c)</b> Group exemption number <b>1048</b>
<b>J</b> Website: <b>WWW.NATIONALMSSOCIETY.ORG</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation: <b>1946</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>M</b> State of legal domicile: <b>NY</b>	

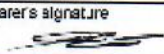
**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PEOPLE AFFECTED BY MULTIPLE SCLEROSIS ("MS") CAN LIVE THEIR BEST LIVES AS WE STOP MS IN ITS TRACKS, RESTORE WHAT HAS BEEN LOST AND END MS FOREVER.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 35
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 34
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> 1,209
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 50,000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 1,759,159
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 175,698,717. <b>Current Year</b> 189,707,218.
	<b>9</b> Program service revenue (Part VIII, line 2g)	77,872. 85,488.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,271,702. 4,265,764.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,199,580. 2,492,068.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,247,871. 196,550,538.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,109,446. 38,697,371.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,608,658. 81,964,555.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,472,372. 3,364,545.
	<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	38,020,974.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	54,334,569. 52,072,142.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	185,525,045. 176,098,613.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.	-4,277,174. 20,451,925.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 155,990,278. <b>End of Year</b> 174,750,836.
	<b>21</b> Total liabilities (Part X, line 26)	73,547,574. 70,305,489.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	82,442,704. 104,445,347.

**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.

<b>Sign Here</b>	Signature of officer 	Date <b>7-12-19</b>
	Type or print name and title <b>Tami Caesar Chief Financial and Operations Officer</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DANIEL ROMANO</b>	Preparer's signature 	Date <b>07/12/2019</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN	PTIN <b>P00504182</b>
	Firm's name <b>GRANT THORNTON LLP</b>		Firm's EIN <b>36-6055558</b>		
	Firm's address <b>757 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017-2013</b>		Phone no. <b>212-599-0100</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NATIONAL MULTIPLE SCLEROSIS SOCIETY	13-5661935
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	733 THIRD AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10017-4057	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

TAMI CAESAR, CFO

• The books are in the care of ► 733 THIRD AVENUE, NEW YORK NY 10017-3288

Telephone No. ► 212 476-0424 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_ or  
►  tax year beginning 10/01, 2017, and ending 09/30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 48,120,082. including grants of \$ 3,051,102. ) (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 139,000 PEOPLE INFORMATION, EMOTIONAL SUPPORT, AND CONNECTIONS TO RESOURCES. IN ADDITION, MORE THAN 30,000 PEOPLE JOINED SOCIETY PROGRAMS (IN-PERSON AND VIA WEBINARS.) CONTINUED ON SCH O.

4b (Code: ) (Expenses \$ 38,514,491. including grants of \$ 34,078,587. ) (Revenue \$ 0. )

RESEARCH - IN 2018, THE NATIONAL MULTIPLE SCLEROSIS SOCIETY (THE "SOCIETY") INVESTED NEARLY \$39 MILLION TO SUPPORT MORE THAN 400 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 \$ 30,053,193. including grants of \$ 0. ) (Revenue \$ 0. )

PUBLIC EDUCATION - THERE ARE MANY WAYS THE SOCIETY EDUCATES THE PUBLIC ABOUT MS 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 500,000 EACH QUARTER. CONTINUED ON SCH O.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 5,739,501. including grants of \$ 1,567,683. ) (Revenue \$ 85,488. )

4e Total program service expenses 122,427,267.

**Part IV Checklist of Required Schedules**

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



**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 700J.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (35), 1b (34), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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: TAMU CAESAR, CFO & COO 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 PRESIDENT & CEO	40.00 0.	X		X				529,833.	0.	10,800.
(2) PETER A. GALLIGAN CHAIR	5.00 0.	X		X				0.	0.	0.
(3) PETER G. TARRICONE VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(4) WILLIAM T. MONAHAN VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(5) LAURA VACCARO VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(6) LINDA MCALEER SECRETARY	5.00 0.	X		X				0.	0.	0.
(7) RICHARD KNUTSON TREASURER & VICE CHAIR	5.00 0.	X		X				0.	0.	0.
(8) MINDY B. ALPERT DIRECTOR	5.00 0.	X						0.	0.	0.
(9) BONNIE HIGGINS DIRECTOR	5.00 0.	X						0.	0.	0.
(10) RICK ANDERSON DIRECTOR	5.00 0.	X						0.	0.	0.
(11) DOUG COY DIRECTOR	5.00 0.	X						0.	0.	0.
(12) DANA M. FOOTE DIRECTOR	5.00 0.	X						0.	0.	0.
(13) SHYAM GIDUMAL DIRECTOR	5.00 0.	X						0.	0.	0.
(14) GREGORY R. BISHOP DIRECTOR	5.00 0.	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) WILLIAM HOLLEY ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 16) MARY HUGHES, MD ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 17) RON BOIRE ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 18) HAFIZ CHANDIWALA ----- DIRECTOR (AS OF 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 19) ELIZABETH FORSTNEGER ----- DIRECTOR (AS OF 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 20) WILLIAM GILLISPIE ----- DIRECTOR(11/10/2017-9/12/2018)	5.00 ----- 0.	X						0.	0.	0.
( 21) RUSSEL PARKER ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 22) DAVID M. ROTTKAMP ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 23) RICHARD B. SLIFKA ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 24) PETER HARBILAS ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
( 25) MALCOLM P. WATTMAN, ESQ. ----- DIRECTOR	5.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								529,833.	0.	10,800.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,298,456.	0.	465,002.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,828,289.	0.	475,802.

**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 **▶** 127

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 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 **▶** 64

**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) EUGENE MAY ----- DIRECTOR (AS OF 11/10/2017)	5.00 ----- 0.	X					0.	0.	0.	
( 27) WILLIAM MARRACCINI ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 28) CYNTHIA PERRAZO ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 29) MIKE PONGON ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 30) VALLI BALDASSANO ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 31) PETER PORRINO ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 32) DAVID SCHULMAN ----- DIRECTOR (THRU 11/10/2017)	5.00 ----- 0.	X					0.	0.	0.	
( 33) ELIZABETH PAGE ----- DIRECTOR (AS OF 11/10/2017)	5.00 ----- 0.	X					0.	0.	0.	
( 34) CAROLINE WHITACRE ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 35) TOBI ROGOWSKY ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
( 36) LARRY SCHMID ----- DIRECTOR	5.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 127

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) DIANA TWADELL ----- DIRECTOR (AS OF 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 38) CRAIG T. LYNCH ----- DIRECTOR (THRU 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 39) AARON E. MILLER, MD ----- DIRECTOR (THRU 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 40) ROBERT L. SOWINSKI ----- DIRECTOR (THRU 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 41) JEFFREY WESSEL ----- DIRECTOR (THRU 11/10/2017)	5.00 ----- 0.	X						0.	0.	0.
( 42) MICHAEL BOGDONOFF ----- DIRECTOR (THRU 11/20/2017)	5.00 ----- 0.	X						0.	0.	0.
( 43) PAUL WEISS ----- CHIEF OPERATING OFFICER	40.00 ----- 0.			X				323,108.	0.	44,986.
( 44) ERIC HILTY ----- CHIEF LEGAL OFFICER	40.00 ----- 0.			X				220,783.	0.	41,053.
( 45) TAMI CAESAR ----- CFO & COO	40.00 ----- 0.			X				243,833.	0.	43,111.
( 46) TIM COETZEE ----- CHIEF RESEARCH OFFICER	40.00 ----- 0.				X			319,041.	0.	43,236.
( 47) GRAHAM MCREYNOLDS ----- CHIEF M & D OFFICER	40.00 ----- 0.				X			313,062.	0.	32,135.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 127

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) JOHN SCOTT CHIEF FIELD OFFICER	40.00 0.				X			314,715.	0.	24,081.
( 49) KAY JULIAN EVP, SERVICES	40.00 0.				X			230,979.	0.	23,294.
( 50) JENNIFER DOUGLAS EVP, TECHNOLOGY	40.00 0.				X			216,047.	0.	41,908.
( 51) SHERRI GIGER EVP, MARKETING	40.00 0.				X			227,906.	0.	26,313.
( 52) BARI TALENTE EVP, ADVOCACY	40.00 0.				X			209,293.	0.	38,051.
( 53) BRUCE BEBO EVP, RESEARCH	40.00 0.				X			201,076.	0.	25,367.
( 54) REBECCA FEHLIG EVP, OPERATIONS	40.00 0.				X			170,766.	0.	5,176.
( 55) MAUREEN REEDER EVP, LEADERSHIP & ORG DEV	40.00 0.					X		271,320.	0.	9,727.
( 56) PHYLLIS ROBSHAM EVP, LEADERSHIP & ORG DEV	40.00 0.					X		242,549.	0.	23,792.
( 57) JENNIFER LEE EVP, LEADERSHIP & ORG DEV	40.00 0.					X		228,919.	0.	32,926.
( 58) LISA GOLDFARB EVP, HUMAN RESOURCES	40.00 0.					X		245,154.	0.	9,846.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 127

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	110,375,923.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	75,140.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	79,256,155.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,488,001.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			189,707,218.				
	<b>Program Service Revenue</b>			<b>Business Code</b>				
<b>2a</b> PROGRAM REGISTRATION FEES			900099	85,488.	85,488.			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				85,488.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			2,040,272.			2,040,272.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	801,818.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .		801,818.					
	<b>d</b> Net rental income or (loss) . . . . . ▶				801,818.		801,818.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	28,463,929.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		26,238,437.				
		<b>c</b> Gain or (loss) . . . . .		2,225,492.				
	<b>d</b> Net gain or (loss) . . . . . ▶				2,225,492.		2,225,492.	
	<b>8a</b> Gross income from fundraising events (not including \$ 110,375,923. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		22,199,125.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		22,199,125.			
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶					0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶				0.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> ADVERTISING INCOME		900099	1,669,341.		1,669,341.			
<b>b</b> MISCELLANEOUS		900099	20,909.			20,909.		
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				1,690,250.				
<b>12 Total revenue.</b> See instructions. . . . . ▶				196,550,538.	85,488.	1,669,341.	5,088,491.	



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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Advertising, and Total functional expenses.

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments	52,730,544.	<b>2</b>	56,262,921.
	<b>3</b> Pledges and grants receivable, net	15,161,184.	<b>3</b>	16,412,574.
	<b>4</b> Accounts receivable, net	787,082.	<b>4</b>	981,589.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> 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.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	205,994.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	5,974,958.	<b>9</b>	4,797,031.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 14,895,997.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 9,955,205.	6,855,985.	<b>10c</b> 4,940,792.
	<b>11</b> Investments - publicly traded securities	72,343,871.	<b>11</b>	88,787,448.
	<b>12</b> Investments - other securities. See Part IV, line 11	136,934.	<b>12</b>	267,173.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	1,793,726.	<b>15</b>	2,301,308.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	155,990,278.	<b>16</b>	174,750,836.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	14,264,728.	<b>17</b>	12,749,900.
	<b>18</b> Grants payable	37,500,928.	<b>18</b>	33,952,635.
	<b>19</b> Deferred revenue	8,594,230.	<b>19</b>	8,453,878.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	7,684,478.	<b>21</b>	9,599,002.
	<b>22</b> 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.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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	5,503,210.	<b>25</b>	5,550,074.
	<b>26 Total liabilities.</b> Add lines 17 through 25	73,547,574.	<b>26</b>	70,305,489.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	56,040,027.	<b>27</b>	63,827,269.
	<b>28</b> Temporarily restricted net assets	19,844,640.	<b>28</b>	23,046,932.
	<b>29</b> Permanently restricted net assets	6,558,037.	<b>29</b>	17,571,146.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	82,442,704.	<b>33</b>	104,445,347.	
<b>34</b> Total liabilities and net assets/fund balances	155,990,278.	<b>34</b>	174,750,836.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	196,550,538.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	176,098,613.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	20,451,925.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	82,442,704.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,105,253.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	445,465.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	104,445,347.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</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.		

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

The organization is not a private foundation because it is: (For lines 1 through 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	108,092,743.	110,102,818.	106,277,577.	175,698,717.	189,707,218.	689,879,073.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	108,092,743.	110,102,818.	106,277,577.	175,698,717.	189,707,218.	689,879,073.
<b>5</b> 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.
<b>6 Public support.</b> Subtract line 5 from line 4						689,879,073.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	108,092,743.	110,102,818.	106,277,577.	175,698,717.	189,707,218.	689,879,073.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	698,913.	970,403.	1,020,380.	2,186,940.	2,842,090.	7,718,726.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	1,787,944.	1,922,671.	1,605,654.	2,213,290.	1,669,341.	9,198,900.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	23,044.	352,073.	2,908.	22,954,481.	22,220,034.	45,552,540.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						752,349,239.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	2,051,618.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	91.70%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.05%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2017.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2016.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> 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.	<b>1</b>	
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>	
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	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 <b>Part VI</b> .	<b>3a</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

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

**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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			

**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	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS REVENUE	23,044.	352,073.	2,908.	20,903.	20,909.	419,837.
LEGAL SETTLEMENT				181,347.		181,347.
GROSS INCOME FROM FUNDRAISING				22,752,231.	22,199,125.	44,951,356.
<b>TOTALS</b>	<u>23,044.</u>	<u>352,073.</u>	<u>2,908.</u>	<u>22,954,481.</u>	<u>22,220,034.</u>	<u>45,552,540.</u>

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY	<b>Employer identification number</b> 13-5661935
--	---

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization **NATIONAL MULTIPLE SCLEROSIS SOCIETY**

Employer identification number  
13-5661935

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 12,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number  
13-5661935

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

**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)				

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

Schedule C (Form 990 or 990-EZ) 2017

**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.

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

**4-Year Averaging Period Under section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? . . . . .	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .	X		
<b>c</b> Media advertisements? . . . . .	X		5,301.
<b>d</b> Mailings to members, legislators, or the public? . . . . .	X		276,648.
<b>e</b> Publications, or published or broadcast statements? . . . . .	X		12,134.
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		262,897.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .	X		257,236.
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			814,216.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	

**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)

## LOBBYING ACTIVITIES

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)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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 85.3000 %
c Temporarily restricted endowment 14.7000 %

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

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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 DEFERRED RENT	2,582,026.
(3) DUE TO ANNUITANTS	1,659,458.
(4) OTHER LIABILITIES	1,308,590.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,550,074.

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



**Part XIII Supplemental Information** (continued)

## ESCROW LIABILITY ARRANGEMENT EXPLANATION

SCHEDULE D, PART IV, LINE 2B

THE SOCIETY IS A MANAGING MEMBER, ALONG WITH ASSOCIAZIONE ITALIANA SCLEROSI MULTIPLA (ITALY), MS RESEARCH AUSTRALIA, MULTIPLE SCLEROSIS INTERNATIONAL FEDERATION, MS SOCIETY (UNITED KINGDOM), AND THE MULTIPLE SCLEROSIS SOCIETY OF CANADA, OF THE PROGRESSIVE MS ALLIANCE (THE "ALLIANCE"). THE ALLIANCE IS OPEN TO MS ORGANIZATIONS FROM AROUND THE WORLD AND IS CONTINUALLY SEEKING NEW MEMBER ORGANIZATIONS FROM THE GLOBAL MS COMMUNITY. THE ALLIANCE MADE A JOINT COMMITMENT TO 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 \$21,900,000 OVER THE FOLLOWING SEVEN YEARS CONDITIONAL ON VARIOUS FACTORS. 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 \$6,026,594 DURING THE YEAR ENDING SEPTEMBER 30, 2018 FROM ALLIANCE MEMBERS, WHICH WILL BE HELD UNTIL SUCH TIME THE FUNDS ARE APPROVED AND FOR EXPENDITURE. AS OF SEPTEMBER 30, 2018, THE SOCIETY RECORDED UNSPENT DONATED FUNDS, CONSISTING OF BOTH SOCIETY AND OTHER ALLIANCE MEMBERS' MONIES, TOTALING \$9,599,002 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. THE SOCIETY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. IN ADDITION, THE SOCIETY HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY

**Part XIII** Supplemental Information (continued)

FROM UNRELATED BUSINESS INCOME ACTIVITIES.

INCOME AMOUNTS INCLUDED IN FINANCIALS - OTHER

SCHEDULE D, PART XI, LINE 2D

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST \$195,138

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$250,327

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TOTAL \$445,465



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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) NORTH AMERICA	0.	1.	GRANTMAKING		619,144.
(2) EUROPE	0.	13.	GRANTMAKING		1,412,266.
(3) EAST ASIA AND THE PACIFIC	0.	2.	GRANTMAKING		125,983.
(4) MIDDLE EAST AND NORTH AFRICA	0.	3.	GRANTMAKING		394,371.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .		19.			2,551,764.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		19.			2,551,764.

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

Schedule F (Form 990) 2017

**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	255,578.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	214,063.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	201,802.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH	36,500.	WIRE			
(5)			NORTH AMERICA	RESEARCH	32,000.	WIRE			
(6)			NORTH AMERICA	RESEARCH	40,000.	WIRE			
(7)			EAST ASIA/PACIFIC	RESEARCH	43,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH	157,039.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH	21,482.	WIRE			
(10)			NORTH AMERICA	RESEARCH	99,656.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH	33,680.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH	16,303.	WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	RESEARCH	229,371.	WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	RESEARCH	125,000.	WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	RESEARCH	40,000.	WIRE			
(16)			NORTH AMERICA	RESEARCH	110,589.	WIRE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH	64,633.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH	111,407.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH	80,494.	WIRE			
(4)			NORTH AMERICA	RESEARCH	177,050.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH	58,333.	WIRE			
(6)			EAST ASIA/PACIFIC	RESEARCH	82,983.	WIRE			
(7)			NORTH AMERICA	FAST FORWARD	159,850.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	FAST FORWARD	160,953.	WIRE			
(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 ..... 24.

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of 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; don't 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; don't 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).

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PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE F, PART I, LINE 2

THE 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 MS. ONCE A GRANT HAS BEEN APPROVED, GRANTEEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS BEFORE ADDITIONAL FUNDING IS AUTHORIZED.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				8,881,629.	3,364,545.	5,517,084.

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	(b) Event #2	(c) Other events	(d) Total events
		BIKE MS (77) (event type)	WALK MS (423) (event type)	104. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	65,991,997.	43,270,383.	23,212,633.	132,475,013.
	<b>2</b> Less: Contributions . . . . .	54,285,720.	38,178,554.	17,911,649.	110,375,923.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	11,706,277.	5,091,829.	5,300,984.	22,099,090.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	1,020,490.	733,998.	95,995.	1,850,483.
	<b>6</b> Rent/facility costs . . . . .	1,921,391.	1,476,411.	593,964.	3,991,766.
	<b>7</b> Food and beverages . . . . .	2,324,875.	680,708.	2,031,388.	5,036,971.
	<b>8</b> Entertainment . . . . .	252,513.	183,599.	144,933.	581,045.
	<b>9</b> Other direct expenses . . . . .	6,187,009.	2,017,112.	2,434,704.	10,638,825.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				22,099,090.
	<b>11</b> 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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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).

PROFESSIONAL FUNDRAISERS

SCHEDULE G, PART I, LINE 2B

THE SOCIETY USED MERKLE FOR THE MAJORITY OF ITS DIRECT MAIL CAMPAIGNS IN FY2018. THESE CAMPAIGNS COLLECTIVELY RAISED \$8,772,878 IN REVENUE FOR FY2018. ADDITIONALLY, THE GAVEL GROUP ASSISTS THE SOCIETY IN ACQUIRING MERCHANDISE TO BE AUCTIONED. THE GAVEL GROUP RAISED \$108,751 IN REVENUE FOR 2018.

- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

FUNDRAISING EVENTS

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, 5,900 TEAMS AND NEARLY 65,000 CYCLISTS CHOOSE BIKE MS. THERE WERE 77 BIKE EVENTS DURING FY2018.

- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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).

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 423 WALK EVENTS DURING FY2018.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
MERKLE  P.O. BOX 64897 BALTIMORE MD 21264	DONOR DATA		X	8,772,878.	3,357,439.	5,415,439.
THE GAVEL GROUP, INC.  26439 RANCHO PARKWAY #110 LAKE FOREST CA 92630	AUCTIONEER		X	108,751.	7,106.	101,645.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	116,875.				CLINICAL
(2) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	16,250.				CLINICAL
(3) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CEN BLVD PHILADELPHIA, PA 19104	23-1352166	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) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	115,476.				CLINICAL
(6) JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	112,173.				CLINICAL
(7) NEW YORK UNIVERSITY LANGONE MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	16,250.				CLINICAL
(8) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	16,250.				CLINICAL
(9) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	48,750.				CLINICAL
(10) THE UNI. OF TX SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD. DALLAS, TX 75390	75-6002868	501(C)(3)	116,875.				CLINICAL
(11) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	24,375.				CLINICAL
(12) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	116,875.				CLINICAL

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

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

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Schedule I (Form 990) (2017)

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	116,875.				CLINICAL
(2) UNIVERSITY OF COLORADO DENVER 1800 GRANT ST, STE 500 DENVER, CO 80203	84-6000555	501(C)(3)	48,750.				CLINICAL
(3) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	16,250.				CLINICAL
(4) UNIVERSITY OF ROCHESTER MEDICAL CENTER 910 GENOSEE STREET ROCHESTER, NY 14611	16-0743209	501(C)(3)	116,875.				CLINICAL
(5) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS LOS ANGELES, CA 90089	95-1642394	501(C)(3)	81,250.				CLINICAL
(6) UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR. AUSTIN, TX 78712	74-6000203	501(C)(3)	25,000.				CLINICAL
(7) UNIVERSITY OF VIRGINIA 1001 N. EMMET ST, CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	48,750.				CLINICAL
(8) UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE SEATTLE, WA 98195	91-6001537	501(C)(3)	115,075.				CLINICAL
(9) UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	27,304.				FAST FORWARD
(10) NEW YORK UNIVERSITY LANGONE MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	112,718.				FAST FORWARD
(11) ACCELERATED CURE PROJECT FOR MS 460 TOTTEN POND ROAD WALTHAM, MA 02451	04-3555864	501(C)(3)	62,500.				RESEARCH
(12) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	47-2209056	501(C)(3)	113,723.				RESEARCH

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

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Schedule I (Form 990) (2017)

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Employer identification number

13-5661935

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, RM 600D HOUSTON, TX 77030	74-1613878	501(C)(3)	378,705.				RESEARCH
(2) BENAROYA RESEARCH INSTITUTE 1201 9TH AVENUE SEATTLE, WA 98101	91-0653422	501(C)(3)	165,941.				RESEARCH
(3) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	80,501.				RESEARCH
(4) BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE 11301 WILSHIRE BLVD, LOS ANGELES, CA 90073	95-4183712	501(C)(3)	70,216.				RESEARCH
(5) BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,565,331.				RESEARCH
(6) BROWN UNIVERSITY 164 ANGELL ST, 3RD FLR, PROVIDENCE RI 02912	05-0258809	501(C)(3)	103,767.				RESEARCH
(7) CHICAGO ASSOC. FOR RSRCH & EDU. IN SCIENCE 5000 S. 5TH AVENUE, HINES, IL 60141	36-3334177	501(C)(3)	43,993.				RESEARCH
(8) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	310,548.				RESEARCH
(9) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)(3)	43,990.				RESEARCH
(10) CHILDREN'S HOSP. MEDICAL CENTER - CINCINNAT 3333 BURNET AVE ML 490 CINCINNATI, OH 45229	31-0833936	501(C)(3)	358,925.				RESEARCH
(11) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CEN BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	191,880.				RESEARCH
(12) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073	501(C)(3)	488,083.				RESEARCH

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

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1) COLORADO STATE UNIVERSITY 555 SOUTH HOWES FORT COLLINS, CO 80523	84-6000545	501(C)(3)	88,000.				RESEARCH
(2) COLUMBIA UNIVERSITY 16TH ST & BROADWAY NEW YORK, NY 10027	13-5598093	501(C)(3)	278,124.				RESEARCH
(3) DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	95,937.				RESEARCH
(4) DUKE UNIVERSITY MEDICAL CENTER 8 DUKE UNI MED CEN, CHARLOTTE, NC 27703	56-2070036	501(C)(3)	187,657.				RESEARCH
(5) GRYPHON SCIENTIFIC 6930 CARROLL AVE, TAKOMA PARK, MD 20912	20-2858377	501(C)(3)	109,721.				RESEARCH
(6) HENRY M. JACKSON FOUNDATION 6720-A ROCKLEDGE DR. BETHESDA, MD 20817	52-1317896	501(C)(3)	348,344.				RESEARCH
(7) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	455,260.				RESEARCH
(8) INSTITUTE FOR CLINICAL RESEARCH, INC. 50 IRVING ST, NW, RM 1F-134 WA, DC 20422	52-1336656	501(C)(3)	283,885.				RESEARCH
(9) JOHNS HOPKINS UNIVERSITY 600 NORTH WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)(3)	1,794,456.				RESEARCH
(10) KESSLER FOUNDATION RESEARCH CENTER 300 EXEC DR. STE 70 WEST ORANGE, NJ 07936	31-1562134	501(C)(3)	1,148,246.				RESEARCH
(11) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	04-1564655	501(C)(3)	452,052.				RESEARCH
(12) MAYO CLINIC ROCHESTER 200 FIRST STREET NW ROCHESTER, MN 55905	41-6011702	501(C)(3)	490,538.				RESEARCH

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Schedule I (Form 990) (2017)



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(1) MGH INSTITUTE OF HEALTH PROFESSIONS 36 1ST AVE CHARLESTOWN, MA 02129	04-2868893	501(C)(3)	19,688.				RESEARCH
(2) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	167,007.				RESEARCH
(3) NAT'L CANCER INST., NAT'L INST. OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	501(C)(3)	125,000.				RESEARCH
(4) NAT'L INST. NEUROLOGICAL DISORDERS & STROKE 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	501(C)(3)	78,142.				RESEARCH
(5) NATIONAL INSTITUTES OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20814?	52-1986675	501(C)(3)	49,415.				RESEARCH
(6) NEW YORK UNIVERSITY LANGONE MEDICAL CENTER 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	371,071.				RESEARCH
(7) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	141,177.				RESEARCH
(8) NYU SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)(3)	45,790.				RESEARCH
(9) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	291,602.				RESEARCH
(10) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH S OKLAHOMA CITY, OK 73104	73-0580274	501(C)(3)	211,200.				RESEARCH
(11) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SAM JACKSON PARK RD PORTLAND, OR 97239	61-1730890	501(C)(3)	1,331,613.				RESEARCH
(12) OREGON STATE UNIVERSITY 3181 SAM JACKSON PARK RD PORTLAND, OR 97239	61-1730890	501(C)(3)	150,469.				RESEARCH

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Department of the Treasury  
Internal Revenue Service

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

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

**Part I General Information on Grants and Assistance**

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RESEARCH FOUNDATION OF CUNY-ASRC 230 W 41ST ST, 7TH FLR NEW YORK, NY 10036	13-1988190	501(C)(3)	89,738.				RESEARCH
(2) RTI INTERNATIONAL RESEARCH TRIANGLE INST., RALEIGH, NC 27675	56-0686338	501(C)(3)	37,448.				RESEARCH
(3) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 33 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	46-2354111	501(C)(3)	131,766.				RESEARCH
(4) SOUTH DAKOTA STATE UNIVERSITY P.O. BOX 2201 BROOKLINGS, SD 57007	46-6000364	501(C)(3)	29,470.				RESEARCH
(5) ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER ST. JOSEPHS HOSP MED LOS ANGELES, CA 90074	86-0096787	501(C)(3)	146,300.				RESEARCH
(6) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 38105	62-0646012	501(C)(3)	220,000.				RESEARCH
(7) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	410,860.				RESEARCH
(8) STATE UNIVERSITY OF NEW YORK AT STONY BROOK 100 NICOLLS RD STONY BROOK, NY 11794	11-6077945	501(C)(3)	347,949.				RESEARCH
(9) TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	177,400.				RESEARCH
(10) THE CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW, WASHINGTON, DC 20010	52-1640403	501(C)(3)	180,148.				RESEARCH
(11) THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	14,541.				RESEARCH
(12) THE STATE UNIVERSITY OF NEW YORK AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	16-1514621	501(C)(3)	549,214.				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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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(1) THE UNIVERSITY OF IOWA 5 W JEFFERSON ST IOWA CITY, IA 52242	42-6004813	501(C)(3)	428,865.				RESEARCH
(2) THE UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD RICHARDSON, TX 75080	75-1305566	501(C)(3)	235,706.				RESEARCH
(3) THE UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)(3)	220,076.				RESEARCH
(4) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	442,565.				RESEARCH
(5) TRUSTEES OF DARTMOUTH COLLEGE 6010 PARKHURST HALL, HANOVER, NH 03755	02-0222111	501(C)(3)	230,681.				RESEARCH
(6) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	848,835.				RESEARCH
(7) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA, CA 92093	95-6006144	501(C)(3)	34,375.				RESEARCH
(8) UNIVERSITY OF CALIFORNIA, BERKELEY 2227 PIEDMONT AVENUE BERKELEY, CA 94720	94-6090626	501(C)(3)	140,502.				RESEARCH
(9) UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DRIVE DAVIS, CA 95618	94-6036494	501(C)(3)	214,587.				RESEARCH
(10) UNIVERSITY OF CALIFORNIA, LOS ANGELES 10889 WILSHIRE BLVD LOS ANGELES, CA 90095	95-6006143	501(C)(3)	166,317.				RESEARCH
(11) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,274,858.				RESEARCH
(12) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	309,347.				RESEARCH

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

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Name of the organization

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(1) UNIVERSITY OF COLORADO DENVER 1800 GRANT ST, STE 500 DENVER, CO 80203	84-6000555	501(C)(3)	871,696.				RESEARCH
(2) UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	94,941.				RESEARCH
(3) UNIVERSITY OF ILLINOIS AT CHICAGO 809 SOUTH MARSHFIELD AVE CHICAGO, IL 60612	37-6000511	501(C)(3)	217,000.				RESEARCH
(4) UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN 809 SOUTH MARSHFIELD AVE CHICAGO, IL 60612	37-6000511	501(C)(3)	353,847.				RESEARCH
(5) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	175,672.				RESEARCH
(6) UNIVERSITY OF MARYLAND - COLLEGE PARK 4101 CHESAPEAKE BLDG, CLGE PARK, MD 20742	52-6002033	501(C)(3)	100,757.				RESEARCH
(7) UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(C)(3)	199,024.				RESEARCH
(8) UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER ANN ARBOR, MI 48109	38-6006309	501(C)(3)	212,761.				RESEARCH
(9) UNIVERSITY OF NEVADA, RENO MAIL STOP 0124 RENO, NV 89557	88-6000024	501(C)(3)	43,628.				RESEARCH
(10) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 153A COUNTRY CLUB RD, CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	377,190.				RESEARCH
(11) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	319,618.				RESEARCH
(12) UNIVERSITY OF ROCHESTER MEDICAL CENTER 910 GENESEE STREET ROCHESTER, NY 14611	16-0743209	501(C)(3)	184,033.				RESEARCH

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

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(1) UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS LOS ANGELES, CA 90089	95-1642394	501(C)(3)	890,319.				RESEARCH
(2) UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE, SLC, UT 84112	87-6000525	501(C)(3)	1,365,882.				RESEARCH
(3) UNIVERSITY OF VERMONT 85 S PROSPECT ST, BURLINGTON, VT 05405	03-0179440	501(C)(3)	261,070.				RESEARCH
(4) UNIVERSITY OF VIRGINIA 1001 N. EMMET ST, CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	399,022.				RESEARCH
(5) UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE SEATTLE, WA 98195	91-6001537	501(C)(3)	161,428.				RESEARCH
(6) UNIVERSITY OF WISCONSIN-MADISON 1308 W. DAYTON ST. MADISON, WI 53706	39-6006492	501(C)(3)	283,010.				RESEARCH
(7) VANDERBILT UNIVERSITY 1161 21ST AVENUE SOUTH NASHVILLE, TN 37232	35-2528741	501(C)(3)	155,017.				RESEARCH
(8) VERSITI WISCONSIN, INC 638 N 18TH STREET MILWAUKEE, WI 53233	39-0807235	501(C)(3)	235,220.				RESEARCH
(9) VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843035 RICHMOND, VA 23284	54-6001758	501(C)(3)	256,828.				RESEARCH
(10) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE-M 660 S EUCLID AVE, SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	1,074,859.				RESEARCH
(11) WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, DETROIT MI 48202	38-6028429	501(C)(3)	122,946.				RESEARCH
(12) WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	272,300.				RESEARCH

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(1) WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	34,375.				RESEARCH
(2) WESTAT 1600 RESEARCH BOULEVARD ROCKVILLE, MD 20850	84-0529566	501(C)(3)	421,947.				RESEARCH
(3) WESTERN INSTITUTE FOR BIOMEDICAL RESEARCH 500 FOOTHILL DRIVE SALT LAKE CITY, UT 84148	87-0470748	501(C)(3)	44,000.				RESEARCH
(4) YALE UNIVERSITY P.O. BOX 208237 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	599,508.				RESEARCH
(5) UNIVERSITY OF TEXAS AT AUSTIN 110 INNER CAMPUS DR. AUSTIN, TX 78712	74-6000203	501(C)(3)	25,000.				RESEARCH
(6) UNIVERSITY OF CINCINNATI 2600 CLIFTON AVENUE CINCINNATI, OH 45220	31-6000989	GOV	48,750.				CLINICAL
(7) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 N LAKE AVENUE WORCESTER, MA 01655	04-3167352	GOV	121,000.				CLINICAL
(8) TEXAS A&M AGRILIFE RESEARCH 2147 TAMUS COLLEGE STATION, TX 77843	74-6000541	GOV	356,767.				RESEARCH
(9) UNIVERSITY OF CONNECTICUT 343 MANSFIELD ROAD STORRS, CT 06269	06-0772160	GOV	206,981.				RESEARCH
(10) UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE FARMINGTON, CT 06030	52-1725543	GOV	289,718.				RESEARCH
(11) UNIVERSITY OF WISCONSIN-MILWAUKEE 3203 N. DOWNER AVENUE MILWAUKEE, WI 53211	39-1805963	GOV	44,000.				RESEARCH
(12) WINONA STATE UNIVERSITY 1312 HARMON PLACE MINNEAPOLIS, MN 55403	41-1687554	GOV	44,000.				RESEARCH

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

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Schedule I (Form 990) (2017)

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(1) MEDARED/CORPORATION 1080 MARSH ROAD MENLO PARK, CA 94025	81-4579978	N/A	160,061.				FAST FORWARD
(2) LONGEVITY BIOTECH, INC. 3001 MKT ST STE 140, PHILADELPHIA, PA 19104	27-2351016	N/A	54,525.				FAST FORWARD
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 113.

3 Enter total number of other organizations listed in the line 1 table ▶ 9.

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

Schedule I (Form 990) (2017)

**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	4,103.	3,051,102.			
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 1

RESEARCH GRANTS

THE 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 REQUEST MEETS THE CRITERIA ESTABLISHED IN THE SOCIETY'S FINANCIAL ASSISTANCE GUIDELINES. APPROVED REQUESTS RESULT IN PAYMENTS 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.
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OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

**Part I Questions Regarding Compensation**

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

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

**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?

**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.

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

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

**Only section 501(c)(3), 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?
  - b** Any related organization?
- 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?
  - b** Any related organization?
- 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.

**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.

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

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

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

Schedule J (Form 990) 2017

**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					
1	CYNTHIA ZAGIEBOYLO PRESIDENT & CEO	(i)	525,000.	0.	4,833.	10,800.	1,715.	542,348.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	PAUL WEISS CHIEF OPERATING OFFICER	(i)	319,005.	0.	4,103.	10,800.	34,186.	368,094.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ERIC HILTY CHIEF LEGAL OFFICER	(i)	218,790.	0.	1,993.	8,092.	32,961.	261,836.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	TAMI CAESAR CFO & COO	(i)	241,644.	0.	2,189.	10,062.	33,049.	286,944.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	TIM COETZEE CHIEF RESEARCH OFFICER	(i)	316,287.	0.	2,754.	10,800.	32,436.	362,277.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	GRAHAM MCREYNOLDS CHIEF M & D OFFICER	(i)	309,025.	0.	4,037.	10,800.	21,335.	345,197.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	JOHN SCOTT CHIEF FIELD OFFICER	(i)	310,680.	0.	4,035.	10,800.	13,281.	338,796.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	KAY JULIAN EVP, SERVICES	(i)	227,962.	0.	3,017.	9,329.	13,965.	254,273.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	JENNIFER DOUGLAS EVP, TECHNOLOGY	(i)	214,097.	0.	1,950.	8,960.	32,948.	257,955.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	SHERRI GIGER EVP, MARKETING	(i)	225,928.	0.	1,978.	9,136.	17,177.	254,219.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	BARI TALENTE EVP, ADVOCACY	(i)	207,792.	0.	1,501.	6,653.	31,398.	247,344.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	BRUCE BEBO EVP, RESEARCH	(i)	199,333.	0.	1,743.	8,076.	17,291.	226,443.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	REBECCA FEHLIG EVP, OPERATIONS	(i)	169,783.	0.	983.	5,176.	1,027.	176,969.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	MAUREEN REEDER EVP, LEADERSHIP & ORG DEV	(i)	267,783.	0.	3,537.	9,727.	3,612.	284,659.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	PHYLLIS ROBSHAM EVP, LEADERSHIP & ORG DEV	(i)	239,594.	0.	2,955.	9,823.	13,969.	266,341.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	JENNIFER LEE EVP, LEADERSHIP & ORG DEV	(i)	226,866.	0.	2,053.	9,406.	23,520.	261,845.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.

**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				
1 LISA GOLDFARB EVP, HUMAN RESOURCES	(i)	243,018.	0.	2,136.	9,846.	2,115.	257,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DEBBIE POPE EVP, DEVELOPMENT	(i)	318,986.	0.	919.	0.	6,963.	326,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	212.	3,488,001.	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 ▶ ( _____ )				

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**

	Yes	No
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? . . . . .		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? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		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.		

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

Schedule M (Form 990) (2017)

JSA

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4781ME 700J

V 17-7.10

0189687-00007

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**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.

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NUMBER OF CONTRIBUTIONS

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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

13-5661935

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.

PUBLIC EDUCATION

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

IN ADDITION TO NATIONWIDE EMAIL NEWSLETTERS SHARED TWICE MONTHLY WITH  
900,000 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 520,000 PEOPLE VISIT THE SOCIETY'S WEBSITE EACH  
MONTH TO ACCESS INFORMATION AND SUPPORT.

OTHER PROGRAM SERVICES

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  
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



Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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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 SOCIETY ARE COMPRISED OF THE MEMBERS OF THE 36 MARKETS WHO ARE NON-VOTING MEMBERS, AND THOSE MARKETS 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 MARKET IS ALLOCATED A NUMBER OF VOTING MEMBERS BASED ON A FORMULA. VOTING MEMBERS ARE THE VOLUNTEER LEADERS OF THE MARKET 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

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,

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

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

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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 SOCIETY'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.

## OTHER CHANGES IN NET ASSETS EXPLANATION

FORM 990, PART XI, LINE 9

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN TRUST	\$	195,138
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	\$	250,327
		-----
TOTAL	\$	445,465

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY	Employer identification number 13-5661935
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ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PROFESSIONAL EDUCATION AND TRAINING	1,567,683.	5,739,501.	85,488.
TOTALS	<u>1,567,683.</u>	<u>5,739,501.</u>	<u>85,488.</u>

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MERKLE, INC. 29432 NETWORK PLACE CHICAGO, IL 60673	DIRECT MARKETING	9,441,099.
EVENT 360 INC. 55 E JACKSON BOULEVARD SUITE 1010 CHICAGO, IL 60604	EVENT PRODUCTION	3,230,977.
BLACKBAUD P.O. BOX 930256 ATLANTA, GA 31193-0256	FUNDRAISING SOFTWARE	2,834,727.
SCHOLARSHIP AMERICA ONE SCHOLARSHIP WAY SAINT PETER, MN 56082	SCHOLARSHIP SUPPORT	915,483.
QUAD GRAPHICS PRINTING CORP P.O. BOX 842858 BOSTON, MA 02284	PRINTING	519,209.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FAST FORWARD LLC 733 THIRD AVENUE NEW YORK, NY 10017-3822 26-1933619	RESEARCH	DE	1,064,767.	1,010,422.	NMSS
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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.

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DISREGARDED ENTITIES

SCHEDULE R, PART I,

FAST FORWARD LLC ("FAST FORWARD"), A CONSOLIDATED NOT-FOR-PROFIT

AFFILIATE OF THE SOCIETY, DERIVES ITS TAX EXEMPTION FROM THE 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 MS.