Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 20 10

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization NATIONAL MULTIPLE SCLEROSIS SOCIETY

Doing Business As

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

City or town, state or country, and ZIP + 4: NEW YORK, NY 10017-3288

D Employer identification number: 13-5661935

E Telephone number: (212) 986-3240

G Gross receipts $ 102,789,744.

F Name and address of principal officer: JOYCE NELSON
733 THIRD AVENUE NEW YORK, NY 10017-3288

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

H(b) Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NATIONALMSSOCIETY.ORG

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

L Year of formation: 1946 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
NATIONAL MULTIPLE SCLEROSIS SOCIETY (NMSS) MOBILIZES PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MULTIPLE SCLEROSIS (MS).

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of employees (Part V, line 2a)	5	246
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,065,424.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-929,302.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	88,974,301.	99,033,988.
9	Program service revenue (Part VIII, line 2g)	440,291.	1,227,503.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,935.	799,703.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,882,379.	1,728,550.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,383,906.	102,789,744.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,623,921.	31,678,521.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,046,295.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,806,707.	21,008,686.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,300,266.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 7,298,429.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	35,385,268.	39,896,396.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,162,457.	92,583,603.
19	Revenue less expenses. Subtract line 18 from line 12	1,221,449.	10,206,141.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	61,873,013.	71,339,386.
21	Total liabilities (Part X, line 26)	46,792,344.	43,536,948.
22	Net assets or fund balances. Subtract line 21 from line 20	15,080,669.	27,802,438.

Part II Signature Block

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

Sign Here

▶ Signature of officer Lisa C Risi Date 8/11/11

▶ Type or print name and title Lisa C. Risi, Chief Financial Officer

Paid Preparer's Use Only				
Preparer's signature ▶		Date	Check if self-employed ▶ ☐	Preparer's Identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	MITCHELL & TITUS, LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004		EIN ▶ 13-2781641 Phone no. ▶ 212-709-4500	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
WE MOBILIZE PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 36,483,826. including grants of $ 31,678,521.) (Revenue $)
RESEARCH & RESEARCH FELLOWSHIPS - REPRESENTS GRANTS TO SUPPORT SCIENTIFIC STUDIES OR INVESTIGATION PLUS ALL OTHER COSTS OR EXPENSES INCURRED WHILE CONDUCTING A PROGRAM IN WHICH NEW KNOWLEDGE IS BEING SOUGHT TO FIND CURES OR ALLEVIATIONS OF MULTIPLE SCLEROSIS.

4b (Code:) (Expenses $ 21,920,021. including grants of $) (Revenue $)
SERVICES TO CHAPTERS - INCLUDES THE COSTS ASSOCIATED WITH PROVIDING SUPPORT FOR CHAPTER DEVELOPMENT, CAMPAIGN DEVELOPMENT, FUND-RAISING MATERIAL AND SUPPLIES AND CHAPTER SERVICES AS PROVIDED UNDER THE RELATED ARRANGEMENTS.

4c (Code:) (Expenses $ 9,007,464. including grants of $) (Revenue $ 1,227,503.)
CLIENT AND COMMUNITY SERVICES - REPRESENTS PROGRAMS FOR DETECTING MULTIPLE SCLEROSIS, IMPROVING COMMUNITY HEALTH PRACTICES, SUPPORTING CLINICS, PROVIDING PHYSICIANS AND OTHER HEALTHCARE PROVIDERS AND OTHER ASSISTANCES TO INDIVIDUALS WHO HAVE MULTIPLE SCLEROSIS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 11,447,983. including grants of $) (Revenue $ 663,126.)

4e Total program service expenses ▶ 78,859,294.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes,"complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes,"complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes,"complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes,"complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes,"complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes,"complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes,"complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes,"complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes,"complete Schedule D, Part X.*			
	• 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? *If "Yes,"complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.*	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes,"complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes,"complete Schedule F, Part II.*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes,"complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes,"complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes,"complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes,"complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 100		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 246		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	37		
b	Enter the number of voting members that are independent	1b	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 3

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ LISA C RISI 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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MINDY ALPERT DIRECTOR	5.00	X						0.	0	0.
BARBARA BERNBAUM DIRECTOR	5.00	X						0.	0	0.
JOHN BJORNSON DIRECTOR	5.00	X						0.	0	0.
MICHAEL BOGDONOFF DIRECTOR	5.00	X						0.	0	0.
RONALD BOIRE DIRECTOR	5.00	X						0.	0	0.
JIM CANTALUPO DIRECTOR	5.00	X						0.	0	0.
CHARLES CONNORS DIRECTOR	5.00	X						0.	0	0.
DOUG COY DIRECTOR	5.00	X						0.	0	0.
PETER GALLIGAN DIRECTOR	5.00	X						0.	0	0.
WILLIAM GILLISPIE, JR. DIRECTOR	5.00	X						0.	0	0.
JULIUS HOBSON, JR. DIRECTOR	5.00	X						0.	0	0.
VANESSA HODGES DIRECTOR	5.00	X						0.	0	0.
CAROL HOUGHTBY TREASURER	5.00	X		X				0.	0	0.
MARY HUGHES DIRECTOR	5.00	X						0.	0	0.
LINDA JENCKES DIRECTOR	5.00	X						0.	0	0.
JULIE KAUFER DIRECTOR	5.00	X						0.	0	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD KNUTSON DIRECTOR	5.00	X						0.	0.	0.
THOMAS KUHN CHAIRMAN OF THE BOARD	5.00	X						0.	0.	0.
FRED LUBLIN DIRECTOR	5.00	X						0.	0.	0.
CRAIG LYNCH DIRECTOR	5.00	X						0.	0.	0.
LINDA MCALEER SECRETARY	5.00	X		X				0.	0.	0.
AARON MILLER DIRECTOR	5.00	X						0.	0.	0.
BILL MONAHAN DIRECTOR	5.00	X						0.	0.	0.
JOYCE NELSON PRESIDENT AND CEO	40.00	X		X				454,316.	0.	13,906.
KEVIN O'SULLIVAN DIRECTOR	5.00	X						0.	0.	0.
BRUCE PFAU DIRECTOR	5.00	X						0.	0.	0.
KIMBERLY PHILLIPS DIRECTOR	5.00	X						0.	0.	0.
BRAD ROBBINS DIRECTOR	5.00	X						0.	0.	0.
ELI RUBENSTEIN DIRECTOR	5.00	X						0.	0.	0.
1b Total . CONTINUED AT SCHEDULE J-2 . . . . . ▶								1,691,625.	0.	62,737.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 47

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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 ▶ 54

Part VIII Statement of Revenue

	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	29,871,654.	29,871,654.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,806,867.	1,806,867.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	432,216.	352,731.	49,446.	30,039.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	16,981,429.	14,909,797.	1,707,027.	364,605.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	2,279,639.	2,040,078.	198,681.	40,880.
10 Payroll taxes	1,315,402.	1,150,630.	135,424.	29,348.
11 Fees for services (non-employees):				
a Management	13,810,385.	10,120,714.	1,816,994.	1,872,677.
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	9,351,770.	3,640,679.	1,364,959.	4,346,132.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,601,977.	2,271,110.	281,106.	49,761.
17 Travel	2,092,157.	1,849,635.	207,146.	35,376.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,514,874.	1,349,239.	126,072.	39,563.
20 Interest	0.			
21 Payments to affiliates	4,258,705.	4,258,705.		
22 Depreciation, depletion, and amortization	2,534,961.	2,240,415.	248,671.	45,875.
23 Insurance	191,235.	168,530.	19,222.	3,483.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FINANCIAL ASSISTANCE TO INDV	1,167,472.	1,130,113.	27,085.	10,274.
b AWARD	819,270.	788,398.	22,811.	8,061.
c DUES AND SUBSCRIPTIONS	871,889.	374,103.	139,842.	357,944.
d SUNDRY	681,701.	535,896.	81,394.	64,411.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	92,583,603.	78,859,294.	6,425,880.	7,298,429.
26 Joint Costs. Check here ▶ [X] If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	8,623,439.	643,212.	1,622,027.	6,358,200.

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		202,815.	1	15,680,373.
	2	Savings and temporary cash investments		13,131,115.	2	250,000.
	3	Pledges and grants receivable, net		2,016,606.	3	1,238,440.
	4	Accounts receivable, net		13,196,477.	4	16,976,842.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		280,582.	8	272,214.
	9	Prepaid expenses and deferred charges		2,434,114.	9	3,936,034.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,861,253.			
	b	Less: accumulated depreciation	10b 28,135,870.	6,947,259.	10c	5,725,383.
	11	Investments - publicly traded securities		19,571,040.	11	25,488,287.
	12	Investments - other securities. See Part IV, line 11		3,647,528.	12	1,327,945.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		445,477.	15	443,868.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		61,873,013.	16	71,339,386.
Liabilities	17	Accounts payable and accrued expenses		13,840,453.	17	13,139,663.
	18	Grants payable		32,151,836.	18	29,430,642.
	19	Deferred revenue		697,576.	19	882,293.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		102,479.	25	84,350.
	26	**Total liabilities.** Add lines 17 through 25		46,792,344.	26	43,536,948.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,273,178.	27	14,177,686.
	28	Temporarily restricted net assets		9,172,658.	28	9,879,919.
	29	Permanently restricted net assets		3,634,833.	29	3,744,833.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		15,080,669.	33	27,802,438.
	34	Total liabilities and net assets/fund balances		61,873,013.	34	71,339,386.

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

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

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

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

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

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

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

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

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,125,420.	101,229,981.	103,431,903.	88,974,301.	99,033,988.	487,795,593.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	95,125,420.	101,229,981.	103,431,903.	88,974,301.	99,033,988.	487,795,593.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						487,795,593.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	95,125,420.	101,229,981.	103,431,903.	88,974,301.	99,033,988.	487,795,593.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	706,006.	684,444.	86,935.	799,703.	2,277,088.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,193,685.	1,662,331.	39,673.	0.		3,895,689.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH. 1	2,126,098.	105,413.	1,930,407.	635,346.	663,126.	5,460,390.
11 **Total support.** Add lines 7 through 10						499,428,760.
12 Gross receipts from related activities, etc. (see instructions)					12	8,022,063.

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.67 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	96.77 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	2,126,098.	105,413.	1,930,407.	635,346.	663,126.	5,460,390.
TOTALS	2,126,098.	105,413.	1,930,407.	635,346.	663,126.	5,460,390.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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

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

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

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

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

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-.

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

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

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

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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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)).**

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		2,263.
e	Publications, or published or broadcast statements?	X		933,569.
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total. Add lines 1c through 1i			935,832.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

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

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

3 Using the organization's acquisition, acces sion, 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 XIV.

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,449,604.	2,393,545.			
b Contributions					
c Net investment earnings, gains, and losses	250,381.	56,059.			
d Grants or scholarships					
e Other expenditures for facilities and programs	140,000.				
f Administrative expenses					
g End of year balance	2,559,985.	2,449,604.			

2 Provide the estimated percentage of the y ear end balance held as:

a Board designated or quasi-endowment ▶ 0.0000 %
b Permanent endowment ▶ 100.0000 %
c Term endowment ▶ 0.0000 %

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

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

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,273,104.	954,833.	1,318,271.
d Equipment		1,199,196.	902,799.	296,397.
e Other		30,388,953.	26,278,238.	4,110,715.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,725,383.

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Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

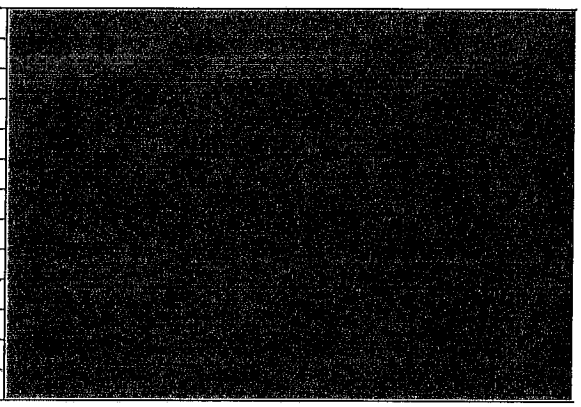
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
LT SUPPLEMENTAL RETIREMENT BENEFIT	84,350.
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	84,350.



2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	102,789,744.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,583,603.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	10,206,141.
4	Net unrealized gains (losses) on investments	4	2,515,628.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,515,628.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,721,769.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	105,740,453.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	2,515,628.		
b	Donated services and use of facilities	2b	435,081.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	2,950,709.
3	Subtract line 2e from line 1			3	102,789,744.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	102,789,744.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	93,018,684.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	435,081.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	435,081.
3	Subtract line 2e from line 1			3	92,583,603.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	92,583,603.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		696,163.
EUROPE	0	0	GRANTMAKING		877,620.
NORTH AMERICA	0	0	GRANTMAKING		113,367.
Totals . . . . . ▶	0	0			1,687,150.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	FAST FORWARD	100,000.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	FAST FORWARD	71,106.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	FAST FORWARD	226,262.	CHECK			
[redacted]	[redacted]	EAST ASIA/PACIFIC	FAST FORWARD	110,000.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	91,475.	CHECK			
[redacted]	[redacted]	EAST ASIA/PACIFIC	RESEARCH	405,688.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	40,000.	CHECK			
[redacted]	[redacted]	NORTH AMERICA	RESEARCH	113,367.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	77,101.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	62,480.	CHECK			
[redacted]	[redacted]	EAST ASIA/PACIFIC	RESEARCH	162,700.	CHECK			
[redacted]	[redacted]	EAST ASIA/PACIFIC	RESEARCH	17,775.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	77,021.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	RESEARCH	61,600.	CHECK			
[redacted]	[redacted]	EUROPE/ICELAND/GREENLAND	FAST FORWARD	70,200.	CHECK			
[redacted]	[redacted]							

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 . . . . . ▶ 10

3 Enter total number of other organizations or entities . . . . . ▶ 5

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Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**
Complete this part to provide the information required in Part I, line 2, and any additional information.

FORM 990, SCHEDULE F, PART I, LINE 2

THE SOCIETY HAS AN INDEPENDENT RESEARCH COMMITTEE THAT EVALUATES ALL GRANTS AND SELECTS GRANTS BASED UPON THE QUALIFICATIONS OF THE INSTITUTION AND RESEARCHER(S), AND THE PROJECT'S SCIENTIFIC MERIT AND POTENTIAL APPLICABILITY TO MULTIPLE SCLEROSIS. ONCE A GRANT HAS BEEN APPROVED, GRANTEES ARE REQUIRED TO SUBMIT PROGRESS REPORTS BEFORE ADDITIONAL FUNDING IS PROVIDED.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶[ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABT ASSOCIATES INC. 55 WHEELER ST CAMBRIDGE, MA 02138	43-1947695		709,784.				RESEARCH SUPPORT
AMPLIMMUNE INC. 9800 MEDICAL CENTER DR ROCKVILLE, MD 20850	20-4933752		277,210.				FAST FORWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	99,456.				RESEARCH SUPPORT
BENAROYA RSRCH INSTITUTE AT VIRGINIA MASON 1201 9TH AVE SEATTLE, WA 98101	91-1351110	501(C)(3)	150,323.				RESEARCH SUPPORT
BLOODCENTER OF WISCONSIN P.O. BOX 2178 MILWAUKEE, WI 53201	39-0807235	501(C)(3)	146,908.				RESEARCH SUPPORT
BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE 11301 WILSHIRE BOULEVARD LA, CA 90073	95-4183712	501(C)(3)	442,513.				RESEARCH SUPPORT
BRIGHAM AND WOMEN'S HOSPITAL P.O. BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	2,501,136.				RESEARCH SUPPORT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	355,609.				RESEARCH SUPPORT
CENTER FOR SOCIAL INNOVATION 189 WELLS AVE NEWTON CENTRE, MA 02459	87-0763049		110,175.				RESEARCH SUPPORT
CHILDREN'S HOSPITAL OF PHILADELPHIA JOSEPH STOKES JR. RSRCH INSTITUTE PA 19178	23-1352166	501(C)(3)	165,266.				RESEARCH SUPPORT
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	39,039.				RESEARCH SUPPORT
CLEVELAND CLINIC FOUNDATION OFFICE OF GRANTS & CONTRACTS CLEVELAND OH	91-2153073	501(C)(3)	1,791,767.				RESEARCH SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 80

3 Enter total number of other organizations . . . . . ▶ 6

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE SOCIETY UTILIZED A VOLUNTEER COMMITTEE OF RENOWNED SCIENTISTS AND NEUROLOGISTS TO SELECT RESEARCH GRANTS FOR FUNDING IN THE U.S. AND ABROAD

ALL GRANTEES ARE REQUIRED 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 DISBURSED TO GRANTEES.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COGNOSCI, INC. P.O. BOX 110606	56-2208520		64,143.				FAST FORWARD
COLUMBIA UNIVERSITY 615 W. 131 ST NY, NY 10027	13-5598093	501(C)(3)	52,587.				RESEARCH SUPPORT
CORNELL UNIVERSITY MEDICAL COLLEGE 1300 YORK AVE NY, NY 10021	13-1623978	501(C)(3)	48,652.				RESEARCH SUPPORT
CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS 359 MAIN ST, SUITE A HACKENSACK, NJ 07601	22-3216416	501(C)(3)	13,750.				RESEARCH SUPPORT
DANA FARBER CANCER INSTITUTE 44 BINNEY ST STE BP414 BOSTON, MA 02115	04-2263040	501(C)(3)	220,755.				RESEARCH SUPPORT
DARTMOUTH COLLEGE 11 ROPE FERRY RD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	277,033.				RESEARCH SUPPORT
DREXEL UNIVERSITY P.O. BOX 95000 PHILADELPHIA, PA 19195	23-1352630	501(C)(3)	154,748.				RESEARCH SUPPORT
DUKE UNIVERSITY PO BOX 104135 DURHAM, NC 27708	56-0532129	501(C)(3)	50,417.				RESEARCH SUPPORT
EMORY UNIVERSITY RICHARD THOMPSON ATLANTA, GA 30322	58-0566256	501(C)(3)	147,632.				RESEARCH SUPPORT
FIVE PRIME THERAPEUTIC, INC. 2 CORPORATE DR SF, CA 94080	26-0038620		29,127.				FAST FORWARD
FRED HUTCHINSON CANCER RESEARCH CENTER PO BOX 19024 SEATTLE, WA 98109	23-7156071	501(C)(3)	225,003.				RESEARCH SUPPORT
GEORGETOWN UNIVERSITY MEDICAL CENTER BOX 571164 WASHINGTON, DC 20057	53-0196603	501(C)(3)	111,837.				RESEARCH SUPPORT
HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02241	42-103580	501(C)(3)	470,107.				RESEARCH SUPPORT
HUNTER COLLEGE 695 PARK AVE RM E1424 NY, NY 10021	13-3598671	501(C)(3)	151,818.				RESEARCH SUPPORT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	189,219.				RESEARCH SUPPORT

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KESSLER FOUNDATION RESEARCH CENTER 300 EXECUTIVE DR WEST ORANGE, NJ 07052	76-0637670	501(C)(3)	305,537.				RESEARCH SUPPORT
M. D. ANDERSON CANCER CENTER - UNIV. OF TX 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6000203	501(C)(3)	61,044.				RESEARCH SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 50 STANIFORD ST BOSTON, MA 02114	04-1564655	501(C)(3)	444,191.				RESEARCH SUPPORT
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905	41-1937751	501(C)(3)	650,237.				RESEARCH SUPPORT
MISSISSIPPI STATE UNIVERSITY P.O. BOX 5227 MISSISSIPPI STATE, MS 39762	64-6000819	501(C)(3)	341,310.				RESEARCH SUPPORT
MOUNT SINAI SCHOOL OF MEDICINE 185 S. ORANGE AVE NEWARK, NJ 07103	13-6171197	501(C)(3)	416,969.				RESEARCH SUPPORT
NEW JERSEY MEDICAL SCHOOL/UMDNJ 185 S. ORANGE AVE NEWARK, NJ 07103	22-1775306	501(C)(3)	558,416.				RESEARCH SUPPORT
NY UNIVERSITY PO BOX 415026 BOSTON, MA 02241	13-5562308	501(C)(3)	419,053.				RESEARCH SUPPORT
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	610,147.				RESEARCH SUPPORT
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(C)(3)	156,318.				RESEARCH SUPPORT
OREGON HEALTH & SCIENCE UNIVERSITY 2525 SW FIRST AVE PORTLAND, OR 97201	93-1176109	501(C)(3)	654,393.				RESEARCH SUPPORT/FAS
ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER 710 EAST HAMDEN AVE ENGLEWOOD, CO 80113	84-0795455	501(C)(3)	375,683.				RESEARCH SUPPORT
RTI INTERNATIONAL, WALTHAM 1440 MAIN ST WALTHAM, MA 02451	56-0686338		148,152.				RESEARCH SUPPORT
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN CHICAGO, IL 60612	36-2174823	501(C)(3)	268,671.				RESEARCH SUPPORT

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 332 NORTH LAUDERDALE MEMPHIS, TN 38105	62-0646012	501(C)(3)	39,244.				RESEARCH SUPPORT
STANFORD UNIVERSITY WELLS FARGO BANK SF, CA 94144	94-1156365	501(C)(3)	675,104.				RESEARCH SUPPORT
STATE UNIVERSITY OF NY AT BUFFALO PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	676,553.				RESEARCH SUPPORT
STATE UNIVERSITY OF NY AT STONY BROOK W5510 MELVILLE LIBRARY STONY BROOK NY	11-6077945	501(C)(3)	582,081.				RESEARCH SUPPORT
THE CHILDREN'S HOSPITAL CORP PO BOX 414413 BOSTON, MA 02241	04-2780811	501(C)(3)	146,303.				RESEARCH SUPPORT
THE CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE WASHINGTON, DC 20010	52-1640403	501(C)(3)	256,612.				RESEARCH SUPPORT
THE J. DAVID GLADSTONE INSTITUTES GRANTS & CONTRACTS OFFICER SF, CA 94158	23-7203666	501(C)(3)	48,925.				RESEARCH SUPPORT
THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	160,735.				RESEARCH SUPPORT
THE UNIVERSITY OF IOWA JESSUP HALL IOWA CITY, IA 52242	42-0796760	501(C)(3)	145,276.				RESEARCH SUPPORT
UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL 65 BERGEN ST NEWARK, NJ 07103	22-1775306		293,090.				RESEARCH SUPPORT
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH 4301 JONES BRIDGE RD BETHESDA, MD 20814	53-0207336	501(C)(3)	279,790.				RESEARCH SUPPORT
UNIVERSITY AT BUFFALO 402 CROFTS HALL BUFFALO, NY 14260	23-7010680	501(C)(3)	126,603.				RESEARCH SUPPORT
UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 20TH ST SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	490,793.				RESEARCH SUPPORT
UNIVERSITY OF ALABAMA AT BIRMINGHAM, PEDIAT 1600 7TH AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	93,461.				RESEARCH SUPPORT

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, BERKELEY 481 UNIVERSITY HALL BERKELEY, CA 94720	94-6002123	501(C)(3)	53,615.				RESEARCH SUPPORT
UNIVERSITY OF CALIFORNIA, DAVIS 1441 RSRCH PARK DR DAVIS, CA 95616	94-6036494	501(C)(3)	144,649.				RESEARCH SUPPORT
UNIVERSITY OF CALIFORNIA, IRVINE 111 ACADEMY WAY IRVINE, CA 92697	95-2226406	501(C)(3)	697,942.				RESEARCH SUPPORT
UNIVERSITY OF CALIFORNIA, LOS ANGELES MC 951406 LA, CA 90095	95-6006143	501(C)(3)	1,418,862.				RESEARCH SUPPORT
UNIVERSITY OF CALIFORNIA, SF 1855 FOLSOM ST SF, CA 94143	94-6036493	501(C)(3)	925,964.				RESEARCH SUPPORT
UNIVERSITY OF CHICAGO 970 EAST 58TH ST CHICAGO, IL 60637	36-2177139	501(C)(3)	146,127.				RESEARCH SUPPORT
UNIVERSITY OF COLORADO DENVER PO BOX 6508 AURORA, CO 80045	84-6000555	501(C)(3)	534,663.				RESEARCH SUPPORT
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE FARMINGTON, CT 06030	66-070722	501(C)(3)	98,934.				RESEARCH SUPPORT
UNIVERSITY OF ILLINOIS AT CHICAGO P.O. BOX 20787 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	375,551.				RESEARCH SUPPORT
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN PO BOX 4610 SPRINGFIELD, IL 62708	37-6000511	501(C)(3)	129,174.				RESEARCH SUPPORT
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BOULEVARD KANSAS CITY KS	48-1108830	501(C)(3)	144,195.				RESEARCH SUPPORT
UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501(C)(3)	151,236.				RESEARCH SUPPORT
UNIVERSITY OF LOUISVILLE MED CENTER ONE LOUISVILLE, KY 40292	23-7078461	501(C)(3)	237,508.				RESEARCH SUPPORT
UNIVERSITY OF MARYLAND P.O. BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	89,412.				RESEARCH SUPPORT

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS, AMHERST 70 BUTTERFIELD TERRANCE AMHEREST, MA 01003	54-2084125	501(C)(3)	110,359.				RESEARCH SUPPORT
UNIVERSITY OF MICHIGAN, ANN ARBOR 3003 S. STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	509,691.				RESEARCH SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL P.O. BOX 402410 ATLANTA, GA 30384	56-6001393	501(C)(3)	874,017.				RESEARCH SUPPORT
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM 3451 WALNUT ST PHILADELPHIA, PA 19104	31-1538725	501(C)(3)	547,796.				RESEARCH SUPPORT
UNIVERSITY OF ROCHESTER MEDICAL CENTER BOX 270140 ROCHESTER, NY 14627	16-0743209	501(C)(3)	216,288.				RESEARCH SUPPORT
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE OFFICE OF RSRCH & PROJECT ADM ROCHESTER NY	16-0743209	501(C)(3)	144,249.				RESEARCH SUPPORT
UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BOULEVARD MOBILE, AL 36688	63-0477348	501(C)(3)	137,500.				RESEARCH SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA CONTRACTS AND GRANTS LOS ANGELES, CA 90033	57-6001153	501(C)(3)	87,198.				RESEARCH SUPPORT
UNIVERSITY OF TEXAS AT SAN ANTONIO 6900 NORTH LOOP, 1604 W SAN ANTONIO TX	74-1717115	501(C)(3)	146,596.				RESEARCH SUPPORT
UNIVERSITY OF TEXAS MEDICAL SCHOOL-HOUSTON OFFICE OF RSRCH HOUSTON, TX 77030	74-1761309	501(C)(3)	384,486.				RESEARCH SUPPORT
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE PO BOX 841753 DALLAS, TX 75284	74-1761309	501(C)(3)	718,369.				RESEARCH SUPPORT
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	501(C)(3)	76,026.				RESEARCH SUPPORT
UNIVERSITY OF WISCONSIN-MADISON RSRCH & SPONSORED PROGRAMS MADISON WI	39-6006492	501(C)(3)	863,316.				RESEARCH SUPPORT
VETERANS ADMINISTRATION MEDICAL CENTER, POR PO BOX 69539 PORTLAND, OR 97239	94-3090170	501(C)(3)	168,498.				RESEARCH SUPPORT

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 23284	54-0757884	501(C)(3)	141,445.				RESEARCH SUPPORT
WASHINGTON UNIVERSITY 700 ROSEDALE AVE SAINT LOUIS, MO 63112	23-7060605	501(C)(3)	578,750.				RESEARCH SUPPORT
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE DETROIT, MI 48202	38-6028429	501(C)(3)	370,658.				RESEARCH SUPPORT

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOYCE NELSON	(i)	454,316.	0.	0.	0.	13,906.	468,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GRAHAM MCREYNOLDS	(i)	241,445.	0.	0.	0.	7,038.	248,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA ZAGIEBOYLO	(i)	205,268.	0.	0.	0.	0.	205,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE BUTCHER	(i)	195,108.	0.	0.	0.	20,628.	215,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL WEISS	(i)	232,453.	0.	0.	0.	0.	232,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA RISI	(i)	173,703.	0.	0.	0.	7,038.	180,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY COETZEE	(i)	189,332.	0.	0.	0.	14,127.	203,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

JSA

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Part III Supplemental Information

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

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the Organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(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			
JOHN SIMONETTI DIRECTOR	5.00	X						0.	0.	0.
RICHARD SLIFKA DIRECTOR	5.00	X						0.	0.	0.
ROBERT SOWINSKI DIRECTOR	5.00	X						0.	0.	0.
PETER TARRICONE DIRECTOR	5.00	X						0.	0.	0.
JAMES TIDWELL DIRECTOR	5.00	X						0.	0.	0.
MALCOLM WATTMAN DIRECTOR	5.00	X						0.	0.	0.
WEYMAN JOHNSON DIRECTOR	5.00	X						0.	0.	0.
RICHARD MENGEL DIRECTOR	5.00	X						0.	0.	0.
LISA RISI CHIEF FINANCIAL OFFICER	40.00			X				173,703.	0.	7,038.
GRAHAM MCREYNOLDS EVP MARKETING AND DEVELOPMENT	40.00					X		241,445.	0.	7,038.
CYNTHIA ZAGIEBOYLO CHIEF FIELD SERVICES OFFICER	40.00					X		205,268.	0.	0.
JULIE BUTCHER CHIEF INFORMATION OFFICER	40.00					X		195,108.	0.	20,628.
PAUL WEISS CHIEF OPERATING OFFICER	40.00					X		232,453.	0.	0.
TIMOTHY COETZEE CHIEF RESEARCH OFFICER	40.00					X		189,332.	0.	14,127.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

ATTACHMENT 2

FORM 990, PART III, LINE 4D

PUBLIC EDUCATION - REPRESENTS PROGRAMS CONDUCTED FOR THE PURPOSE OF INFORMING AND ALERTING THE GENERAL PUBLIC ABOUT MULTIPLE SCLEROSIS AND ITS VARIOUS MANIFESTATIONS.

FORM 990, PART VI, LINE 11A

A COPY OF THE FORM 990 AND ACCOMPANYING SCHEDULES IS PROVIDED TO THE ENTIRE BOARD WITH A PERIOD FOR PROVIDING COMMENTS, EDITS OR CORRECTIONS PRIOR TO THE FINAL REVIEW BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND ACCOMPANYING SCHEDULES ALONG WITH ANY FEEDBACK PROVIDED BY MEMBERS OF THE BOARD PRIOR TO THEIR FINAL APPROVAL AND SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C

ON AN ANNUAL BASIS, THE AUDIT COMMITTEE REVIEWS THE CONFLICT OF INTEREST FORMS FILED BY TRUSTEES, OFFICERS AND EMPLOYEES FOR POTENTIAL CONFLICTS. WHERE POTENTIAL CONFLICTS EXIST, THE TRUSTEE, OFFICER, OR EMPLOYEE IS NOT ALLOWED TO PARTICIPATE IN ANY VOTE AND TRANSACTIONS ARE SUBJECT TO COMPETITIVE BIDDING. AT THE CURRENT TIME, NO POTENTIAL CONFLICTS OF INTEREST HAVE BEEN IDENTIFIED.

FORM 990, PART VI, LINE 15A

THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF AT LEAST THREE

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

ATTACHMENT 2 (CONT'D)

INDEPENDENT TRUSTEES DETERMINES THE COMPENSATION OF THE PRESIDENT AND OTHER KEY EMPLOYEES. THE COMMITTEE IS PROVIDED WITH COMPARABLE SALARY DATA FOR PRESIDENTS AND OTHER KEY POSITIONS AT OTHER VOLUNTARY HEALTH AGENCIES OF SIMILAR BUDGET SIZE(S) AND NATIONAL INFLUENCE. IN ADDITION, THE PRESIDENT'S PERFORMANCE IS EVALUATED ANNUALLY BY THE COMMITTEE OF INDEPENDENT TRUSTEES.

FORM 990, PART VI, LINE 15B

THE PRESIDENT OR HER DESIGNEE CONDUCTS PERFORMANCE EVALUATIONS FOR THE OTHER KEY EMPLOYEES THE OUTCOME OF WHICH IS SHARED WITH THE COMPENSATION COMMITTEE TO HELP INFORM THEIR DECISIONS ABOUT COMPENSATION.

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND CHARITY NAVIGATOR. ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

ATTACHMENT 3

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

ATTACHMENT 4

Name of the organization: NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number: 13-5661935

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONVIO, INC 11400 BURMET RD BLDG 5 STE 200 AUSTIN, TX 78752	DATA PROCESSING INFO	1,497,371.
EPSILON DATA MANAGEMENT L2751 COLUMBUS, OH 43260	DONOR INFO PROCESS	3,778,912.
INFOCISION MANAGEMENT CORP. 325 SPRINGSIDE DR AKRON, OH 44333	DATA PROCESSING	813,617.
MERKLE, INC. PO BOX 64897 BALTIMORE, MD 21264	DATA PROCESSING	8,720,422.
ACT, INC. 101 ACT DR PO BOX 4030 IOWA CITY, IA 52243	SCHOLARSHIP SERVICES	1,035,902.
	TOTAL COMPENSATION	15,846,224.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number
13-5661935

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

(a) Name, address, and EIN 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
FAST FORWARD LLC 26-1933619 733 THIRD AVENUE NEW YORK, NY 10017	RESEARCH	DE	4,878,011.	5,399,627.	N/A

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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 other organization	(b) Transaction type (a–r)	(c) 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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No