

Ms. Janelle Del Carlo  
National Multiple Sclerosis Society  
Northern California Chapter  
1700 Owens Street, No. 190  
San Francisco, CA 94158

Ms. Del Carlo:

Enclosed is the copy of your income tax return for the period ended September 20, 2015 for:

National Multiple Sclerosis Society Northern California Chapter as follows...

- 2014 Form 990 - Return of Organization Exempt from Income Tax
- 2014 Schedule A - Public Charity Status and Public Support
- 2014 Schedule C - Political Campaign and Lobbying Activities
- 2014 Schedule D - Supplemental Financial Statements
- 2014 Schedule G - Information Regarding Fundraising and Gaming Activities
- 2014 Schedule I - Grants & Other Assist. To Org/Gov/Ind. in the United States
- 2014 Schedule J - Compensation Information
- 2014 Schedule M - Noncash Contributions
- 2014 Schedule O - Supplemental Information to Form 990 or 990EZ
- 8879-EO - IRS E-file Signature Authorization
- 2014 Form 199 - California Exempt Organizations Business Income Tax Return
- 2014 RRF-1 - Registration/Renewal Fee Report
- 8453-EO - California E-file Signature Authorization

The Federal Form 990 and the California Form 199 have qualified for electronic filing. Please sign, date and return Forms 8879-EO and 8453-EO to our office in accordance with the attached filing instructions.

Please sign and mail Form RRF-1 in accordance with the attached filing instructions.

Mail to: Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

*EKS&H LLLP*

EKS&H LLLP

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
September 30, 2015

<b>Prepared for</b>	National Multiple Sclerosis Society Northern California 1700 Owens Street No. 190 San Francisco, CA 94158
<b>Prepared by</b>	EKS&H LLLP 7979 E. Tufts Avenue, Suite 400 Denver, CO 80237-2521
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2016.

Form **990**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** OCT 1, 2014 **and ending** SEP 30, 2015

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA  <b>Doing business as</b>  <b>Number and street (or P.O. box if mail is not delivered to street address)</b> Room/suite 1700 OWENS STREET 190  <b>City or town, state or province, country, and ZIP or foreign postal code</b> SAN FRANCISCO, CA 94158  <b>F Name and address of principal officer:</b> JANELLE DEL CARLO SAME AS C ABOVE	<b>D Employer identification number</b>  94-1294935  <b>E Telephone number</b>  415-230-6678  <b>G Gross receipts \$</b> 6,754,980.  <b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c) Group exemption number</b> ▶ 1048
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.NATIONALMSSOCIETY.ORG/CAN		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1954		<b>M State of legal domicile:</b> CA

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: OUR VISION IS A WORLD FREE OF MS		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	28
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1600
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	8,812,191.	5,322,844.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,567.	3,278.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,930.	41,363.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-775,967.	-353,799.
	<b>12</b>		8,130,721.	5,013,686.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	132,636.	130,454.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,386,748.	1,576,053.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 347,634.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,107,322.	3,122,676.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,626,706.	4,829,183.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	504,015.	184,503.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	4,221,089.	3,760,271.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,263,291.	769,039.
<b>22</b>		2,957,798.	2,991,232.	

**Part II Signature Block**

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

<b>Sign Here</b>	<b>CLIENT COPY</b>			
	Signature of officer		Date	
	JANELLE DEL CARLO, CHAPTER PRESIDENT			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	DORI J. EGGETT	<i>Dori Eggett</i>	3/21/2016	P00645252
	Firm's name ▶ EKS&H LLLP	Firm's EIN ▶ 46-1497033		
	Firm's address ▶ 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2521		Phone no. 303-740-9400	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,363,970. including grants of \$ ) (Revenue \$ ) RESEARCH - TO MOVE US CLOSER TO A WORLD FREE OF MS, IN 2015, THE NATIONAL MULTIPLE SCLEROSIS SOCIETY INVESTED IN EXCESS OF \$53 MILLION TO SUPPORT MORE THAN 380 RESEARCH PROJECTS AROUND THE WORLD AIMED AT STOPPING MS IN ITS TRACKS, RESTORING FUNCTION, AND ENDING THE DISEASE FOREVER. THE SOCIETY COLLABORATES WORLDWIDE TO DEVELOP SOLUTIONS FOR EVERYONE AFFECTED BY MS, INCLUDING THOSE WITH PROGRESSIVE MS, THROUGH THE ACCELERATED DISCOVERY AND COMMERCIAL DEVELOPMENT OF PROMISING RESEARCH DISCOVERIES, NEW MS THERAPIES, AND RESEARCH TOOLS.

4b (Code: ) (Expenses \$ 985,457. including grants of \$ 130,454. ) (Revenue \$ 3,278. ) CLIENT PROGRAMS - PEOPLE AFFECTED BY MS CONNECT TO EACH OTHER AND AN EXTENSIVE VARIETY OF SERVICES AND RESOURCES. MANY PROGRAMS FACILITATE EDUCATION, RECREATION, PHYSICAL AND EMOTIONAL WELLNESS, AND CONNECTION WITH OTHERS. OTHER PROGRAMS SUPPORT INDEPENDENCE, SAFETY, HEALTH AND QUALITY OF LIFE. THE MS NAVIGATOR PROGRAM PROVIDED MORE THAN 172,000 PEOPLE INFORMATION, EMOTIONAL SUPPORT, AND CONNECTIONS TO RESOURCES. IN ADDITION, MORE THAN 160,000 PEOPLE ATTENDED GROUPS AND PROGRAMS. MORE THAN 800,000 PEOPLE ENGAGED IN CONVERSATIONS AND ACCESSED INFORMATION AND SUPPORT ON THE SOCIETY'S ONLINE COMMUNITY AND SOCIAL MEDIA CHANNELS.

4c (Code: ) (Expenses \$ 972,813. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION - THERE ARE MANY WAYS THE SOCIETY EDUCATES THE PUBLIC ABOUT MULTIPLE SCLEROSIS INCLUDING THE SOCIETY'S ANNUAL MS AWARENESS CAMPAIGN, PUBLIC SERVICE ANNOUNCEMENTS, MOMENTUM, THE SOCIETY'S QUARTERLY MAGAZINE DISTRIBUTED TO PEOPLE WITH MS, HEALTHCARE PROVIDERS, SUPPORTERS OF THE SOCIETY AND MORE. IN ADDITION TO A NATION-WIDE E-NEWSLETTER, CHAPTERS ALSO DISTRIBUTE A LOCAL NEWSLETTER, MS CONNECTION, TO THEIR CONSTITUENTS THAT INCLUDES LOCAL ANNOUNCEMENTS AND INFORMATION ON UPCOMING PROGRAMS AND SERVICES, AND MORE. IN TOTAL, MORE THAN 1.8 MILLION PEOPLE RECEIVE SOCIETY PUBLICATIONS, NEWSLETTERS AND MOMENTUM EACH YEAR.

4d Other program services (Describe in Schedule O.) (Expenses \$ 817,898. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,140,138.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		X

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:   
 JAMES WILSON - (303) 698-6194  
 900 BROADWAY, SUITE 200, DENVER, CO 80209



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY THAYER CHAIR	2.00	X		X				0.	0.	0.
(2) NATALIE L. BRISBIN SECRETARY	2.00	X		X				0.	0.	0.
(3) KATHERINE BOCK TREASURER	2.00	X		X				0.	0.	0.
(4) THOMAS M. GALIZIA GOVERNANCE COMMITTEE CHAIR	2.00	X		X				0.	0.	0.
(5) ROBERT G WELLNER BOARD MEMBER	2.00	X						0.	0.	0.
(6) ANGELA E. LAI BOARD MEMBER	2.00	X						0.	0.	0.
(7) WILL BRYANT BOARD MEMBER	2.00	X						0.	0.	0.
(8) NANCY N. BYL, PT, PH.D. BOARD MEMBER	2.00	X						0.	0.	0.
(9) JONAH R. CHAN, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
(10) C. BUDD COLBY, PH.D. BOARD MEMBER	2.00	X						0.	0.	0.
(11) ELIZABETH CRABTREE-HARTMAN, MD BOARD MEMBER	1.00	X						0.	0.	0.
(12) MICHELLE DENNEDY BOARD MEMBER	1.00	X						0.	0.	0.
(13) HEATHER FARGO BOARD MEMBER	2.00	X						0.	0.	0.
(14) MATT FRINZI BOARD MEMBER	2.00	X						0.	0.	0.
(15) DOUGLAS S. GOODIN, MD BOARD MEMBER	1.00	X						0.	0.	0.
(16) DAVID R. HULTMAN BOARD MEMBER	2.00	X						0.	0.	0.
(17) WARREN KIST BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID LARSON BOARD MEMBER	2.00	X						0.	0.	0.
(19) CHUCK ROBBINS BOARD MEMBER	1.00	X						0.	0.	0.
(20) JOHN A. SCHAFFER, MD BOARD MEMBER	2.00	X						0.	0.	0.
(21) DAN STOKES BOARD MEMBER	2.00	X						0.	0.	0.
(22) ANKIT SHAH BOARD MEMBER	2.00	X						0.	0.	0.
(23) JOANNA SOFFA BOARD MEMBER	2.00	X						0.	0.	0.
(24) JANELLE DEL CARLO PRESIDENT	40.00	X		X				176,774.	0.	12,321.
(25) JACLYN SMO CZYNSKI VP OF PROGRAMS AND SERVICE	40.00					X		104,651.	0.	8,558.
<b>1b Sub-total</b>								281,425.	0.	20,879.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								281,425.	0.	20,879.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
OP3 P.O. BOX 844459, LOS ANGELES, CA 90084	EVENT FACILITATORS	154,647.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	3,477,253.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,845,591.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		135,617.				
	<b>h Total.</b> Add lines 1a-1f .....		5,322,844.				
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES .....	<b>Business Code</b> 900099	3,278.	3,278.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		3,278.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		47,065.			47,065.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	627,042.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	632,744.				
		<b>c</b> Gain or (loss) .....	-5,702.				
	<b>d</b> Net gain or (loss) .....		-5,702.			-5,702.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,477,253. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	747,004.				
		<b>b</b> Less: direct expenses .....	1,108,550.				
<b>c</b> Net income or (loss) from fundraising events .....			-361,546.			-361,546.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER NON-CAMPAIGN INC .....	900099	7,747.			7,747.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		7,747.				
<b>12 Total revenue.</b> See instructions. ....		5,013,686.	3,278.	0.	-312,436.		

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	130,454.	130,454.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	135,281.	106,872.	14,881.	13,528.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,176,084.	954,162.	41,479.	180,443.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,387.	19,838.	675.	3,874.
<b>9</b> Other employee benefits	105,308.	85,378.	3,922.	16,008.
<b>10</b> Payroll taxes	134,993.	109,250.	5,710.	20,033.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	22,782.	18,437.	964.	3,381.
<b>b</b> Legal				
<b>c</b> Accounting	23,849.	19,301.	1,009.	3,539.
<b>d</b> Lobbying	19,498.	19,498.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	73,721.	65,534.	7,619.	568.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	90,873.	78,073.	1,323.	11,477.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	279,689.	226,352.	11,831.	41,506.
<b>17</b> Travel	57,920.	48,683.	364.	8,873.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	73,044.	69,391.	549.	3,104.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	2,406,225.	2,126,673.	249,044.	30,508.
<b>22</b> Depreciation, depletion, and amortization	22,007.	17,810.	931.	3,266.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FURNITURE & EQUIPMENT	41,046.	37,148.	865.	3,033.
<b>b</b> MISCELLANEOUS EXPENSES	5,746.	3,323.	170.	2,253.
<b>c</b> DUES & MEMBERSHIPS	4,855.	2,639.	53.	2,163.
<b>d</b> PRIZES & PROMOTIONS	1,421.	1,322.	22.	77.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,829,183.	4,140,138.	341,411.	347,634.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,663,008.	<b>1</b>	1,131,324.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	311,823.	<b>3</b>	476,679.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	70,487.	<b>9</b>	49,752.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 270,516.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 253,815.	37,576.	<b>10c</b> 16,701.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,121,359.	<b>12</b>	2,010,338.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	16,836.	<b>15</b>	75,477.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,221,089.	<b>16</b>	3,760,271.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	420,794.	<b>17</b>	398,281.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	86,601.	<b>19</b>	100,907.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	755,896.	<b>25</b>	269,851.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,263,291.	<b>26</b>	769,039.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,952,451.	<b>27</b>	2,935,368.
	<b>28</b> Temporarily restricted net assets .....	5,347.	<b>28</b>	55,864.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	2,957,798.	<b>33</b>	2,991,232.
<b>34</b> Total liabilities and net assets/fund balances .....	4,221,089.	<b>34</b>	3,760,271.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,013,686.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,829,183.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	184,503.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,957,798.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-151,069.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,991,232.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2014)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,170,775.	5,356,713.	5,496,608.	8,812,191.	5,322,844.	30,159,131.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,170,775.	5,356,713.	5,496,608.	8,812,191.	5,322,844.	30,159,131.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						505,739.
<b>6 Public support.</b> Subtract line 5 from line 4.						29,653,392.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	5,170,775.	5,356,713.	5,496,608.	8,812,191.	5,322,844.	30,159,131.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	83.	191.	140.	13,301.	47,065.	60,780.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				27,873.	7,747.	35,620.
<b>11 Total support.</b> Add lines 7 through 10						30,255,531.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	26,234.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.01 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	98.00 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2013 AMOUNT: \$ 27,873.

2014 AMOUNT: \$ 7,747.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization	NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA	Employer identification number	94-1294935
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

LHA  
432041  
10-21-14

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014



**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)		(b)
	Yes	No	Amount
<i>For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		9.
<b>e</b> Publications, or published or broadcast statements? .....	X		1,135.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		600.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		32,731.
<b>j</b> Total. Add lines 1c through 1i .....			34,475.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

TRAVEL - \$6,085

MEETINGS - \$6,729

SUPPLIES - \$126

PROFESSIONAL SERVICES - \$19,498

PRIZES - \$293

**Part IV** Supplemental Information (continued)

PART II-B, LINE 1

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

**Name of the organization** NATIONAL MULTIPLE SCLEROSIS SOCIETY  
NORTHERN CALIFORNIA

**Employer identification number**  
94-1294935

**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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,000.	15,000.	0.
d Equipment		164,680.	148,739.	15,941.
e Other		90,836.	90,076.	760.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,701.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) POOLED INVESTMENTS	2,010,338.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,010,338.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO HOME OFFICE	236,818.
(3) DEFERRED RENT	21,838.
(4) DUE TO OTHER CHAPTERS	11,195.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	269,851.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,338,763.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-151,069.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	114,600.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	361,546.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		325,077.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,013,686.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,013,686.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,305,329.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	114,600.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	361,546.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		476,146.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,829,183.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,829,183.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE CHAPTER QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL

REVENUE CODE 501(C)(3), AND, ACCORDINGLY, IT IS EXEMPT FROM FEDERAL INCOME

TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A). ADDITIONALLY, SINCE THE

CHAPTER IS PUBLICLY SUPPORTED, CONTRIBUTIONS DEDUCTION UNDER THE INTERNAL

REVENUE CODE. THE CHAPTER IS ALSO EXEMPT FROM CALIFORNIA STATE FRANCHISE

AND SAN FRANCISCO CITY INCOME TAXES.

MANAGEMENT ANALYZED THE TAX POSITION TAKEN BY THE CHAPTER AND CONCLUDED

THAT, AS OF SEPTEMBER 30, 2015 AND 2014, THERE WERE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN. ACCORDINGLY, NO INTEREST OR

PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE

**Part XIII** Supplemental Information (continued)

ACCOMPANYING FINANCIAL STATEMENTS.

THE CHAPTER IS SUBJECT TO AUDITS BY TAXING JURISDICTIONS; HOWEVER, NO

AUDIT FOR ANY TAX PERIOD IS CURRENTLY IN PROGRESS. MANAGEMENT BELIEVES

THAT THE CHAPTER IS NO LONGER SUBJECT TO SUCH AUDITS FOR YEARS ENDED ON OR

PRIOR TO SEPTEMBER 30, 2011 UNDER FEDERAL AND CALIFORNIA STATE TAX

JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 361,546.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 361,546.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MS WALK (event type)	MS BIKE (event type)	4 (total number)	
Revenue	<b>1</b> Gross receipts .....	1,634,335.	2,390,093.	199,829.	4,224,257.
	<b>2</b> Less: Contributions .....	1,462,121.	1,909,372.	105,760.	3,477,253.
	<b>3</b> Gross income (line 1 minus line 2) .....	172,214.	480,721.	94,069.	747,004.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	13,098.	122,575.	88,369.	224,042.
	<b>6</b> Rent/facility costs .....	83,076.	108,675.	3,669.	195,420.
	<b>7</b> Food and beverages .....	44,512.	73,477.	207.	118,196.
	<b>8</b> Entertainment .....	3,321.	2,600.		5,921.
	<b>9</b> Other direct expenses .....	142,944.	370,008.	52,019.	564,971.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				1,108,550.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-361,546.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART II, LINE 11:

ALTHOUGH THE FUNRASING EVENTS SHOW A NET LOSS AS PRESENTED ON SCHEDULE

G, WHEN CONSIDERED IN TOTAL, THE GROSS RECEIPTS FROM THESE EVENTS

REDUCED BY DIRECT EXPENSES NET OUT TO A GAIN FOR THE ORGANIZATION. WE

CONDUCT SUCH EVENTS THROUGHOUT THE YEAR IN ORDER TO CREATE A PLATFORM

TO GENERATE A SUBSTANTIAL AMOUNT OF REVENUE/CONTRIBUTIONS FROM THE

GENERAL PUBLIC IN A WAY THAT WOULD NOT BE POSSIBLE BY OTHER METHODS

SUCH AS DIRECT MAIL SOLICITATIONS. THESE FUNDS ARE THEN USED TO FURTHER  
 THE MISSION TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES

**Part IV** Supplemental Information *(continued)*

OF THOSE AFFECTED BY MULTIPLE SCLEROSIS.

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY  
NORTHERN CALIFORNIA

**Employer identification number**  
94-1294935

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

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

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

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL ASSISTANCE	207	130,454.	0.		

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

SCHEDULE I, PART I, LINE 2

WRITTEN APPLICATIONS ARE REQUIRED FROM PERSONS REQUESTING FINANCIAL ASSISTANCE, ALONG WITH DOCUMENTATION CONFIRMING THE FINANCIAL NEED AND THE AVAILABILITY OF OTHER COMMUNITY RESOURCES WHICH ARE USED BEFORE COMMITTING SOCIETY RESOURCES. APPLICANT'S DIAGNOSIS WITH MS IS ALSO CONFIRMED, WHEN ASSISTANCE IS PROVIDED TO INDIVIDUALS, THE FUNDS ARE NOT GIVEN TO THE INDIVIDUALS, BUT ARE PAID DIRECTLY TO THOSE WHO ARE PROVIDING THE ASSISTANCE. THE ORGANIZATION IS THEREFORE ABLE TO ENSURE THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE. NON-CASH ASSISTANCE



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL MULTIPLE SCLEROSIS SOCIETY  
NORTHERN CALIFORNIA**

Employer identification number  
**94-1294935**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANELLE DEL CARLO PRESIDENT	(i)	165,274.	11,500.	0.	5,277.	7,044.	189,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **NATIONAL MULTIPLE SCLEROSIS SOCIETY**  
**NORTHERN CALIFORNIA** Employer identification number **94-1294935**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( EVENT ITEMS )	X	2	135,617.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA	Employer identification number 94-1294935
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY PROGRAMS - THE SOCIETY COLLABORATES WITH DOZENS OF OTHER

COMMUNITY ORGANIZATIONS, FOCUSING ON ACCESS TO HEALTH CARE,

REHABILITATION, TREATMENTS AND THERAPIES; LONG-TERM CARE; DISABILITY

RIGHTS ISSUES; VOCATIONAL TRAINING AND REHAB, WELLNESS AND FITNESS;

AND OUTREACH AND EDUCATION TO RURAL AND UNDERSERVED POPULATIONS.

EXPENSES \$ 583,537. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROFESSIONAL EDUCATION AND TRAINING - THE SOCIETY KEEPS HEALTHCARE

PROVIDERS ENGAGED IN PATIENT CARE BY KEEPING THEM ABREAST OF NEW

DIAGNOSTIC TECHNIQUES, THERAPIES, ETC. INFORMATION AND EDUCATION IS

PROVIDED TO THOUSANDS OF PROFESSIONALS THROUGH THE SOCIETY'S CLINICAL

CARE NETWORK, MD ON CALL PROGRAM, AND EDUCATIONAL MATERIALS FOR

PHYSICAL AND OCCUPATIONAL THERAPISTS, MENTAL HEALTH PROFESSIONAL,

NURSES AND OTHERS. A FREE QUARTERLY NEWSLETTER IS EMAILED TO MORE THAN

12,000 PROFESSIONALS, AND THE SOCIETY'S DIAGNOSTIC AND SYMPTOM

MANAGEMENT SMARTPHONE APP HAS BEEN DOWNLOADED MORE THAN 62,300 TIMES.

EXPENSES \$ 234,361. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

CHAPTER MEMBERSHIP CONSISTS OF ALL PERSONS WHO ARE MEMBERS OF THE SOCIETY

AND WHO RESIDE WITHIN (OR WHO HAVE PREVIOUSLY RESIDED WITHIN AND HAVE

INDICATED THAT THEY WISH TO RETAIN THEIR MEMBERSHIP) THE CHAPTER'S

TERRITORY.

FORM 990, PART VI, SECTION A, LINE 7A:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA	Employer identification number 94-1294935
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THE CHAPTER HOLDS A MEETING OF ITS MEMBERS ANNUALLY FOR THE PURPOSES OF ELECTING A BOARD OF TRUSTEES, CONSIDERING THE TREASURER'S REPORT OF THE ACCOUNTS OF THE CHAPTER (SUBJECT TO AUDIT AND ADJUSTMENT) AND ANY OTHER REPORTS THAT MAY BE PRESENTED, AND FOR THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY PROPERLY COME BEFORE THE MEETING.

FORM 990, PART VI, SECTION B, LINE 11:

THE CHAPTER'S AUDIT COMMITTEE REVIEWS AND APPROVES THE IRS FORM 990 AND ACCOMPANYING SCHEDULES PRIOR TO DISTRIBUTION TO THE ENTIRE BOARD. A COPY OF THE IRS FORM 990 AND ACCOMPANYING SCHEDULES IS PROVIDED TO THE ENTIRE BOARD WITH A PERIOD FOR PROVIDING COMMENTS, EDITS OR CORRECTIONS PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, CHAPTER MANAGEMENT REVIEWS THE CONFLICT OF INTEREST DISCLOSURE FORMS FILED BY TRUSTEES, OFFICERS AND EMPLOYEES FOR POTENTIAL CONFLICTS. POTENTIAL CONFLICTS OF INTEREST ARE PRESENTED TO THE CHAPTER'S AUDIT COMMITTEE FOR REVIEW. WHERE CONFLICTS EXIST, A CONFLICT RESOLUTION REPORT IS CREATED AND THE TRUSTEE, OFFICER OR EMPLOYEE IS NOT ALLOWED TO PARTICIPATE IN ANY VOTE OR DISCUSSION OF THE DISCLOSED MATTER. AT THE CURRENT TIME, NO POTENTIAL CONFLICTS OF INTEREST HAVE BEEN IDENTIFIED.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION COMMITTEE FOR EACH CHAPTER, WHICH IS COMPRISED OF AT LEAST THREE BUT NO MORE THAN FIVE INDEPENDENT TRUSTEES, DETERMINES THE COMPENSATION OF THE CHAPTER PRESIDENT AND OTHER KEY EMPLOYEES. THE NATIONAL ORGANIZATION PROVIDES EACH CHAPTER WITH INTERNAL AND EXTERNAL SALARY DATA FOR THE CHAPTER PRESIDENT AND REVIEWS AND PROVIDES INPUT ON THE CHAPTER

Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA	Employer identification number 94-1294935
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PRESIDENT COMPENSATION RECOMMENDATIONS FOR OTHER KEY POSITIONS BASED UPON  
 COMPARABLE BUDGET SIZE AND GEOGRAPHICAL LOCATION. IN ADDITION, THE CHAPTER  
 PRESIDENT'S PERFORMANCE IS EVALUATED ANNUALLY IN A JOINT REVIEW PROCESS  
 INCLUDING THE REGIONAL EXECUTIVE VICE PRESIDENT AND THE LOCAL COMPENSATION  
 COMMITTEE OF LOCAL TRUSTEES. THE CHAPTER PRESIDENT CONDUCTS PERFORMANCE  
 EVALUATIONS FOR KEY EMPLOYEES AND THE OUTCOME IS SHARED WITH THE  
 COMPENSATION COMMITTEE TO INFORM THE DECISIONS ABOUT COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE CHAPTER'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE  
 AVAILABLE UPON REQUEST. THE CHAPTER'S IRS FORM 990, AND FINANCIAL  
 STATEMENTS ARE AVAILABLE ON THE CHAPTER'S WEBSITE.

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

September 30, 2015

<b>Prepared for</b>	National Multiple Sclerosis Society Northern California 1700 Owens Street No. 190 San Francisco, CA 94158
<b>Prepared by</b>	EKS&H LLLP 7979 E. Tufts Avenue, Suite 400 Denver, CO 80237-2521
<b>Amount due or refund</b>	No payment required
<b>Make check payable to</b>	Not Applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	The Form 199 return has been prepared for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit the return electronically to the FTB and no further action is required.

# California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 10/01/2014, and ending (mm/dd/yyyy) 09/30/2015

Corporation/Organization Name <b>NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA</b>		California corporation number <b>0284992</b>
Additional Information. See instructions.		FEIN <b>94-1294935</b>
Street address (suite or room) <b>1700 OWENS STREET, NO. 190</b>		PMB no.
City <b>SAN FRANCISCO</b>	State <b>CA</b>	ZIP code <b>94158</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input checked="" type="checkbox"/> Dissolved    <input type="checkbox"/> Surrendered (Withdrawn)  <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <b>09/30/2015</b></p> <p><b>E</b> Check accounting method:          (1) <input type="checkbox"/> Cash    (2) <input checked="" type="checkbox"/> Accrual    (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed?          (1) <input type="checkbox"/> 990T    (2) <input type="checkbox"/> 990-PF    (3) <input type="checkbox"/> Sch H (990)</p> <p><b>G</b> Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          If "Yes," what is the parent's name?  <b>NATIONAL MULTIPLE SCLEROSIS SOC.</b></p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          Date filed with IRS _____</p>
---	--

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,432,136.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>	3	5,322,844.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	6,754,980.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	632,744.00
	7	Total costs. Add line 5 and line 6	7	632,744.00
	8	Total gross income. Subtract line 7 from line 4	8	6,122,236.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,937,733.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	184,503.00
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>CLIENT COPY</b>	Title <b>CHAPTER PRESIDENT</b>	Date	<input type="checkbox"/> Telephone (415) 230-6678 <input type="checkbox"/> PTIN P00645252 <input type="checkbox"/> FEIN 46-1497033 <input type="checkbox"/> Telephone 303-740-9400
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>3/21/2016</b>	Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours, if self-employed) and address <b>EKS&amp;H LLLP 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2521</b>			
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				



**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	747,004.00	
	2	Interest	•	2	47,065.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	SEE STATEMENT 2	•	6	627,042.00
	7	Other income	SEE STATEMENT 3	•	7	11,025.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	1,432,136.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	130,454.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	135,281.00
	12	Other salaries and wages	•	12	1,176,084.00	
	13	Interest	•	13	00	
	14	Taxes	•	14	134,993.00	
	15	Rents	•	15	279,689.00	
	16	Depreciation and depletion (See instructions)	•	16	22,007.00	
	17	Other Expenses and Disbursements	SEE STATEMENT 5	•	17	4,059,225.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	5,937,733.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		1,663,008.		• 1,131,324.
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 6		2,121,359.		• 2,010,338.
10 a Depreciable assets	274,139.		270,516.	
b Less accumulated depreciation	( 236,563. )	37,576.	( 253,815. )	16,701.
11 Land				•
12 Other assets STMT 7		399,146.		• 601,908.
13 <b>Total assets</b>		4,221,089.		3,760,271.
<b>Liabilities and net worth</b>				
14 Accounts payable		420,794.		• 398,281.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 8		842,497.		370,758.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		2,957,798.		• 2,991,232.
22 <b>Total liabilities and net worth</b>		4,221,089.		3,760,271.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 33,434.	7 Income recorded on books this year not included in this return. STMT 9	• -151,069.
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	-151,069.
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	184,503.
6 Total. Add line 1 through line 5	33,434.		

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BIOGEN INC	225 BINNEY ST CAMBRIDGE, MA 02142	11/17/14	55,000.
GENZYME CORPORATION	PO BOX 6944 BRIDGEWATER, NJ 08807	11/23/14	55,000.
SHOOT FOR A CURE	1345 YOSEMITE CIR OAKLEY, CA 94561	04/03/15	51,600.
MS. CATHERINE SEDER	PO BOX 322 EVENING SHADE, AR 72532	01/29/15	24,257.
BAYER HEALTHCARE PHARMACEUTICALS	100 BAYER RD. PITTSBURGH, PA 15205	09/21/15	20,000.
MR. TIMOTHY W. GARRY	301 MISSION ST APT 1006 SAN FRANCISCO, CA 94105	09/08/15	20,000.
GENENTECH INC.	1 DNA WAY MS 36 SOUTH SAN FRANCISCO, CA 94080	11/05/14	20,000.
M. PATRICIA AND JIM SCHREIBER FAMILY CHARITABLE FUND	1480 COMBIE RD MEADOW VISTA, CA 95722	06/16/15	18,525.
CHANGE A LIFE FOUNDATION	5 CORPORATE PARK STE 210 IRVINE, CA 92606	11/19/14	17,900.
TERRY ROSSMAN MS GOLF EXPERIENCE	4657 ARROWHEAD DR ROCKLIN, CA 95677	07/24/15	16,100.
WELLS FARGO BANK, N.A.	90 SOUTH 7TH ST MINNEAPOLIS, MN 55479	11/09/15	15,000.
MARY P. RAINSFORD 2005 TRUST	318 DIABLO RD STE C DANVILLE, CA 94526	09/15/15	11,011.
SALESFORCE.COM INC.	1 MARKET ST STE 300 SAN FRANCISCO, CA 94105	01/02/15	10,056.
BALDI FAMILY LIVING TRUST	5395 BLACKHAWK DR DANVILLE, CA 94506	01/02/15	10,000.
MS. BETTY M. BALDI	5395 BLACKHAWK DR DANVILLE, CA 94506	10/13/14	10,000.

MRS. KAY KRATTLI	25950 CARMEL KNOLLS DR CARMEL, CA 93923	09/23/15	10,000.
MS. JANET LUSTGARTEN	555 BRYANT ST # 345 PALO ALTO, CA 94301	05/29/15	10,000.
THE SEEVAK PEARSON FUND	200 FRANK H OGAWA PLZ OAKLAND, CA 94612	10/23/14	10,000.
THE STARE FUND	5325 WIKIUP BRIDGE WAY SANTA ROSA, CA 95404	09/23/15	10,000.
TRAN, LY	27 SARGENT ST NEWTON, MA 02458	08/10/15	10,000.
MR. EDWARD VERNON	729 WOODLAND DR SANTA BARBARA, CA 93108	07/08/15	10,000.
SIGMA PI FRATERNITY ZETA ETA CHAPTER	930 BELLOMY ST SANTA CLARA, CA 95050	05/11/15	8,300.
MRS. KIM KRAMER	1589 MYRTLE AVE EUREKA, CA 95501	09/23/15	8,000.
BAYER HEALTHCARE MATCHING GIVING STATION	4560 HORTON ST EMERYVILLE, CA 94608	01/02/15	7,500.
MS. DIANA S. KEITH	20755 MONTE SUNSET DR SAN JOSE, CA 95120	09/24/15	7,500.
VF FOUNDATION	105 CORPORATE CENTER BLVD GREENSBORO, NC 27408	12/13/14	7,500.
MS. ELIZABETH S. NELSON	925 BUCKLAND AVE SAN CARLOS, CA 94070	11/17/14	5,412.
ACORDA THERAPEUTICS INC	420 SAW MILL RIVER RD ARDSLEY, NY 10502	01/31/15	5,000.
AMERICAN KENDA RUBBER	7095 AMERICANA PKWY REYNOLDSBURG, OH 43068	01/05/15	5,000.
MS. MICHELE R. BLOMBERG	7550 DILLARD RD SLOUGHHOUSE, CA 95683	12/17/14	5,000.
MS. KERRY J. CATHCART	1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	08/06/15	5,000.
CHARLES SCHWAB & CO., INC.	211 MAIN ST SAN FRANCISCO, CA 94105	12/09/14	5,000.
MR. PHILIP DISTANISLAO	1010 SLATE DR SANTA ROSA, CA 95405	05/15/15	5,000.

NATIONAL MULTIPLE SCLEROSIS SOCIETY NORT

94-1294935

EMC CORPORATION	171 SOUTH ST HOPKINTON, MA 01748	10/13/14	5,000.
MR. THEODORE H. GEBALLE	259 KINGS MOUNTAIN RD WOODSIDE, CA 94062	12/26/14	5,000.
MS. CORINNE HEDRICK	PO BOX 1111 ROSS, CA 94957	11/25/14	5,000.
MR. JAMES E. HORTON	5651 AZALEA CIR POLLOCK PINES, CA 95726	11/20/14	5,000.
MR. BILL KENNEY	221 CLARK DR SAN MATEO, CA 94402	04/09/15	5,000.
MR. MARTIN L. KROVETZ	125 PROSPECT CT SANTA CRUZ, CA 95065	01/26/14	5,000.
MIKE AND TRISHA MACINTYRE	9018 JASON CT BOULDER, CO 80303	04/10/15	5,000.
MALLINCKRODT PHARMACEUTICALS	510 PARKLAND DR SANDY, UT 84070	05/21/15	5,000.
NETWORKS, HEALTHLINE	660 3RD ST SAN FRANCISCO, CA 94107	06/30/15	5,000.
PATON, R RYON	45 CORNELIA DR HILLSBOROUGH, CA 94010	09/23/15	5,000.
RED HAT, INC.	100 E DAVIE ST RALEIGH, NC 27601	08/19/15	5,000.
MR. CHUCK ROBBINS	15671 GLEN UNA DR LOS GATOS, CA 95030	10/17/14	5,000.
SMALL WORLD FOUNDATION	1122 WILLOW ST STE 200 SAN JOSE, CA 95125	10/30/14	5,000.
THE CHLOE AND KEELA FOUNDATION INC.	153 CHAMBERS ST APT 5 NEW YORK, NY 10007	10/17/14	5,000.
THE PASSPORT FOUNDATION	501 SILVERSIDE RD STE 123 WILMINGTON, DE 19809	10/30/14	5,000.
TOTAL INCLUDED ON LINE 3			563,661.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	632,744.	0.	0.	627,042.
TOTAL TO FORM 199, PAGE 2, LN 6	632,744.	0.	0.	627,042.

FORM 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER NON-CAMPAIGN INCOME	7,747.
PROGRAM FEES	3,278.
TOTAL TO FORM 199, PART II, LINE 7	11,025.

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 FORM 199            COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES            STATEMENT    4
 

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JAY THAYER 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	CHAIR 2.00	0.
NATALIE L. BRISBIN 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	SECRETARY 2.00	0.
KATHERINE BOCK 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	TREASURER 2.00	0.
THOMAS M. GALIZIA 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	GOVERNANCE COMMITTEE CHAIR 2.00	0.
ROBERT G WELLNER 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
ANGELA E. LAI 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
WILL BRYANT 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
NANCY N. BYL, PT, PH.D. 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
JONAH R. CHAN, PH.D. 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 1.00	0.
C. BUDD COLBY, PH.D. 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
ELIZABETH CRABTREE-HARTMAN, MD 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 1.00	0.

MICHELLE DENNEDY 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 1.00	0.
HEATHER FARGO 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
MATT FRINZI 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
DOUGLAS S. GOODIN, MD 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 1.00	0.
DAVID R. HULTMAN 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
WARREN KIST 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
DAVID LARSON 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
CHUCK ROBBINS 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 1.00	0.
JOHN A. SCHAFER, MD 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
DAN STOKES 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
ANKIT SHAH 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
JOANNA SOFFA 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	BOARD MEMBER 2.00	0.
JANELLE DEL CARLO 1700 OWENS STREET, NO. 190 SAN FRANCISCO, CA 94158	PRESIDENT 40.00	135,281.

JACLYN SMOCZYNSKI	VP OF PROGRAMS AND SERVICE	0.
1700 OWENS STREET, NO. 190	40.00	
SAN FRANCISCO, CA 94158		

STEWART FERRY	DIRECTOR OF PUBLIC POLICY	0.
1700 OWENS STREET, NO. 190	40.00	
SAN FRANCISCO, CA 94158		

TOTAL TO FORM 199, PART II, LINE 11		135,281.
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FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
FURNITURE & EQUIPMENT	41,046.
MISCELLANEOUS EXPENSES	5,746.
DUES & MEMBERSHIPS	4,855.
PRIZES & PROMOTIONS	1,421.
DIRECT EXPENSES OF FUNDRAISING EVENTS	1,108,550.
PAYMENTS TO AFFILIATES	2,406,225.
PENSION PLAN CONTRIBUTIONS	24,387.
OTHER EMPLOYEE BENEFITS	105,308.
MANAGEMENT FEES	22,782.
ACCOUNTING FEES	23,849.
LOBBYING FEES	19,498.
OTHER PROFESSIONAL FEES	73,721.
OFFICE EXPENSES	90,873.
TRAVEL	57,920.
CONFERENCES AND CONVENTIONS	73,044.
TOTAL TO FORM 199, PART II, LINE 17	4,059,225.

FORM 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
POOLED INVESTMENTS	2,121,359.	2,010,338.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	2,121,359.	2,010,338.



FORM 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	311,823.	476,679.	
PREPAID EXPENSES AND DEFERRED CHARGES	70,487.	49,752.	
DUE FROM OTHER CHAPTERS	1,655.	39,563.	
CONTRIBUTIONS RECEIVABLE FROM HOME OFFICE	3,800.	170.	
DEPOSITS	8,032.	4,550.	
DUE FROM HOME OFFICE	3,349.	31,194.	
<b>TOTAL TO FORM 199, SCHEDULE L, LINE 12</b>	<b>399,146.</b>	<b>601,908.</b>	

FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DUE TO HOME OFFICE	740,929.	236,818.	
DEFERRED RENT	14,967.	21,838.	
DUE TO OTHER CHAPTERS	0.	11,195.	
DEFERRED REVENUE	86,601.	100,907.	
<b>TOTAL TO FORM 199, SCHEDULE L, LINE 18</b>	<b>842,497.</b>	<b>370,758.</b>	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	9
DESCRIPTION		AMOUNT	
UNREALIZED LOSS		-151,069.	
<b>TOTAL TO FORM 199, SCHEDULE M-1, LINE 7</b>		<b>-151,069.</b>	

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	2,952,451.	2,935,368.	
TEMPORARILY RESTRICTED ASSETS	5,347.	55,864.	
<b>TOTAL TO FORM 199, SCHEDULE L, LINE 21</b>	<b>2,957,798.</b>	<b>2,991,232.</b>	

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

September 30, 2015

<b>Prepared for</b>	National Multiple Sclerosis Society Northern California 1700 Owens Street No. 190 San Francisco, CA 94158
<b>Prepared by</b>	EKS&H LLLP 7979 E. Tufts Avenue, Suite 400 Denver, CO 80237-2521
<b>Mail tax return to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	May 16, 2016
<b>Special Instructions</b>	<p>The return should be signed and dated by an authorized individual.</p> <p>Enclose a check for \$150 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.</p>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT</b> _____  NATIONAL MULTIPLE SCLEROSIS SOCIETY NORTHERN CALIFORNIA <small>Name of Organization</small>  1700 OWENS STREET, NO. 190 <small>Address (Number and Street)</small>  SAN FRANCISCO, CA 94158 <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>0284992</u>  Federal Employer I.D. No. <u>94-1294935</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 10/01/2014 ending 09/30/2015 ) list:  
 Gross annual revenue \$ 5,013,686. Total assets \$ 3,760,271.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		x
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		x
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		x
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		x
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		x
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		x
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		x
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 11	x	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	x	

Organization's area code and telephone number 415-230-6678  
  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

JANELLE DEL CARLO	CHAPTER PRESIDENT		
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

FORM RRF-1

EXPLANATION OF VEHICLE DONATIONS  
PART B, LINE 8

STATEMENT 11

THE CHAPTER RECEIVES THE PROCEEDS FROM UNSOLICITED VEHICLE DONATIONS FROM A NUMBER OF SOURCES. IN ADDITION, THE CHAPTER HAS A NON-EXCLUSIVE AGREEMENT WITH AN ORGANIZATION REGARDING CAR DONATIONS. UNDER THE AGREEMENT, THE CHAPTER RECEIVES 70% OF THE NET PROCEEDS FROM THE SALE. NO AUTOS WERE RECEIVED DURING THE YEAR ENDED SEPTEMBER 30, 2015