Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

ΑÏ	For t	ne 201	0 calendar year, or tax year beginning 10/01, 2010,	and endin	ig	Himbor Commence of St.	09	/30,20	11		
			C Name of organization			mployer Id		cation numi			
B	Check If a	pplicable	NATIONAL MULTIPLE SCLEROSIS SOCIETY		1	3-566	1935	5			
	Add	ress nge	Doing Business As	,.,							
	7	ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E To	elephone n	umber				
	Infti	il return	733 THIRD AVENUE		(21	2) 98	6-3	240			
	Terr	ninated	City or town, state or country, and ZIP + 4			1222/ 200 0210					
	Ame	inded	NEW YORK, NY 10017-3288		G G	ross receip	ts \$	97.1	212.	260.	
		leation	F Name and address of principal officer: CYNTHIA ZAGIEBOYLO			s this a grou			Yes	X No	
	P4111	an ny	733 THIRD AVENUE NEW YORK, NY 10017-3288			affiliates? Are all affilia	tes inclu		Yes	No	
1	Tax-e	xempt st		r 52				(see Instruction			
J	Webs	ite: 🕨	WWW.NATIONALMSSOCIETY.ORG	<u> </u>		Broup exemp			,		
ĸ	Form	of organ	ization: X Corporation Trust Association Other	1 Year	of formation: 1				nicile:	NY	
	irt l		mmary	12 10010	n formation, 1	2 1 OJ 101	Otato	or legar don	IIGIG.		
	1		describe the organization's mission or most significant activities:	·,·.				,			
	'		ONAL MULTIPLE SCLEROSIS SOCIETY (NMSS) MOBILI	ZES PEO	PLE AND						
Ce			DURCES TO DRIVE RESEARCH FOR A CURE AND TO ADD			NGES					
'nar			EVERYONE AFFECTED BY MULTIPLE SCLEROSIS (MS).	THOO TI		11000				·	
Governance	2		this box If the organization discontinued its operations or disposed o	f more than	25% of its no						
ő	3		A 14 A 15				3			35.	
Activities &	4		er of independent voting members of the governing body (Part VI, line 1b)		• • • • • •		1			34.	
ığ.	5						4				
뜛	1 -		number of individuals employed in calendar year 2010 (Part V, line 2a)				5			241.	
4	6		number of volunteers (estimate if necessary)				6		240	500.	
	7a		ross unrelated business revenue from Part VIII, column (C), line 12				7a			132.	
	D	Net un	related business taxable income from Form 990-T, line 34				7b			285.	
	_	O = 11 111	and an and a safe (Park) (III) II as (6)			r Year		Curre			
Revenue	8	Contri	outions and grants (Part VIII, line 1h)			33,98				574.	
ven	9	Progra	m service revenue (Part VIII, line 2g)			227,50				161.	
Re	10	investr	nent income (Part VIII, column (A), Ilnes 3, 4, and 7d)			799,70				827.	
	11	Other	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			728,55	****			698.	
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			89,74				260.	
	13		and similar amounts paid (Part IX, column (A), lines 1-3)		31,6	578,52	1.	35,2	72,	837.	
	14		s pald to or for members (Part IX, column (A), line 4)				0.			0.	
S	15	Salarie	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,0	08,68	6.	22,7	65,	919.	
Expenses	16 a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0.			0.	
꿃	b	Total fu	Indraising expenses (Part IX, column (D), line 25) \blacktriangleright 6, 970, 245	·	and the second	1961					
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			96,39		40,1	.08,	545.	
	18	Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		92,5	83,60	3,	98,1	47,	301.	
	19	Reven	ue less expenses. Subtract line 18 from line 12		10,2	06,14	1.	<u> </u>	35,	041.	
Net Assets or Fund Balances					Beginning of	Current Y	ear	End o	of Yea	r	
Set	20		ssets (Part X, line 16)		71,3	39,38	6.	76,0	20,	323.	
d A	21	Total lia	abilitles (Part X, line 26)		43,5	36,94	8.	51,5	58,	467.	
	22	Net ass	sets or fund balances. Subtract line 21 from line 20		27,8	02,43	8.	24,4	61,	856.	
	rt II		nature Block								
und	ler per ect. a	ialtles of id compl	perjury, I declare that I have examined this return, including accompanying schedules a ete. Declaration of pregarer (ether than officer) is based on all information of which pre	ind statements	s, and to the be	st of my kr	nowled	ige and bell	ef, It is	true,	
······································	-Mithhian	Y	- Le financia de la financia del financia del financia de la finan			~~~				**************************************	
	ign)		····		06,		5/2	2וט		
Н	ere	 	Signature of officer			Date		·			
		.	JETT UCCITIY								
	w <u>i</u>	1 pour municipality	ype or print name and title	www.mearac.canac.com	utilanennassa						
aid			/pe preparer's name Preparer's signature	Date	Che	ck if		PTIN			
	arer	rus	7000	10//		loyed 📂		P0075		3	
	Only	Firm's i	name ► MITCHELL & TITUS, LLP		/ Firm's	EIN 🕨 1	13-2	781641			
		Firm's	address > ONE BATTERY PARK PLAZA NEW YORK, NY 100	04	Phone	no. 2	212-	-709-45	00		
vlay	the IF	≀S disc∟	iss this return with the preparer shown above? (see instructions)		4 5 5 5 7 4	<u></u>		Yes	Σ	No	
	2000		duction Act Nation and the consents instructions						000		

For	m 990 (2010) Page
P	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: WE MOBILIZE PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MS.
	ADDRESS THE CHADLENGES OF EVERTONE AFFECTED BY MS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4 a	(Code:)(Expenses\$ 40,257,414 including grants of\$ 35,272,837)(Revenue\$ 713,120) RESEARCH & RESEARCH FELLOWSHIPS - REPRESENTS GRANTS TO SUPPORT SCIENTIFIC STUDIES OR INVESTIGATION PLUS ALL OTHER COSTS OR
	EXPENSES INCURRED WHILE CONDUCTING A PROGRAM IN WHICH NEW KNOWLEDGE IS BEING SOUGHT TO FIND CURES OR ALLEVIATIONS OF
	MULTIPLE SCLEROSIS.
	(Code:) (Expenses \$23,305,937. including grants of \$) (Revenue \$) SERVICES TO CHAPTERS - INCLUDES THE COSTS ASSOCIATED WITH
	PROVIDING SUPPORT FOR CHAPTER DEVELOPMENT, CAMPAIGN DEVELOPMENT,
	FUND-RAISING MATERIAL AND SUPPLIES AND CHAPTER SERVICES AS
	PROVIDED UNDER THE RELATED ARRANGEMENTS.
4-	/Onder
	(Code:)(Expenses\$
	SUPPORTING CLINICS, PROVIDING PHYSICIANS AND OTHER HEALTHCARE
	PROVIDERS AND OTHER ASSISTANCES TO INDIVIDUALS WHO HAVE MULTIPLE
	SCLEROSIS.
	Other program services. (Describe in Schedule O.)
	(Expenses \$ 10,650,200 including grants of \$) (Revenue \$) Total program service expenses ▶ 83,477,380.
•	

Fal	Checklist of Required Schedules	y	7 77-7	T 51-
1	is the organization described in section 501(a)(2), or 4047(a)(4), (ather them a private foundation)(2 (5 11)(a) 11		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	 ^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5	ļ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ļ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			١,,
7	complete Schedule D, Part I	6		X
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		<u> </u>
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes,"complete Schedule D, Part V	10	X	
11	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.	There	7.0	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
10	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more	441.		37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, "complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program conducts agree that the United States 25 Was agreed to Sales that I was a supplied to the United States 25 Was agreed to the Unite	4.41	v	
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	Х	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	. 10		
-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		<u>X</u>
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Pai	t IV Checklist of Required Schedules (continued)	-, -, -"		, ,
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		<u> </u>	<u> </u>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Vos "complete Schodule I			
24.5	employees? If "Yes," complete Schedule J	23	X	
44 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		[
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		·
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year) -	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	in any angular with a wigaged in an excess portain distinguish with a disqualified betach in a billion			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II.	26	,	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes,"complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1 4 5	<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			tina Maria
а		00-	. Maria	v
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u> </u>
	Schodule I Part IV			17
_	Schedule L, Part IV	28b		X
G	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	1	
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II,	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	Ţ		
	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,	1		
	Part V, line 2 Yes X No	1	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	27		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<u>X</u>
70	19? Note, All Form 990 filers are required to complete Schedule O	20	V	
	To Hose 7 m 1 van 300 meis are required to complete ochequie O	38	X	7046
		roim (990 (2	2010)

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		,	,
***************************************	Chock if Concount C Contains a response to any question in this real vivia.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	100	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 .		\$16.0
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
L	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 24	THE PERSONAL PROPERTY OF THE PARTY OF THE PA	.,	1000
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2.0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2-	х	2.00
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		Received to the second
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		- Investigation
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Χ
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			v
A		7¢		X
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		***************************************
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			/e-IIII:04143-4-0
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	26.6%		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:	-		
	Once have a few months and a hout of			
	Gross income from members or snareholders	1		
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	Ť	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	1	

Form 990 (2010) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 34 Enter the number of voting members included in line 1a, above, who are independent 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8h 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c Х 13 Does the organization have a written whistleblower policy? 13 Х 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safequard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18

20

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

X Upon request

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: > JEFF GENTRY 733 THIRD AVENUE NEW YORK, NY 10017-3288 212-476-0424

available for public inspection. Indicate how you make these available. Check all that apply.

Another's website

X Own website

Page 7

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

-	
1 32	
1 X I	

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.

(A)	(B)	L .			C)			(D)	(E)	(F)
Name and Title ATTACHMENT 3	Average hours per week (describe hours for related organizations in Schedule C)	ndividual trustee or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)MINDY ALPERT					П			,,,,		
DIRECTOR	5.00	Х						0.	. 0	0.
(2) JOHN BJORNSON										
DIRECTOR	5.00	X						0.	. 0	0
(3) MICHAEL BOGDONOFF										
DIRECTOR	5.00	X						0.	. 0	0
(4) RONALD BOIRE										
DIRECTOR	5.00	X						0.	0.	0.
(5) JIM CANTALUPO			ļ							
DIRECTOR	5.00	Х						0.	0.	0.
(6) DOUG COY										
DIRECTOR	5.00	Х						0.	0.	0.
(7) PETER GALLIGAN										
DIRECTOR	5.00	X						0.	0.	0.
(8) WILLIAM GILLESPIE								**************************************	was and the second second second second	
DIRECTOR	5.00	Х					<u></u>	0.	0.	0
(9) JULIUS HOBSON										
DIRECTOR	5.00	X			<u></u>			0.	0	0.
(10) VANESSA HODGES										
DIRECTOR	5.00	Х						0.	0	0.
(11)CAROL HOUGHTBY										
TREASURER	5.00	X		Х				0.	0.	0.
(12)MARY HUGHES										
DIRECTOR	5.00	Х						0.	0.	0.
(13)JULIE KAUFER										, , , , , , , , , , , , , , , , , , , ,
DIRECTOR	5.00	Х						0.	0	0.
(14)RICHARD KNUTSON										
DIRECTOR	5.00	Х						0.	0.	0.
(15)THOMAS KUHN										
CHAIRMAN OF THE BOARD	5.00	Х					<u></u>	0.	0.	0.
(16) FRED LUBLIN										
DIRECTOR	5.00	Х						0.	0	0,

Part VII Section A. Officers, Directors, Tr	and	LIIÇ			ees(co						
(A)								(D)	(E)	Ì	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	(Institutional trustee	Officer		a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MIS	on d ns	Estimated amount of other compensation from the organization and related organizations
(17) CRAIG LYNCH DIRECTOR	5.00			-							
(18) LINDA MCALEER	3.00	X						0.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	С
SECRETARY	5.00	X		X				٥.		0.	C
(19) AARON MILLER	1 0.00										
DIRECTOR	5.00	x						0.		0.	C
(20) BILL MONAHAN		 		_				•			
DIRECTOR	5.00	X						0.		0.	C
(21) JOYCE NELSON								, , , , , , , , , , , , , , , , , , , ,			
PRESIDENT AND CEO	40.00	Х		х				452,368.		0.	14,982
(22) KEVIN O'SULLIVAN			. ,								
DIRECTOR	5.00	X						0.		0.	C
(23) BRUCE PFAU											
DIRECTOR	5.00	Х						0.		0.	C
(24) KIMBERLY PHILLIPS						-					
DIRECTOR	5.00	Х						0.		0.	C
(25) BRAD ROBBINS			İ								
DIRECTOR	5.00	X						0.		0.	
(26) ELI RUBENSTEIN											
DIRECTOR	5.00	Х						0.		0.	0
(27) JOHN SIMONETTI				ļ							
DIRECTOR	5.00	X						0.		0.	C
(28) RICHARD SLIFKA	- 00		- 1	- /			ł				
DIRECTOR	5.00	_X						0.		0.	0
1b Sub-total					٠,,			452,368.		0.	14,982.
d Total (add lines 1b and 1c)	ion A A	TTAC	нМғ	z i l.T	2.	• •		1,364,281. 1,816,649.	1	0	62,739.
Total number of individuals (including but not lim reportable compensation from the organization	ited to those	e liste	d ab	oove) wl	no rec	≥ eive		000 in		77,721.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	le J for suc	h indi	/idu	al .							Yes No 3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater tha	an \$1	50,0	000	? .	f "Ye	∍s," •••	complete Schedu	le J for suc	h	4 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Ye	accrue com	npens	ation edu	n fr <i>le J</i>	om for	any such	unre pers	elated organization	or individua	ıl	5 X
Section B. Independent Contractors				. Carimoniani							
 Complete this table for your five highest c compensation from the organization. 	ompensate	d inc	lepe	nde	ent	contr	acto	ors that received	more than	\$100,	000 of
(A) Name and business addre	ess							(B) Description of servi	cas		(C) mpensation
ATTACHMENT 4	-					-		2000112011 01 3014			mperiodium
						·		Calculation of the calculation o			

2 Total number of independent contractors (inc more than \$100,000 in compensation from the	sluding but	not	limi	ted	to 24		lis	ted above) who	eceived		

rm 990 (2 Part VII			ummaanmaanaanaanaanaanaanaanaanaanaanaana	namatanamanamanananamatahadallallallallallallallallallallallallal	William Committee Committe	Page
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from te under sections 512, 513, or 514
<u>بع</u> 1a	Federated campaigns	**************************************	770	100	115	
and other similar amounts	•		4		100000000000000000000000000000000000000	
E c	Fundralsing events 10					
ia q	Related organizations 10					
e sim	Government grants (contributions) 19	472,183.	11.	100000000000000000000000000000000000000	1000	
je f		252 554	2.465.46			
Ö	and similar amounts not included above . 11	**************************************		100		
ਲ 9 h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		94,112,574,	All Control of the Co		
	Total. Addities 18-11	Business Code	94,112,3/4.			
E 2a	CONFERENCE REGISTRATION	900099	305,161.	305,161.		1 contraction of the contraction
b			on the state of th			aritmund (verining verining)
2 a b c d e f g						
d						
e	,			immanananananantiimikkiitkiitkiitkiitkii		
ž) f	All other program service revenue	•				
<u>.</u> g	Total. Add lines 2a-2f		305,161.			
3	Investment income (including dividends, inte	rest, and				
	other similar amounts)		28,827.			28,82
4	Income from investment of tax-exempt bond	proceeds▶	<u> 0.</u>			
5	Royalties		0.			
	(i) Real	(ii) Personal	100	4.1.5		
6a	Gross Rents			100		
b	Less: rental expenses		120			
С	Rental income or (loss)					
d	Net rental income or (loss)		0.			unasian managan da
7a	Gross amount from sales of	i) Other		3.0	100	
ļ	assets other than inventory		400		2.0	
b	Less: cost or other basis				100	
	and sales expenses					
C	Gain or (loss)					
d	Net gain or (loss)		0.			Kanada da
8a	Gross income from fundralsing					
b	events (not including \$					
}	of contributions reported on line 1c).					
ь	See Part IV, line 18		337			
C	Net income or (loss) from fundralsing events		0.		Annihillingsissitassanliningsitassitassitassitassitassitassitassita	Anthropic committee and
9a	Gross income from gaming activities.	- Taganin and and and an analysis of the same	management of the second		***************************************	
Ja	See Part IV, line 19	a	40	245 115 115		
b	Less: direct expenses	b				
C	Net income or (loss) from gaming activities	*	Ġ.			
10a	Gross sales of inventory, less			1		
	returns and allowances	a		97.557	100	
b	Less: cost of goods sold	ь		4.5		
C	Net income or (loss) from sales of inventory		0.			
	Miscellaneous Revenue	Business Code	100			
11a	ADVERTISING	511120	1,040,132.		1,040,132.	anabu tayan tina a
b	MISCELLANEOUS REVENUE	900099	1,725,566.	1,725,566,	#111.11	
C			**************************************			ļ
d	All other revenue					
е	Total. Add lines 11a-11d		2,765,698.			
	Total revenue. See instructions	Mari 1	97,212,260,	2,030,727,	1,040,132.	28,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

ther organizations must complete column (A) but are not required to complete columns (B) (C), and (D)

	All other organizations must comp	olete column (A) but are	not required to comple	te columns (B), (C), and	f (D).
	o not include amounts reported on lines 6b, p, 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	33,408,080.	33,408,080.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,864,757.	1 - 864 - 757		
4	Benefits paid to or for members		2,001,1011	Manager Committee, in any	
5	Compensation of current officers, directors, trustees, and key employees		667,818.	94,736.	17,836.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			22,,000	
7	Other salaries and wages	17,990,034.	15,393,690.	2,185,028.	411,316.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		214,761.	27,367.	4,835.
9	Other employee benefits		2,102,226.	267,888.	47,329.
10	Payroll taxes		1,148,973.	153,861.	28,255.
11 a	Fees for services (non-employees): Management		<u> </u>		
	Legal		0.	81,598.	0.
	Accounting	167,560.	0.	167,560.	0.
	Lobbying	5,556.	5,556.	0.	0.
е	Professional fundraising services, See Part IV, line 17	0.			
f	Investment management fees	0.			· · · · · · · · · · · · · · · · · · ·
g	Other	13,536,556.	10,140,419.	1,743,834.	1,652,303.
12	Advertising and promotion	0.			
13	Office expenses	8,739,722.	3,113,221.	1,522,705.	4,103,796.
14	Information technology	0.		~~~	The second secon
15	Royalties,	0.			
16	Occupancy	2,649,783.	2,236,632.	360,727.	52,424.
17	Travel	2,397,629.	2,109,234.	240,748.	47,647.
18	Payments of travel or entertainment expenses	0.			
40	for any federal, state, or local public officials Conferences, conventions, and meetings	795,172.	706,336.	74 010	14 004
19 20	Interest	795,172.	700,330.	74,812.	14,024.
21	Payments to affiliates	3,979,785.	3,979,785.	0.	0.
22	Depreciation, depletion, and amortization	2,225,458.	1,940,759.	243,325.	41,374.
23	Insurance	392,455.	340,929.	44,227.	7,299.
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)			Ball Mark Ball Co	
	FINANCIAL ASSISTANCE TO INDV	1,303,313.	1,252,203.	37,164.	13,946.
	AWARD	1,223,729.	1,171,505.	38,278.	13,946.
	DUES AND SUBSCRIPTIONS	937,582.	399,140.	186,102.	352,340.
d	SUNDRY	1,672,647.	1,281,356.	229,716.	161,575.
9		The state of the s	W		
	All other expenses	00 147 201	02 477 200	7 600 676	C APPA ALE
	Total functional expenses. Add lines 1 through 24f	98,147,301.	83,477,380.	7,699,676.	6,970,245.
	Joint Costs. Check here ► X if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	8,327,000.	570,000.	1,860,000.	5,897,000.
JSA					Earn 990 (2040)

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	15,680,373.	1	26,828,002.
2	Savings and temporary cash investments	250,000.	2	4,701,753.
3	Pledges and grants receivable, net	1,238,440.	3	511,655.
4	Accounts receivable, net	16,976,842.	4	9,106,691.
5	Receivables from current and former officers, directors, trustees, key	Special resultance and receive	997年	
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons	E-750 PARTY - 117 PARTY F56 P	排版的數字	regressión desiradi.
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	ering and electric control and the control and	6	and the second source and and a
왕 7	Notes and loans receivable, net		7	
Assets 8	Inventories for sale or use	272,214.	 	247,048
٠ 9		3,936,034.		2,999,026.
1 -		5,930,034.	See See Commission	2,999,020.
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 35,689,989.		anekii naak	
li i	Less: accumulated depreciation	5,725,383.		5,329,662.
11	Investments - publicly traded securities	25,488,287.		24,459,309.
12	Investments - other securities. See Part IV, line 11	1,327,945.	12	1,737,950.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 .	14	
15	Other assets. See Part IV, line 11	443,868.	15	99,227.
16	Total assets. Add lines 1 through 15 (must equal line 34)	71,339,386.	16	76,020,323.
17	Accounts payable and accrued expenses	13,139,663.	17	16,709,033.
18	Grants payable, ,	29,430,642.	18	34,118,322.
19	Deferred revenue	882,293.	19	666,298.
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
<u> </u>	employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L	TOTAL SALES SEED ONLY DESCRIPTION OF SECURITION OF SECURIT	22	.ត្ត់ស្ថាល ស្ត្រីមានស្ថាតិការការការការការការការការការការការការការក
22	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
24	· · · · · · · · · · · · · · · · · · ·	84,350.	25	64,814.
25	Other liabilities. Complete Part X of Schedule D	43,536,948.		51,558,467.
26	Total Ilabilities. Add lines 17 through 25	43,330,940.	26	51,336,467.
88	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	14,177,686.		13,450,687.
R 28	Temporarily restricted net assets	9,879,919.	28	7,266,336.
29	Permanently restricted net assets	3,744,833.	29	3,744,833.
2	Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
5			30	
ည် ကျွ 30	Capital stock or trust principal, or current funds		~~ 1	
30 30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Paid-in or capital surplus, or land, building, or equipment fund			
77		27,802,438.	31 32	24,461,856.

Form **990** (2010)

Fo	m 990 (2010)		Pag	ge 12
P	art XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		. X	***********
1	Total revenue (must equal Part VIII, column (A), line 12)	97	,212,2	60.
2	Total expenses (must equal Part IX, column (A), line 25)	98,	,147,3	01.
3		3	-935 , 0	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	27,	,802,4	38.
5	Other changes in net assets or fund balances (explain in Schedule O)	- 2,	,405,5	41.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
-	column (B))		,461,8	56.
P	art XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	an paraman a	X
b		21		
C		••••	- 21	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	s x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			rail.
	issued on a separate basis, consolidated basis, or both:	Visit.		
	Separate basis X Consolidated basis Both consolidated and separate basis	Çeği Çek		
3 a	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?	38	a	X
b	The state of a state of the sta	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► See separate Instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization Employer identification number NATIONAL MULTIPLE SCLEROSIS SOCIETY 13-5661935 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II Type I c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(l) Χ (ii) A family member of a person described in (i) above? Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? Х Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) is the (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 above or IRC section the organization organization in col. (i) listed in your governing in col. (I) of col. (I) organized (see instructions)) your support? in the U.S.? document? Yes Yes No Yes (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2010

(C)

(D)

(E)

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	101,229,981.	103,431,903.	88,974,301,	99,033,988.	94,112,574	486,782,747.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	I I	The state of the s				
3	The value of services or facilities furnished by a governmental unit to the organization without charge			All lightnesses			one and the second
4	Total. Add lines 1 through 3	101,229,981,	103,431,903.	88,974,301.	99,033,988.	94,112,574.	486,782,747.
5	The portion of total contributions by each						
	person (other than a governmental unit or		1.5				
	publicly supported organization) included	1					
	on line 1 that exceeds 2% of the amount			, V.			
	shown on line 11, column (f)			Land to the state of the state of	and the second second second second		distance appearance construction about 4/4/4/40
6	Public support. Subtract line 5 from line 4.					5220	486,782,747.
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·		г	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	101,229,981.	103,431,903.	88,974,301.	99,033,988.	94,112,574.	486,782,747.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	706,006.	684,444.	86,935.	799,703.	28,827.	2,305,915.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,662,331.	39,673.	0,	1,065,424.	1,040,132.	3,807,560.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH- 1	105,413.	1,930,407.	635,346.	663,126.	1,725,566,	5,059,858.
11	Total support. Add lines 7 through 10		100				497,956,080.
12	Gross receipts from related activities, etc. (se					12	7,805,444.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organization	on's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2010 (line	6, column (f) di	vided by line 11,	column (f))		14	97.76 %
15	Public support percentage from 2009 Sc	chedule A, Part I	l, line 14			15	97.67%
16a	33 1/3 % support test - 2010. If the o	rganization did	not check the	box on line 13,	and line 14 is	33 1/3 % or more	e, check
	this box and stop here. The organization	n qualifies as a	publicly suppor	ted organizatior	١		▶ X
þ	33 1/3 % support test - 2009. If the o					15 is 33 1/3 %	or more,
	check this box and stop here. The orga	ınization qualifie	s as a publicly	supported organ	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 20						
	or more, and if the organization me	ets the "facts-	and-circumstand	es" test, check	k this box and	stop here. E	xplain in
	Part IV how the organization meets t	he "facts-and-ci	rcumstances" te	st. The organiz	ation qualifies	as a publicly su	pported
	organization			_	•	•	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	_			-		
	Explain in Part IV how the organization supported organization	n meets the "fa	acts-and-circum	stances" test. 7	The organization	n qualifies as a	publicly
18	Private foundation. If the organization instructions	n did not check	cabox on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
						chedule A (Form 990	

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 Pa	art II
(Complete only if you checked the box of fine a of fail for it the organization failed to qualify drider if	ait II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	
THE COMMISSION FAILS TO QUAINV DIOCE THE LESIS IISTED DETOW DIEASE COMDIECE FAIL OF	

C	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<u> </u>			1	
•	unrelated trade or business under section 513					1	
4	Tax revenues levied for the organization's						
*	benefit and either paid to or expended on						
	, , , , , , , , , , , , , , , , , , ,						
_	its behalf The value of services or facilities		 		 	 	
5							
	furnished by a governmental unit to the						
_	organization without charge			 			
6	Total. Add lines 1 through 5			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	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						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						·
C	Add lines 7a and 7b	Z. Z					
8	Public support (Subtract line 7c from						
	!lne 6.)			e je jazir za isk		in the	
Sec	tion B. Total Support			,	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Tota
9	Amounts from line 6						
i0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
L	Unrelated business taxable income (less				-		
	section 511 taxes) from businesses						
	section 511 taxes) from businesses acquired after June 30, 1975	, *.1					
	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
c	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business						
c	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
с 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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с 11	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
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c 11 2	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11,	the organization	's first, second	third, fourth, o	r fifth tax year a	s a section 501(c	c)(3)
c 11 12	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)	-			•		
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c 11 2 3	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. Total support percentage for 2010 (line 8, co.)	port Percent	age by line 13, column	(f)			
c 11 2 3 4 5 6	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here.	port Percent plumn (f) divided to the A, Part III, line	age by line 13, column	(f)		15	
c 11 2 3 4 5 6	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage from 2009 Schedution D. Computation of Investment	port Percent olumn (f) divided to the A, Part III, line	age by line 13, column 15	(f))		15	
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c 11 2 3 4 6 6 6 6 6 7	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop heretion C. Computation of Public Sup Public support percentage from 2009 Schedution D. Computation of Investment Investment income percentage from 2010 (line Investment income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Schedution D. Computation of Investment Income percentage from 2009 Scheduting Investment Investment Income percentage from 2009 Scheduting Investment In	port Percent olumn (f) divided to the A, Part III, line to Income Percent 10c, column (f) Schedule A, Part	age by line 13, column 15 centage divided by line 13	(f))		15 16 17 18	
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c 111 12 13 344 6ect 17 8	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, concept of the support percentage from 2009 Schedution D. Computation of Investment Investment income percentage from 2009 Schedution D. Computation of Investment Investment income percentage from 2009 Schedution D. Tomputation of Investment Income percentage from 2009 Schedution D. Tomputation of Investment Investment Income percentage from 2009 Schedution D. Tomputation of Investment Income percentage from 2009 Schedution D. Tomputation of Investment Income percentage from 2009 Schedution D. In the organization of Investment Income percentage from 2009 Schedution D. Investment Investment Income percentage from 2009 Schedution D. Investment Investment Investment Investment Investment Investment Investment Investment I	port Percent olumn (f) divided to the A, Part III, line to Income Percent 10c, column (f) Schedule A, Part panization did no s box and stop	age by line 13, column 15 centage divided by line 13 III, line 17 bt check the booker. The org	(f)) 3, column (f) 4 on line 14, ar anization qualific	nd line 15 is more	15 16 17 18 e than 331/3 %, a supported organiz	and line
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c 111 12 13 344 6ect 17 8	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2010 (line 8, concept of the support percentage from 2009 Schedution D. Computation of Investment Investment income percentage from 2009 Schedution D. Computation of Investment Investment income percentage from 2009 Schedution D. Tomputation of Investment Income percentage from 2009 Schedution D. Tomputation of Investment Investment Income percentage from 2009 Schedution D. Tomputation of Investment Income percentage from 2009 Schedution D. Tomputation of Investment Income percentage from 2009 Schedution D. In the organization of Investment Income percentage from 2009 Schedution D. Investment Investment Income percentage from 2009 Schedution D. Investment Investment Investment Investment Investment Investment Investment Investment I	port Percent: flumn (f) divided to le A, Part III, line t Income Perc le 10c, column (f) Schedule A, Part leanization did no s box and stop nization did not this box and st	age by line 13, column 15 centage divided by line 13 III, line 17 bt check the boothere. The orgoneous on the column to the colu	(f)) 3, column (f)) 4 on line 14, ar anization qualifice line 14 or line 1 ganization qualifice.	d line 15 is mores as a publicly 9a, and line 16 is ies as a publicly	15 16 17 18 e than 331/3 %, a supported organize more than 331/3 supported organizes more than 331/3 s	and line cation > %, and cation >

Page 4

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

			,		ATTACHMENT	1
SCHEDULE A, PART II -	· OTHER INCOM	E				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	105,413,	1,930,407.	635,346.	663,126.	1,725,566.	5,059,858.
			00070101	00072200	27,20,000.	0,000,000.
TOTALS	105,413_	1,930,407	635, 346.	663,126.	1,725,566.	5,059,858.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2010

If the organization answered "Yes," to Form 990. Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts i-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 13-5661935 NATIONAL MULTIPLE SCLEROSIS SOCIETY Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 ... > \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Νo Was a correction made? If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filling 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. (c) EIN (d) Amount paid from (e) Amount of political (a) Name (b) Address contributions received and filing organization's promptly and directly delivered to a separate funds. If none, enter -0-. political organization. If none, enter -0-. (1) (2) (3) (4)(5)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedul	e C (Form 990 or 990-EZ) 2010							Page 2
Part		organization is	exen	pt under section	501(c)(3) and	filed Fo	rm 5768 (elec	
	section 501(h)).						, , , , , , , , , , , , , , , , , , , 	
				an affiliated group			- I	
D C		ganization chec nits on Lobbying		ox A and "limited	control provisi	ons app		T
	Lift The term "expen	nits on Lobbying iditures" means a	Expe	naitures its paid or incurred.)	1	orga	(a) Filing nization's totals	(b) Affiliated group totals
1a To	otal lobbying expenditures to					Organ	ization's totals	group totals
	otal lobbying expenditures to					<u> </u>		
	otal lobbying expenditures (body (direct lobbying		<u> </u>		
	ther exempt purpose expen	114				 		
	otal exempt purpose expend					<u> </u>		
	bbying nontaxable amount.					<u> </u>		
	olumns.	. Lintor the announ	it ii Oiii	the following table if	DOUT			
	he amount on line 1e, column	(a) or (b) ie: The l	obbylr	na nantavahla amaunt	le :	20 Y. I.A.	REAL STEP WITE	Surface Constitution
	t over \$500,000			amount on line 1e.	18.	4 14 20 C		
	er \$500,000 but not over \$1,00			us 15% of the excess of	VAL \$500 000		Zer will Y	
	er \$1,000,000 but not over \$1,			us 10% of the excess o		10.54		
	er \$1,500,000 but not over \$17			us 5% of the excess ov		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disaganisi	
	er \$17,000,000	·····	0,000.	us o 70 of the excess ov	οι ψησοσίσου.	This is	attaile a is	
	assroots nontaxable amour	······································				190681191	and the area of the second section of the second	Street and the second second second
-	btract line 1g from line 1a.	•	,					· · · · · · · · · · · · · · · · · · ·
	btract line 1f from line 1c. If							
	here is an amount other tha	•		or line 1; did the ord	anization file Fo	rm 4720	reporting	<u> </u>
	ction 4911 tax for this year?							Yes No
				 		•••		1.00
	(O	4-Yea	r Aver	aging Period Under	Section 501(h)			
	(Some organiz	ations that made	a sec	tion 501(h) election instructions for line	do not have to	complet	e all of the five	
		Marring Delow. 30	76 LIIG	matructions for lifte	s za unougn zi	on page		
	,	Lobbying	Expe	nditures During 4-Ye	ar Averaging Po	eriod		
Ca	lendar year (or fiscal year beginning in)	(a) 2007		(b) 2008	(c) 2009		(d) 2010	(e) Total
2 a Lobi	bying nontaxable amount							
	bylng celling amount							
(150	% of line 2a, column (e))							
c Tota	l lobbying expenditures							
d Gras	ssroots nontaxable amount						-	
	ssroots celling amount % of line 2d, column (e))							
f Gras	seroots lobbying expenditures				3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			

Schedule C (Form 990 or 990-EZ) 2010

		(8	1)		(b)		
		Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X X					
c d	Media advertisements? Mailings to members, legislators, or the public?	-,,	Х			010	
e	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	X				312 13	, 28 , 38
f	Practice to other digaritations for toppying purposed;		х				,
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				297	***********
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		····		290	,55.
j	Other activities? If "Yes," describe in Part IV Total. Add lines 1c through 1i	ESSANI.	X			913	38
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	gespiratife	2420 941 X				
b	If "Yes," enter the amount of any tax incurred under section 4912			44.97.			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	PHI		Parana Anada	s: (32.00)	3 14 1 Table	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(E\)			idhid o	iliya, k	
I d	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction			
		·				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		ļ
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?				3		-
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, li				d		
	"Yes."			·			
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p			1			
	expenses for which the section 527(f) tax was paid).	,O116101	A1				
а	Current year		[2a			
b	Carryover from last year			2b			
C	Total		• • •	2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo		100				
	and political expenditure next year?		- 1	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)]	5			
	aty Supplemental information						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C,	line 5	; and	Part I	-B, lin	e 1i.	
4ISO	, complete this part for any additional information.						
					· — — · · · ·		
· — —							

Schedule C (Form 990 or 990-EZ) 2010

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

NA	TIONAL MULTIPLE SCLEROSIS SOCIETY		13-5661935
Pa	Organizations Maintaining Donor Adorganization answered "Yes" to Form 9	vised Funds or Other Similar Funds 990, Part IV, line 6.	or Accounts Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		old-Administration of the state
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad	visors in writing that the senate held in dan	or advised
•	funds are the organization's property, subject to the		, , , , , , , , , , , , Yes No
6	Did the organization inform all grantees, donors, and		
•	used only for charitable purposes and not for the be		
Рa	purpose conferring impermissible private benefit? t II Conservation Easements. Complete if	the organization answered "Ves" to F	Form 990 Part IV line 7
1	Purpose(s) of conservation easements held by the c	progritation (check all that apply)	Offit 990, Fait IV, line 7.
•	Preservation of land for public use (e.g., recrei		of an historianih. Impaniant land ana
	Protection of natural habitat	· 1 1	of an historically important land area
	Preservation of open space	- Preservation	of a certified historic structure
2		d a socialitical assumentation assistable of a finish	
•	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	a a qualined conservation contribution in tr	ne form of a conservation
	outsimon the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		Sugar, and
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) a		•
u	historic structure listed in the National Register		24
}	Number of conservation easements modified, transfer		
	tax year	erred, released, extinguished, or terminate	d by the organization during the
,	Number of states where property subject to conserve	ation easement is located	
5	Does the organization have a written policy regardin		
•	violations, and enforcement of the conservation ease		
3	Staff and volunteer hours devoted to monitoring, ins		
,	>	pecting, and emorcing conservation easen	nerits during the year
,	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing consequation ensembnts	during the year
	>\$	ng, and emorcing conservation easements	s during the year
}	Does each conservation easement reported on line 2	2/d) shove estisfy the requirements of sec	fion 170/h)///\P\
	(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports or	negryation agraments in its revenue and	overes statement and
'	balance sheet, and include, if applicable, the text of the		
	organization's accounting for conservation easemen		statements that describes the
Par	Organizations Maintaining Collections		ner Similar Assets
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
а	If the organization elected, as permitted under SI	FAS 116 (ASC 958) not to report in its	s revenue statement and halance sheet
-	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the form	ar assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIV, the text of the fo	ootnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under state of art historical transumer are other similar	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relati	n assets new for public exhibition, ed no to these items:	lucation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
:	If the organization received or held works of a		
	following amounts required to be reported under S		- · · ·
9	Revenues included in Form 990, Part VIII, line 1		
a	Access included in Form 900. Dart Y	* * * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·

Schedule	n	(Form	990)	2010

Pa	rt III Organizations Maintaini	ing Collections	of Art, Histo	orical	Treasure	s, or	Other Similar	Assets(continued,)
3	Using the organization's acquisition collection items (check all that app	on, accession, and ly):	d other recor	rds, ch	neck any o	f the	following that a	ıre a sigr	nificant use	e of its
a	Public exhibition		d		Loan or exc	change	programs			
b	Scholarly research			touni	Other					
C	Preservation for future gen	erations	_							,
4	Provide a description of the organ		ns and expla	ain ho	w thev fur	ther t	he organization's	s exemp	t purpose	in Part
	XIV.							o	. haibees	
5	During the year, did the organizatio	n solicit or receive	donations o	of art. h	nistorical tre	easure	s or other simil	ar		
	assets to be sold to raise funds rath	er than to be main	ntained as pa	ert of th	ne organiza	ition's	collection?	 	Yes	No
Pal	t IV Escrow and Custodial A	rrangements C	omplete if th	ae oro	enizetion	onew	ered "Vee" to I	Form 00		110
	line 9, or reported an amo	ount on Form 99	0, Part X, li	ne 21.	, , , , , , , , , , , , , , , , , , ,			01111 00	o, raitiv,	
1a	Is the organization an agent, trustee	, custo dian or oth	er intermedia	ry for o	contribution	s or of	ther assets not	_	, , , , , , , , , , , , , , , , , , ,	
b	included on Form 990, Part X? If "Yes," explain the arrangement in	Don't VIV and save	, , , , , , , , , , , , , , , , , , ,					[Yes	No
Ŋ	ir res, explain the arrangement in	Part XI V and com	piete the folic	wing t	able:					
	Paginning balance						A	mount		
2	Beginning balance					1c	······································			
	Additions during the year					1d				
e f	Distributions during the year					1e				
	Ending balance				• • • • • [1f	· · · · · · · · · · · · · · · · · · ·			
2d	Did the organization include an amount "Yes," explain the arrangement in l	unton Form 990,	Part X, line 2	217 ,					Yes	No
			41	. 1 115 7	. 11 (***				
Par	t V Endowment Funds. Com									
1a	Beginning of year balance	(a) Current year	(b) Prior ye	ar	(c) Two yes	ars back			(e) Four yea	
h	Contributions	2,559,985.	2,449,	604.	2,39	93,545	. Verilia de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composici		isian ne da	AL SHOW
0	Net investment earnings, gains,	250,000.						a Salah.	Walter!	
·	and losses	ŀ								
ب	Grants or scholarships	-12,002.	250,	381.		6,059	. I in the second		Nation Hart	district.
e	Other expenditures for facilities .								tre lada	Mig. Vi.
Ð								(10775) 医性分泌性炎 (c.)		
£	and programs		140,	000.				Twee Court	Waladia	
	Administrative expenses		·-· ,							
g	End of year balance	2,797,983.	2,559,	985.	2,44	9,604				
2	Provide the estimated percentage of									
a	Board designated or quasi-endowme	ent ► 0.000	0_%							
D	Permanent endowment ► 100.00									
	Term endowment ► 0.0000 9									
за	Are there endowment funds not in the	e pos session of t	ne organizati	on tha	t are held a	ind adi	ministered for the	€		
	organization by: (i) Unrelated organizations								Yes	
									3a(i)	X
	(ii) related organizations			• • •					3a(ii)	X
	If "Yes" to 3a(ii), are the related organ					• • •			3b	
4	Describe in Part XIV the intended use									
Pari				t X, lin	ie 10.					
	Description of Investment		r other basis stment)	(b) Co	st or other bas (other)	is (c) Accumulated depreciation	(d) Book value	
1a	Land					膜照				
b	Buildings									
C	Leasehold improvements		0.	2	,273,10	4.	1,109,923.	· · · · · · · · · · · · · · · · · · ·	1,163,	181.
d	Equipment		0.		,058,72		8,009,198.	,	4,049,	
	Other		0.	1	,358,15	6.	1,241,206.	''	116,	
	. Add lines 1a through 1e. <i>(Column (</i>		n 990, Part X	, colun	nn (B), line	10(c).)		5,329,	
							· · · · · · · · · · · · · · · · · · ·	Schedu	le D (Form 99	

Part VII	Investments - Other Securities.	See Form 990 Ps	rt X line 12	โดยเกล้าใช้เหลียงเพลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเกลาสายเก	гаве с
		(b) Book		(c) Method of	valuation:
	Description of security or category (including name of security)			Cost or end-of-yea	r market value
(1) Financial	derivatives			······································	· ·
	eld equity interests			······································	mmhikajikaanandiihiikkittaamiikaaniinaanaanaanaana
(3) Other				38 4411144888411888888411111481 2444	a manana manantika makamata mankanta manata malaka malaka
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(D)				<u></u>	онияниямення ч ення чення подера долиги подера времення
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(F)			innumer.	Augure de la company de la	, aluksistanis, ikuminini <u>ma</u>anila ammininikani ammininikan ak ki n a s
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(<u>H)</u>			- Carrier - Carr	and the state of t	
(1)			······································		······································
) must equal Form 990, Part X, col. (B) line 12.,			<u>unique un minimum de la companya de</u>	
The state of the s	nvestments - Program Related			with the state of	
***************************************	(a) Description of investment type	(b) Book	value	(c) Method of v Cost or end-of-yea	valuation: r market value
(1)	- Annual Company of the Company of t		- Himmint, Kint	***************************************	**************************************
(2)		***************************************		(40) Hardiscopering and the second se	nagan na
(3)	такан жана жана жана жана жана жана жана		***************************************	HIKHHIPPHANANANANANANANANANANANANANANANANANANA	
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(6)	шиштельный наказательный проделений наказательный проделений наказательный проделений наказательный проделений на		**************************************	······································	CONTRACTOR OF THE PROPERTY OF
(7)	The second secon			***************************************	······································
(8)	The state of the s	ile de la companya de		**************************************	Alle Andrews A
(9)		***************************************			
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) must equal Form 990, Part X, col. (B) line 13.)		L.	para-sany para-sanyana manana man	างการการการการการการการการการการการการการก
Part IX	Other Assets. See Form 990, Pa		idadiadalaskiskismoopaanaanii jaaniisioonini		(h) Dankarahan
(1)		(a) Description	and the second s	**************************************	(b) Book value
(2)	mukkihleette poolutus	**************************************		**************************************	
(3)	MERCHANIC PROPERTY AND	иканпвинципиновород родинальна сайтава		**************************************	***************************************
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(8)	www.tataupuniammannononononononononononononononononon			Daniel Company	***************************************
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(10)				 	
) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990,		A COMPANY OF THE PARTY OF THE P		
1.	(a) Description of liability	marinaman managan mana) Amount	, which is a second control of the second co	KANNING PROPERTY OF THE PROPER
***************************************	income taxes	***************************************	0.		
(2)					
(3)					
(4)		инеции	<u> </u>		and the first of the
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(6)	the state of the s	**************************************			
_(7)		**************************************			
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(9)	white the state of		ui.cobi.esceppati.esc _p p		
<u>(10)</u> (11)		***************************************	***************************************		
and the same of th	(b) must equal Form 990, Part X, col. (B)	line 25.) ▶	0.		
WWW. CONTRACTOR CONTRA	C 740) Footbate In Bort VIV provide	митарыями мененаный польта		rizationia financial atatawa:	to that rangets the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form

	ule D (Form 990) 2010	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	97,212,260.
2	Total expenses (Form 990, Part IX, column (A), line 25)	98,147,301.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-935,041
4	Net unrealized gains (losses) on investments	116,903
5	Donated services and use of facilities	
6	Investment expenses 6	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	116,903.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-818,138.
Part		
1	Total revenue, gains, and other support per audited financial statements	1 97,651,915.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a		
		1 /20
b	(i)	
C	· · · · · · · · · · · · · · · · · · ·	
d	Other (Describe in Part XIV.)	2e 439,655.
. 0		
3		<u>3</u> 97,212,260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	N. 10.3 N. 10.3
þ	Other (Describe in Part XIV.)	i ai
С		lc
5	Total to to last a total	5 97,212,260.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1	Total expenses and losses per audited financial statements	<u>1</u> 98,470,053.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a 322,752.	A.
b	Prior year adjustments 2b	
C	Other losses 2c	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	e 322,752.
3	Subtract line 2e from line 1	3 98,147,301.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
·a	Investment expenses not included on Form 990, Part VIII, line 7b	
b		
C		lc
5		5 98,147,301.
Part		3 30/11//301.
Comp Part V any ac	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 4; Part XI, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the information. PAGE 5	nis part to provide
pang adag adag \$100 i		

Schedule D (Form 990) 2010

SCHDEULE D, PART V, LINE 4

THE ENDOWMENT FUND REPRESENTS THOSE FUNDS THAT ARE DESIGNATED FOR THE LONG-TERM BENEFIT OF THE SOCIETY AND ARE NOT TO BE USED FOR OPERATING OR CAPITAL PURPOSES. HOWEVER, ENDOWMENT FUND EARNINGS MAY BE USED FOR OPERATING AND CAPITAL PURPOSES.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS ANALYZED THE TAX POSITIONS IT HAS TAKEN AND HAS CONCLUDED THAT, AS OF SEPTEMBER 30, 2011, THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN OR ARE EXPECTED TO BE TAKEN. ACCORDINGLY, NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS HAVE BEEN ACCRUED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

NATIONAL HEADQUARTERS IS SUBJECT TO AUDITS BY TAXING JURISDICTIONS;
HOWEVER, NO AUDITS FOR ANY TAX PERIODS ARE CURRENTLY IN PROGRESS.

MANAGEMENT BELIEVES THAT THE NATIONAL HEADQUARTERS IS NO LONGER SUBJECT
TO SUCH AUDITS FOR YEARS ENDED ON OR PRIOR TO SEPTEMBER 30, 2007 UNDER
FEDERAL AND OTHER STATE TAX JURISDICTIONS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

The second secon

Employer identification number

NATIONAL MULTIPLE SCLEROSIS SOCIETY 13-5661935 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (e) If activity listed in (d) is a program service, describe specific type of (a) Region (b) Number of (c) Number of (f) Total offices in the region (by type) (e.g., expenditures for employees, agents, and independent region fundraising, program and investments services, investments, service(s) in region In region contractors grants to recipients located in the region) in region (1) EAST ASIA AND THE PACIFIC GRANTMAKING 0. 716,144. (2) EUROPE ο. GRANTMAKING 1,012,806. (3) NORTH AMERICA 0. GRANTMAKING 95,806. (4) MIDDLE EAST AND NORTH AFRICA ٥. GRANTMAKING 40,000. (5) (6) (7) (8) (9) (11) (12)(13)(14) (15) (16) (17) 3a Sub-total 1,864,756. The same of the sa Total from continuation sheets to Part I

c Totals (add lines 3a and 3b) 0. 0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2010

1,864,756.

age 2

Schedule F (I	Schedule F (Form 990) 2010
Part II	drill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Part II can be duplicated if additional snace is needed

	(t) Description valuation of non-cash (book, FMV, appraisal, other)				ONE CONTRACTOR AND CO		*************************************			4 Annual Control of the Control of t					The second secon		
-	of (g) Amount of non-cash assistance	shtudhud			:		-				C.					A company of the comp	
	(f) Manner of cash disbursement	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK	CHECK		200
	(e) Amount of cash grant	249,550.	138,364.	27,500.	91,475.	133, 593.	116,972.	95,806.	77, 101.	62,480.	248,492.	17,775.	77,021.	61,600.	187,500.		603 67
	(a) Furpose of grant	FAST FORWARD	FAST FORWARD	FAST FORWARD	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	FAST FORWARD		50 S S S S S S S S S S S S S S S S S S S
	(c) region	EUROPE/ICELAND/GREENLAND	EUROPE/ICELAND/GREENLAND		EUROPE/ICELAND/GREENLAND	ERST ASIA/PACIFIC	EUROPE/ICELAND/GREENLAND	NORTH AMERICA	EUROPE/ICELAND/GREENLAND	EUROPE/ICELAND/GREENLAND	FAST ASIA/PACIFIC	EAST ASIA/PACIFIC	EUROPE/ICELAND/GREENLAND	EUROPE/ICELAND/GREENLAND	EAST ASIA/PACIFIC		When acta/barters
201 FA	section and EIN (if applicable)			A Company of the Comp		A Page 1	ontary ten										
f Nome of concession	(4) Name of organization	(i)	(2)	(3)	(4)	(5)	(9)	(II)	(8)	(6)	(10)	(0)	(12)		(14)		(15)

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2010

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Page 2

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	Other A	5, for a	duplic
0	and C	, line 1	can be
1990) 201	Grants	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	Part II can be duplicated if additional space is needed.
Schedule F (Form 990) 2010	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990		_
Schedul	Part		

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal,
(0)		MIDDLE EAST/NORTH AFRICA	RESEARCH	40,000	CHECK			Cerea)
(2)		EUROPE/ICELAND/GREENLAND	RESEARCH	43,370.	CHECK			
(3)		EUROPE/ICELAND/GREENLAND	RESEARCH	67,373.	CHECK			
(4)								
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(8)								
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(4)								
(12)								
(13)								
(14)								
(15)			4 iu					
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities 7 3

Schedule F (Form 990) 2010 16.

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010

Part III Grants au

ו מוניוו למון סם תתחוולמופת זו מתתוונו זמ מכב וא וופבתבת.	חוו שתחונוטוו	al space is lieeded.						
(a) Type of grant or assistance	·	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)	,							
(3)								
(4)								
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(2)								
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(15)								
(16)								
(17)								
(18)					·			
							Sche	Schedule F (Form 990) 2010

CONTOGG	ia F (Form 990) 2010		rayo -
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Pertnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Part V

Supplemental Information

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

FORM 990, SCHEDULE F, PART I, LINE 2

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

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

► Attach to Form 990.

2010	Open to Public	Inspection	Employer Identification number
			Employer Iden

13-5661935

NATIONAL MULTIPLE SCLEROSIS SOCIETY Name of the organization

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

2 T

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Part II

1 (a) Name and address of organization (b) EIN	(b) EIN	(c) IRC section	(d) Amount of cash grant (e) Amount of non-cash	(e) Amount of non-cash	(f) Method of valuation (book FMV appraisal	(g) Description of	(h) Purpose of grant
		il applicable		assistance	other)	non-cash assistance	or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE							
500 W 185 ST. NEW YORK, NY 10033	13-2937352	501(C) (3)	97,878.				GENERAL RESEARCH SUP
(2) BETH ISRAEL DEACONES MEDICAL CENTER							
330 BROOKLINE AVE. BOSTON, MA 02215	04-2103881	501 (C) (3)	165,628.				GENERAL RESEARCH SUP
(3) BAYLOR COLLEGE OF MEDICINE							
ONE BAYLOR PLAZA, RM 600D HOUSTON, IX 77030	74-1613878	501(C) (3)	99,456.				GENERAL RESEARCH SUP
(4) BENAROYA RESEARCH INSTITUTE AT VIRGINIA MAS							
1201 9TH AVE SEATTLE, WA 98101-2795	91-1351110	501 (C) (3)	150,323.				GENERAL RESEARCH SUP
(5) BLOODCENTER OF WISCONSIN							
8728 WATERTOWN PLANK ROAD, P.O. BOX 2178	39-0807235	501 (C) (3)	146,908.				GENERAL RESEARCH SUP
(6) BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE							
11301 WILSHIRE BOULEVARD	95-4183712	501 (C) (3)	280,863.				GENERAL RESEARCH SUP
(7) BRIGHAM AND WOMEN'S HOSPITAL							
P.O. BOX 3149 RESEARCH MANAGEMENT	04-2312909	501 (C) (3)	2,103,606.				GENERAL RESEARCH SUP
(8) CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVENUE, UNIVERSITY WEST BUILDI	34-1018992	501 (C) (3)	197,441.				GENERAL RESEARCH SUP
(9) CENTER FOR SOCIAL INNOVATION							
189 WELLS AVE NEWTON CENTRE, MA 02459	87-0763049		73,450.				GENERAL RESEARCH SUP
(10) CHILDREN'S HOSPITAL OF PHILADELPHIA							
	23-1352166	501 (C) (3)	165,266.				GENERAL RESEARCH SUP
(11) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENT							
3333 BURNET AVENUE, MLC 5000	31-0833936	501 (C) (3)	39,039.				GENERAL RESEARCH SUP
(12) CLEVELAND CLINIC FOUNDATION							
60	91-2153073	501 (C) (3)	1,725,483.				GENERAL RESEARCH SUP
2 Enter total number of section 501(c)(3) and government organizations	ernment orga	nizations			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3 Enter total number of other organizations		•					1

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

Schedule I (Form 990) (2010)

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SCHEDULE (Form 990) Department of the Treasury

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

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection 2010

Employer Identification number

13-5661935

Internal Revenue Service Name of the organization NATIONAL MULTIPLE SCLEROSIS SOCIETY

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

2

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

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1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COGNOSCI, INC.							
79 TW ALEXANDER DRIVE, P.O. BOX 110606	56-2208520		165,000.				FAST FORWARD
(2) COLUMBIA UNIVERSITY							
615 W. 131 STREET, STUDEBAKER BLDG., 4TH FL	13-5598093	501 (C) (3)	52,587.				GENERAL RESEARCE SUP
(3) DANA FARBER CANCER INSTITUTE							
44 BINNEY ST STE BP414 BOSTON, MR 02115	04-2263040	501(C) (3)	246,781.				GENERAL RESEARCH SUP
(4) DARTHOUTH COLLEGE							
11 ROPE FERRY ROAD, #6210	02-0222111	501 (C) (3)	237, 432.				GENERAL RESEARCE SUP
(5) DELTA QUEST FOUNDATION							
31 MITCHELL RD. CONCORD, MA 01742	04-3490583	501(C) (3)	44,000.				GENERAL RESEARCH SUP
(6) DREXEL UNIVERSITY							
P.O. BOX 95000-1090 COMMERCE BANK	23-1352630	501(C) (3)	154,748.		:		GENERAL RESEARCH SUP
(7) DUKE UNIVERSITY							
PO BOX 104135 DURHAM, NC 27708	56-0532129	501(C) (3)	184,176.				GENERAL RESEARCH SUP
(8) EMORY UNIVERSITY							
RICHARD THOMPSON, DIRECTOR OF SPONSORED RES	58-0566256	501 (C) (3)	73,816.				GENERAL RESEARCH SUP
(9) FRED HUTCHINSON CANCER RESEARCH CENTER							
1100 FAIRVIEW AVENUE, NORTH D1-100, PO BOX	23-7156071	501 (C) (3)	225,003.				GENERAL RESEARCH SUP
(10) GEORGETOWN UNIVERSITY MEDICAL CENTER							
BOX 571164 WASHINGTON, DC 20057-1164	53-0196603	501 (C) (3)	111,837.				GENERAL RESEARCH SUP
(11) HARVARD UNIVERSITY							
PO BOX 415649 BOSTON, MA 02241-5649	42-2103580	501 (C) (3)	471,107.				GENERAL RESEARCH SUP
(12) HOPE COLLEGE							
141 E 12 ST HOLLAND, MI 49423	38-1381271	501 (C) (3)	32,487.				GENERAL RESEARCH SUP
2 Enter total number of section 501(c)(3) and government or	ernment orga	anizations					
3 Enter total number of other organizations							1

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

Schedule I (Form 990) (2010)

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SCHEDULE

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OMB No. 1545-0047 2010

Open to Public Inspection

(Eorm 990)	y	rans a	na Omer /	Jeants and Other Assistance to Organizations,	to Organiza	tions,	1_	
(000 1110 1)	Ğ	vernme	nts, and Ir	Governments, and Individuals in the United States	n the United	States		201
Department of the Treasury Internal Revenue Service	Сощр	lete if the or	yanization answ ▶ Att	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	m 990, Part IV, line	21 or 22.		Open to Pu Inspectio
Name of the organization							Employer Identification number	tion number
NATIONAL MULTI	NATIONAL MULTIPLE SCLEROSIS SOCIETY	K					13-5661935	2
Part I General In	Part General Information on Grants and	Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	antiate the ar	nount of the gra	nts or assistance, the	he grantees' eligibil	lity for the grants or a	issistance, and	
the selection criter 2 Describe in Part N	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's monadures for monitoring the use of grant funds in the Initial States.	assistance?		ont finds in the Hai	itod Ctates			☐ Yes
			is in sen sin Sir		ieu olaies.			
Fartill Grants and Form 990, Il can be di	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments apient that a	and Organiza eceived more	tions in the Unit than \$5,000. Ch	ed States. Comp eck this box if no	lete if the organizatione rece	ation answered "Y sived more than \$	α.
1 (a) Name and or or	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose or assist:
(1) HUNTER COLLEGE		· · · · · · · · · · · · · · · · · · ·				fiorno		
695 PARK AVENUE ROOM E1424	100M E1424	13-3598671	501 (C) (3)	151,818.				GENERAL RESI
(2) JOHNS HOPKINS UNIVERSITY	VERSITY							
1101 EAST 33RD ST	EAST 33RD STREET SUITE D200	52-0595110	501 (C) (3)	613,255.			;	GENERAL RESE
(3) KESSLER FOUNDATION RESEARCH CENTER	N RESEARCH CENTER							
300 EXECUTIVE DRIVE, SUITE 150	VE, SUITE 150	76-0637670	501 (C) (3)	189,310.				GENERAL RESI
-(4) M. D. ANDERSON CA	(4) M. D. ANDERSON CANCER CENTER - UNIV. OF TEX							
1515 HOLCOMBE BLVD, UNIT 202	D, UNIT 202	74-6000203	501 (C) (3)	48,925.				GENERAL RESE
(5) MASSACHUSETTS GENERAL HOSPITAL	ERAL HOSPITAL							
50 STANIFORD STREET, SUITE 1001	ET, SUITE 1001	04-1564655	501 (C) (3)	555,811.				GENERAL RESE
(6) MAYO CLINIC ROCHESTER	STER							
200 FIRST STREET	200 FIRST STREET SW ROCHESTER, MN 55905	41-1937751	501 (C) (3)	583, 692.				GENERAL RESE
(7) MISSISSIPPI STATE UNIVERSITY	UNIVERSITY				•			
P.O. BOX 5227 MIS	P.O. BOX 5227 MISSISSIPPI STATE, MS 39762	64-6000819	501(C) (3)	73,256.				GENERAL RESE
(8) MOUNT SINAL SCHOOL OF MEDICINE	OF MEDICINE							
185 S. ORANGE AVENUE, MSB F607D	NUE, MSB F607D	13-6171197	501 (C) (3)	282,950.				GENERAL RESE
×ι								
1 GUSTAVE L LEVY	GUSTAVE L LEVY PL NEW YORK, NY 10029	13-1624096	501(C) (3)	16,250.				GENERAL RESE
(10) NEW JERSEY MEDICAL SCHOOL/UMDNJ	T SCHOOL/UMDNJ	W. 100 cm						
185 S. ORANGE AVENUE, MSB F607D	NUE, MSB F607D	22-1775306	501(C) (3)	238, 528.				GENERAL RESE
(11) NEW YORK UNIVERSITY	TY	Mary and a second						
PO BOX 415026 BOSTON,	TON, MA 02241-5026	13-5562308	501 (C) (3)	513,869.		·		GENERAL RESE
(12) NORTHWESTERN UNIVERSITY	ERSITY							
	CROWN ROOM G-547	36-2167817	501(C) (3)	548,463.				GENERAL RESE
	Enter total number of section 501(c)(3) and government organizations	mment orga	nizations				•	
3 Enter total number	Enter total number of other organizations						A	
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	actions for F	orm 990.				Sched	Schedule I (Form 990)

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Schedule I (Form 990) (2010)

SENERAL RESEARCH SUP

SENERAL RESEARCH SUP

(h) Purpose of grant or assistance

0E12882.003 622Z F253

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part | General Information on Grants and Assistance

NATIONAL MULTIPLE SCLEROSIS SOCIETY

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number 13-5661935

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tantiate the a	mount of the gra	ints or assistance, th	ne grantees' eligibi	lity for the grants or a	ssistance, and	[
	or assistance?		• • • • • • • • • •				Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for monitor	ing the use of gr	ant funds in the Uni	ted States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	vernments	and Organiza	tions in the Unit	ed States. Com	olete if the organiza	fion answered "Ye	s" to
Form 990, Part IV, line 21, for any recipient that record is the state of additional space is needed	cipient that	received more	than \$5,000. Che	eck this box if no	that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part eded	ived more than \$5	,000. Part
1 (a) Name and address of organization or government	(B) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance		(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OHIO STATE UNIVERSITY					OU REL		
1960 KENNY ROAD, 4TH FLOOR	31-6025986	501(C) (3)	216,568.				GENERAL RESEARCH SITE
(2) OREGON HEALTH & SCIENCE UNIVERSITY							
2525 SW FIRST AVENUE, SUITE 220	93-1176109	501 (C) (3)	883,444.				GENERAL RESEARCH SITE
(3) ROCKY MOUNTAIN MULTIPLE SCLEROSIS CENTER							
710 EAST HAMDEN AVENUE ENGLEWOOD, CO 80113	84-0795455	501 (C) (3)	235, 683.				GENERAL RESEARCE SUP
(4) RII INTERNATIONAL, WALTHAM							
1440 MAIN ST., SUITE 310 WALTHAM, MA 02451	56-0686338		148,152.				GENERAL RESEARCH SUP
(5) RUSH UNIVERSITY MEDICAL CENTER							
1700 W VAN BUREN CHICAGO, IL 60612	36-2174823	501 (C) (3)	268,671.				GENERAL RESEARCH SUP
(6) ST. JUDE CHILDREN'S RESEARCH HOSPITAL							
332 NORTH LAUDERDALE MEMPHIS, TN 38105	62-0646012	501(C) (3)	39,244.	:			GENERAL RESEARCH SUP
(7) ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE							
3839 LINDELL BLVD. LOUIS, MO 63108	43-0654872	501(C) (3)	171,875.				GENERAL RESEARCH SUP
(8) STANFORD UNIVERSITY							
WELLS FARGO BANK	94-1156365	501 (C) (3)	576,047.				GENERAL RESEARCH SUP
(9) STATE UNIVERSITY OF NEW YORK AT BUFFALO							
PO BOX 9 ALBANY, NY 12201-0009	14-1368361	501 (C) (3)	723,428.				CENERAL RESEARCH SUP
(10) STATE UNIVERSITY OF NEW YORK AT STONY BROOK							
W5510 MELVILLE LIBRARY	11-6077945	501(C) (3)	723,246.				GENERAL RESEARCH SUP
(11) TEXAS ASM UNIVERSITY							
COLLEGE STATION, TX 79016	74-2245072	501 (C) (3)	12,568.				GENERAL RESEARCH SUP
(12) THE CHILDREN'S HOSPITAL CORPORATION							
RESEARCH FINANCE- PO BOX 414413	04-2780811	501(C) (3)	237,294.				GENERAL RESEARCH SUP
	remment orga	organizations	•			A ::::::::::::::::::::::::::::::::::::	
3 Enter total number of other organizations						4 · · · · · · · · · · · · · · · · · · ·	
For Paperwork Reduction Act Notice, see the Instructions	ructions for F	for Form 990.				Schedu	Schedule I (Form 990) (2010)

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

545-0047	9	
OMB No. 15	20	

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

► Attach to Form 990.

2010	Open to Public Inspection

Employer Identification number 13-5661935

General Information on Grants and Assistance

NATIONAL MULTIPLE SCLEROSIS SOCIETY

SENERAL RESEARCH SUP SENERAL RESEARCH SUP ENERAL RESEARCH SUP SENERAL RESEARCH SUP ENERAL RESEARCH SUP SENERAL RESEARCH SUP ENERAL RESEARCH SUP SENERAL RESEARCH SUP SENERAL RESEARCH SUP SENERAL RESEARCH SUP SENERAL RESEARCH SUP å (h) Purpose of grant or assistance AST FORWARD Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part Yes (g) Description of non-cash assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 145,276. 43,981. 148,616. 293,090. 139,895. 435,619. 217,902. 155,460. 42,991. 84,107 63, 557 158,254 (c) IRC section if applicable 501 (C) (3) 01(C) (3) 501(C) (3) 501(C) (3) 501(C) (3) 501 (C) (3) 501 (C) (3) 501(C) (3) 501 (C) (3) 501(C) (3) Enter total number of section 501(c)(3) and government organizations Il can be duplicated if additional space is needed the selection criteria used to award the grants or assistance? 05-0258905 42-0796760 63-6005396 52-1640403 94-6036494 53-0207336 23-7010680 23-7203666 33-0435954 63-6005396 22-1775306 (D) EIN (5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (8) UNIFORMED SERVICES UNIVERSITY OF THE HEALTH (11) UNIVERSITY OF ALABAMA AT BIRMINGHAM, PEDIAL SCHOOL OF MEDICINE, 1600 7TH AVENUE SOUTH, 65 BERGEN STREET, SSB 5TH FLOOR, ROOM 550 (7) UMDNJ-ROBERT WOOD JOHNSON MEDICAL SCHOOL 1850 RESEARCH PARK DRIVE DAVIS, CA 95618 Enter total number of other organizations (1) THE CHILDREN'S NATIONAL MEDICAL CENTER 164 SUMMIT AVE, PROVIDENCE, RI 02906 (2) THE J. DAVID GLADSTONE INSTITUTES (10) UNIVERSITY OF ALABAMA AT BIRMINGHAM (12) UNIVERSITY OF CALIFORNIA, BERKELEY (a) Name and address of organization or government 4301 JONES BRIDGE ROAD, ROOM B2050 MICHIGAN AVENUE, NW, ROOM 5340 402 CROFTS HALL BUFFALO, NY 14260 JESSUP HALL IOWA CITY, IA 52242 (4) THE SCRIPPS RESEARCH INSTITUTE 701 20TH STREET SOUTH, AB 1170 10550 NORTH TORREY PINES ROAD GRANTS AND CONTRACTS OFFICER (6) THE UNIVERSITY OF LOWR. (9) UNIVERSITY AT BUFFALO (3) THE MIRIAM HOSPITAL Part II

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

Schedule I (Form 990) (2010)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047 201

Open to Public Inspection

► Attach to Form 990.

Employer Identification number 13-5661935 Š

Part I General Information on Grants and Assistance NATIONAL MULTIPLE SCLEROSIS SOCIETY

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e organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tion criteria used to award the grant	e in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Doe:	the select	2 Dest

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be dimiticated if additional space is needed

il can be duplicated if additional space is need	ce is needed						A
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALLFORNIA, DAVIS							
1441 RESEARCH PARK DRIVE DAVIS, CA 95616	946036494	501(C) (3)	144,649.				GENERAL RESEARCH SID
(2) UNIVERSITY OF CALIFORNIA, IRVINE							
111 ACADEMY WAY, SUITE 210	95-2226406	501(C) (3)	409,511.				CENERAL RESERVED SITE
(3) UNIVERSITY OF CALIFORNIA, LOS ANGELES							TOTAL TOTAL TOTAL SOF
OFFICE OF CONTRACTS & GRANTS, MC 951406	95-6006143	501 (C) (3)	1,544,647.		•		GENERAL, RESEARCH SITE
(4) UNIVERSITY OF CALIFORNIA, SAN DIEGO							
9500 GIIMAN DR. LA JOILA, CA 92093	95-6006144	501 (C) (3)	26,739.				GENERAL RESEARCH SITE
(5) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO							
1855 FOLSOM STREET	94-6036493	501 (C) (3)	1,484,265.				GENERAL RESEARCH SITE
(6) UNIVERSITY OF CHICAGO							
970 EAST 58TH STREET CHICAGO, IL 60637	36-2177139	501 (C) (3)	206,389.				GENERAL RESEARCH SUP
(7) UNIVERSITY OF COLORADO DENVER							
ANSHUTZ MEDICAL CAMPUS, BLGD. 500, PO BOX 6	84-6000555	501(C) (3)	260,460.	,			GENERAL RESEARCH SUP
(8) UNIVERSITY OF CONNECTICUT HEALTH CENTER	in 10000-1						
263 FARMINGTON AVENUE	66-070722	501 (C) (3)	245,191.				GENERAL RESEARCH SUP
(9) UNIVERSITY OF ILLINOIS AT CHICAGO							
P.O. BOX 20787 SPRINGFIELD, IL 62708-0787	37-6000511	501(C) (3)	488, 484.				GENERAL RESEARCH SUP
(10) UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN							
PO BOX 4610 SPRINGFIELD, IL 62708-4610	37-6000511	501 (C) (3)	275,867.				GENERAL RESEARCH SUP
(11) UNIVERSITY OF KANSAS MEDICAL CENTER							
3901 RAINBOW BOULEVARD, BLDG 37	48-1108830	501(C) (3)	144,195.				GENERAL RESEARCH SUP
(12) UNIVERSITY OF KENTUCKY							
109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	501 (C) (3)	151,236.				GENERAL RESEARCH SUP
2 Enter total number of section 501(c)(3) and government organizations	remment organ	nizations				•	
3 Enter total number of other organizations							

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

Schedule I (Form 990) (2010)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public 2010

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Employer identification number 13-5661935

	ssistance
SOCIETY	ints and A
SCLEROSIS	ation on Gra
MULTIPLE	neral Inform
NATIONAL !	Part Ger

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

il cari de duplicated il additional space is needed	se is neede						A
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF LOUISVILLE					5575		
MED CENTER ONE LOUISVILLE, KY 40292	23-7078461	501(C) (3)	226,050.				CENERAL RESEARCH SHD
(2) UNIVERSITY OF MARYLAND							
737 WEST LOMBARD STREET, P.O. BOX 41428	52-6002033	501(C) (3)	133,412.				GENERAL RESERRER
(3) UNIVERSITY OF MASSACHUSETTS, AMHERST							
OFFICE OF GRANTS & CONTRACTS- 70 BUTTERFIEL	54-2084125	501(C) (3)	110,359.				GENERAL RESEARCH SID
(4) UNIVERSITY OF MICHIGAN, ANN ARBOR							
3003 S. STATE STREET, ROOM 1054	38-6006309	501(C) (3)	473, 437.				GENERAL RESEARCH SITE
(5) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL							
P.O. BOX 462410 ATLANTA, GA 30384-2420	56-6001393	501 (C) (3)	760, 673.				GENERAL RESEARCH STIP
(6) UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM							
3451 WALNUT STREET, FRANKLIN BUILDING, ROOM	31-1538725	501 (C) (3)	624,557.				GENERAL RESEARCH SITE
(7) UNIVERSITY OF ROCHESTER MEDICAL CENTER	·····						
518 HYLAN BLDG., BOX 270140	16-0743209	501(C) (3).	195, 187.				GENERAL RESEARCH SUP
(8) UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE							
OFFICE OF RESEARCH & PROJECT ADMINISTRATION	16-0743209	501(C) (3)	144,249.				GENERAL RESEARCH SUP
(9) UNIVERSITY OF SOUTH ALABAMA							
307 UNIVERSITY BOULEVARD MOBILE, AL 36688	63-0477348	501 (C) (3)	137,500.		-		GENERAL RESEARCH SUP
(10) UNIVERSITY OF TEXAS AT EL PASO	y	<i>A</i>					
500 WEST UNIVERSITY AVE EL PASO, TX 79968	74-1894526	501(C) (3)	44,000.				GENERAL RESEARCH SUP
(11) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER.							
7000 FANNIN HOUSTON, TX 77030	74-1761309	501(C) (3)	76,323.				GENERAL RESEARCH SUP
(12) UNIVERSITY OF TEXAS AT SAN ANTONIO							
6900 NORTH LOOP, 1604 WEST	74-1717115	501(C) (3)	196,596.				GENERAL RESEARCH SUP
	emment orga	rganizations .	•	•		A	
3 Enter total number of other organizations		× * * * * * * * * * * * * * * * * * * *				A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for F	orm 990.				Schedul	Schedule I (Form 990) (2010)

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SCHEDULE I (Form 990)

Grants and Other Assista

OMB No. 1545-0047

(Form 990)	Grants and Curel Assistance to Organizations,		
(222	Governments, and Individuals in the United States	2010	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	Open to Public Inspection	blic n
Name of the organization		Employer Identification number	
NATIONAL MULTIPI	NATIONAL MULTIPLE SCLEROSIS SOCIETY	13-5661935	
Part General Info	Part General Information on Grants and Assistance		
 Does the organizati 	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	istance, and	
the selection criteria	the selection criteria used to award the grants or assistance?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		≧

Part II Grants and Other Assistance to Governments Form 990, Part IV, line 21, for any recipient that II can be duplicated if additional space is needed	vernments ecipient that one is needed	and Organiza eceived more	tions in the Unit	ed States. Compeck this box if no	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part	ition answered "Ye	s" to ,000. Part
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS MEDICAL SCHOOL-HOUSTON							
OFFICE OF RESEARCH HOUSTON, IX 77030	74-1761309	501 (C) (3)	304,237.				GENERAL RESEARCH SUP
(2) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE					*		
5323 HARRY HINES BOULEVARD, PO BOX 841753	74-1761309	501 (C) (3)	679,184.			:	GENERAL RESEARCH SUP
(3) UNIVERSITY OF VERMONT		:					
111 COLCHESTER AVE BURLINGTON, VT 05401	03-0225105	501 (C) (3)	12,119.				GENERAL RESEARCH SUP
(4) UNIVERSITY OF WASHINGTON							
12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501 (C) (3)	76,026.				GENERAL RESEARCH SUP
(5) UNIVERSITY OF WISCONSIN-MADISON							
RESEARCH & SPONSORED PROGRAMS	39-6006492	501 (C) (3)	780,683.				GENERAL RESEARCH SUP
(6) VETERANS ADMINISTRATION MEDICAL CENTER, POR							
PO BOX 69539 PORTLAND, OR 97239	94-3090170	501 (C) (3)	168,498.				GENERAL RESEARCH SUP
(7) VIRGINIA COMMONWEALTH UNIVERSITY							
PO BOX 843039 RICHMOND, VA 23284-3039	54-0757884	501(C) (3)	158, 636.				GENERAL RESEARCH SUP
(8) WASHINGTON UNIVERSITY							
700 ROSEDALE AVENUE, CAMPUS BOX 1034	23-7060605	501 (C) (3)	542,805.				GENERAL RESEARCH SUP
(9) WAYNE STATE UNIVERSITY	r						
5057 WOODWARD AVENUE, SUITE 13202	38-6028429	501 (C) (3)	435,434.				GENERAL RESEARCH SUP
(10) YALE UNIVERSITY							
PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C) (3)	204,734.				GENERAL RESEARCH SUP
(11)							
(12)							
							N
2 Enter total number of section 501(c)(3) and government organizations	remment orga	nizations .				•	.06
3 Enter total number of other organizations							4.
For Paperwork Reduction Act Notice, see the Instructions for		Form 990.				Schedu	Schedule I (Form 990) (2010)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4m						
2						
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ro.						
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7						
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	s part to provi	de the informatio	n required in P	art I, line 2, and any	other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2

THE SOCIETY UTILIZED A VOLUNTEER COMMITTEE OF RENOWNED SCIENTISTS AND

NEUROLOGISTS TO SELECT RESEARCH GRANTS FOR FUNDING IN THE U.S. AND ABROAD

ALL GRANTEES ARE REQUIRED TO PROVIDE SCIENTIFIC AND FINANCIAL PROGRESS

REPORTS ON A QUARTERLY BASIS WHICH ARE REVIEWED BY QUALIFIED STAFF. UPON

ACCEPTANCE OF THE PROGRESS REPORTS, PAYMENTS ARE DISBURSED TO GRANTEES.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ►See separate Instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Questions Regarding Compensation

Employer Identification number 13-5661935

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	W/ak	1	(%) SEAS \$ 6 (4)
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the house on line to one charlest that the second of the first			
D	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	All All Sign		#154 125 (135)
	explain	1b	i	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers.			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_		Fig.	主物	NEW YORK
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		113 26.57	lacinos. Oriestas
	organization's CEO/Executive Director. Check all that apply.			数数
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study		1.0	
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year did any person listed in Form 900, Part VIII. Section A line to with respect to the filing		y . A	
•	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:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	Mary 1		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	10.7.6	(artyai)	
а	The organization?	5a		Х
a	Any related organization?	5b		X
	if "Yes" to line 5a of 5b, describe in Part III.			UF IN
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:			
а	The organization?	6a		X
W	Any related diganizations	6b		X
	if "Yes" to line ba or bb, describe in Part !!!.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
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	8	1	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		
	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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, ine 1a.

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

		(B) Ereakdown	(B) Ereakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nonfaxable	(E) Total of columns	(F) Companying
(A) Name		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	6	452,368.	0	0.	0	14.982	467.350	
1 JOYCE NELSON	8			0	0.	0	~	
	€	199,760.	0	0	o	7,696.	207,456.	
2 LISA RISI	8			0	0	0	•1	0.0
	Ξ	255, 69		0	0	972.	256,667.	0
3 PAUL WEISS	€			0	0	0		0
	€	239,60		0	0	7,845.	247,450.	0
4 GRAHAM MCREYNOLDS	Ξ		0	0	0.	0	0	0
	6	226,237.		0	0	22,681.	248,918.	0
5 MAKK NEAGL1	8	0	0	0.	0.	0	0	0.
	ε	225,758.	0	0	0	864.	226,622.	0
6 CYNTHIA ZAGIEBOYLO		0	0	0	0	0.	0.	0
	0	217,226.	0	0.	0.	22,681.	239,907.	0
7 MICHAEL ELKOW	▣	0.	0	0	0	1	0.	-0
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Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Partification Supplemental Information explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service.

Name of the organization

NATIONAL MULTIPLE SCLEROSIS SOCIETY

Employer identification number

13-5661935

FORM 990, PART III, LINE 4D

PUBLIC EDUCATION REPRESENTS PROGRAMS CONDUCTED FOR THE PURPOSE OF
INFORMING AND ALERTING THE GENERAL PUBLIC ABOUT MULTIPLE SCLEROSIS AND
ITS EFFECTS, THE DISTRIBUTION OF LITERATURE AND OTHER MATERIALS DESIGNED
TO INCREASE THE PUBLIC'S AWARENESS AND KNOWLEDGE ABOUT THIS DISEASE,
INCLUDING COMPLEXITY AND VARIETY OF SYMPTOMS OR PHYSICAL CONDITIONS, PLUS
ALL OTHER COSTS OR EXPENSES WHICH DIRECTLY RELATE TO THE PERFORMANCE OF
HEALTH EDUCATIONAL SERVICE.

PROFESSIONAL EDUCATION AND TRAINING REPRESENTS ACTIVITIES OR PROGRAMS

DESIGNED TO IMPROVE THE KNOWLEDGE, SKILLS AND CRITICAL JUDGMENT OF

PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS ENGAGED (DIRECTLY OR

INDIRECTLY) IN PROVIDING CLIENT SERVICES BY KEEPING THEM ABREAST OF NEW

DIAGNOSTIC TECHNIQUES, THERPAIES, ETC.

FORM 990, PART VI, LINE 11A

A COPY OF THE FORM 990 AND ACCOMPANYING SCHEDULES IS PROVIDED TO THE AUDIT COMMITTEE WHO REVIEWS FIRST, PROVIDES COMMENTS, EDITS AND CORRECTIONS, THEN APPROVES FOR DISTRIBUTION TO THE BOARD, WHO IS GIVEN

TIME TO PROVIDE ANY COMMENTS OR EDITS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, LINE 12C

FORM 990, PART VI, LINE 15A AND 15B

ON AN ANNUAL BASIS, THE AUDIT COMMITTEE REVIEWS THE CONFLICT OF INTEREST FORMS FILED BY TRUSTEES, OFFICERS AND EMPLOYEES FOR POTENTIAL CONFLICTS.

WHERE POTENTIAL CONFLICTS EXIST, THE TRUSTEE, OFFICER, OR EMPLOYEE IS NOT ALLOWED TO PARTICIPATE IN ANY VOTE AND TRANSACTIONS ARE SUBJECT TO COMPETITIVE BIDDING. AT SEPTEMBER 30, 2011, NO CONFLICTS OF INTEREST HAVE BEEN IDENTIFIED.

THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF AT LEAST THREE

INDEPENDENT TRUSTEES DETERMINES THE COMPENSATION OF THE PRESIDENT AND

OTHER KEY EMPLOYEES. THE COMMITTEE IS PROVIDED WITH COMPARABLE SALARY

DATA FOR PRESIDENTS AND OTHER KEY POSITIONS AT OTHER VOLUNTARY HEALTH

AGENCIES OF SIMILAR BUDGET SIZE(S) AND NATIONAL INFLUENCE. IN ADDITION,

THE PRESIDENT'S PERFORMANCE IS EVALUATED ANNUALLY BY THE COMMITTEE OF

INDEPENDENT TRUSTEES. THE PRESIDENT OR HER DESIGNEE CONDUCTS PERFORMANCE

EVALUATIONS FOR THE OTHER KEY EMPLOYEES THE OUTCOME OF WHICH IS SHARED

FORM 990, PART VI, LINE 19

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

WITH THE COMPENSATION COMMITTEE TO HELP INFORM THEIR DECISIONS ABOUT

COMPENSATION.

Employer Identification number

FORM 990 PART XI LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

UNREALIZED GAIN - \$116,903

ADJUSTMENT (REDUCTION) OF OPENING NET ASSETS TO RECORD LIABILITIES

ARISING FROM PRIOR PERIOD - \$(2,522,444)

ATTACHMENT

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

			(C) POSITION	COMPENSATIO	N FROM	
	(A) NAME AND TITLE	(B) HOURS	(1)(2)(3)(4)(5)(6)	(D) ORG. (E) REL	ORG.	(F)OTHER
29	ROBERT SOWINSKI					
	DIRECTOR	5.00	X	0.	0.	0.
30	PETER TARRICONE					
	DIRECTOR	5.00	X	0.	0.	0.
31	JAMES TIDWELL					
	DIRECTOR	5.00	X	0.	0.	0.
32	MALCOLM WATTMAN		**************************************		Marine	PR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	DIRECTOR	5.00	X	0.	0.	0.
.33	DANIEL MESSINA					
	DIRECTOR	5.00	X	0.	0,	0.
34	LILY JUNG HENSON					
	DIRECTOR	5.00	X	0.	0.	0.
35	JEFFERY WESSEL					
	DIRECTOR	5.00	X	0.	0.	0.
36	LISA RISI					
	CHIEF FINANCIAL OFFICER	40.00	X	199,760.	0.	7,696.
37	PAUL WEISS					
	CHIEF OPERATING OFFICER	40.00	X	255,695.	0.	972.
38	GRAHAM MCREYNOLDS					
	EVP MARKETING AND DEVELOPMENT	40.00	X	239,605.	0.	7,845.
39	MARK NEAGLI					
	REGIONAL EVP	40.00	X	226,237.	0.	22,681.
40	CYNTHIA ZAGIEBOYLO					

Schedule O (Form 990 or 990-EZ) 2010					Page 2
Name of the organization		, ,	Employer	identification num	ber
NATIONAL MULTIPLE SCLEROS	IS SOCIETY				
					CONT'D)
EVP CHIEF FIELD OFFICE	R 40.00	X	225,758.	ο.	864.
41 MICHAEL ELKOW					
REGIONAL EVP	40.00	X	217,226.	0.	22,681.

ATTACHMENT 3

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE HOURS DEVOTED FOR RELATED	D ORGANIZATION
MINDY ALPERT	
DIRECTOR 0.00	
JOHN BJORNSON	
DIRECTOR 0.00	
MICHAEL BOGDONOFF	
DIRECTOR 0.00	
RONALD BOIRE	
DIRECTOR 0.00	
JIM CANTALUPO	
DIRECTOR 0.00	
DOUG COY	
DIRECTOR 0.00	
PETER GALLIGAN	
DIRECTOR 0.00	
WILLIAM GILLESPIE	
DIRECTOR 0.00	
JULIUS HOBSON	
DIRECTOR 0.00	
VANESSA HODGES	
DIRECTOR 0.00	
CAROL HOUGHTBY	
TREASURER 0.00	
MARY HUGHES	
DIRECTOR 0.00	
JULIE KAUFER	
DIRECTOR 0.00	
RICHARD KNUTSON	
DIRECTOR 0.00	
THOMAS KUHN	
CHAIRMAN OF THE BOARD 0.00	
FRED LUBLIN	
DIRECTOR 0.00	
CRAIG LYNCH	
DIRECTOR 0.00	
LINDA MCALEER	
SECRETARY 0.00	
AARON MILLER	
DIRECTOR 0.00	
BILL MONAHAN	

Schedule O (Form 990 or 990-EZ) 2010		Page 2
Name of the organization		Employer identification number
NATIONAL MULTIPLE SCLEROSIS SOCIETY	4844	
		ATTACHMENT 3 (CONT'D)
DIRECTOR	0.00	
JOYCE NELSON		
PRESIDENT AND CEO	0.00	
KEVIN O'SULLIVAN		
DIRECTOR	0.00	
BRUCE PFAU		
DIRECTOR	0.00	
KIMBERLY PHILLIPS		
DIRECTOR	0.00	
BRAD ROBBINS		
DIRECTOR	0.00	
ELI RUBENSTEIN		
DIRECTOR	0.00	
JOHN SIMONETTI		
DIRECTOR	0.00	
RICHARD SLIFKA		
DIRECTOR	0.00	
ROBERT SOWINSKI		
DIRECTOR	0.00	
PETER TARRICONE		
DIRECTOR	0.00	
JAMES TIDWELL		
DIRECTOR	0.00	
MALCOLM WATTMAN		
DIRECTOR	0.00	
DANIEL MESSINA		
DIRECTOR	0.00	
LILY JUNG HENSON	3.33	
DIRECTOR	0.00	
JEFFERY WESSEL	0.00	
DIRECTOR	0.00	
LISA RISI	0.00	
CHIEF FINANCIAL OFFICER	0.00	
PAUL WEISS	0.00	
CHIEF OPERATING OFFICER	0.00	
GRAHAM MCREYNOLDS	0.00	
EVP MARKETING AND DEVELOPMENT	0.00	
MARK NEAGLI		
REGIONAL EVP	0.00	
CYNTHIA ZAGIEBOYLO	0.00	
EVP CHIEF FIELD OFFICER	0.00	
MICHAEL ELKOW	0.00	
REGIONAL EVP	0.00	
MEGIOMITH EAL	0.00	

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Schedule O (Form 990 or 990-EZ) 2010 Name of the organization	Employer id	Pag entification number
NATIONAL MULTIPLE SCLEROSIS SOCIETY		
	ATTACHME	NT 4 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CONVIO, INC 11400 BURMET RD BLDG 5 STE 200 AUSTIN, TX 78752	DATA PROCESSING INFO	1,547,133.
EPSILON DATA MANAGEMENT L2751 COLUMBUS, OH 43260	DONOR INFO PROCESS	2,921,113.
INFOCISION MANAGEMENT CORP. 325 SPRINGSIDE DR AKRON, OH 44333	DATA PROCESSING	684,156.
MERKLE, INC. PO BOX 64897 BALTIMORE, MD 21264	DATA PROCESSING	8,306,486.
ACT, INC 101 ACT DR., P.O. BOX 4030 IOWA CITY, IA 52243	SCHOLARSHIP SERVICES	1,228,116.

TOTAL COMPENSATION

14,687,004.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

Related Organizations and Unrelated Partnerships

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

2010	Open to Public
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OMB No. 1545-0047

Employer identification number

13-5661935

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

	(a Name, address, and El	(a) Name, address, and EIN of disregarcied entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct controlling
(1) FASI	(1) FAST FORWARD LLC	26-1933619		(1)			Clinic
733 THI	733 THIRD AVENUE	NEW YORK, NY 10017	RESEARCH	DE	2,160,955.	3,156,114. N/A	N/A
(2)							
(3)							
(4)							
(5)							
(6)							
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ne organization ans	wered "Yes" on F	orm 990, Part IV	, line 34 becaus	e it had

(a)		(g)	(c)	(p)	(e)	8	9	
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	(2(b)(13) olled ty?
							Yes	N _o
(1)								
(3)								
(4)						:		
(9)								
(9)								
(2)								

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

Schedule R (Form 990) 2010

0E1307 1.000 83622Z F253

Schedule R (Form 990) 2010

(k) Percentage ownership (h) Percentage ownership Schedule R (Form 990) 2010 General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income å (h) Deprepartionals aborations? ×es (g) Share of end-of-year o assets (e)
Type of entity
(C corp., S corp,
or trust) (f) Share of total income (d) Direct controlling antity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or
foreign country) (b) Primary activity Direct controlling entity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN related organization Part III Part IV Ξ 3 3 9 9 <u>ම</u> 8 (1) 3 0 **£** 9 9 8

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			No. 188
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted organizations listed in	Parts II—IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			12
b Gift, grant, or capital contribution to other organization(s)			10
c Gift, grant, or capital contribution from other organization(s)			10
d Loans or loan guarantees to or for other organization(s)			14
e Loans or loan guarantees by other organization(s)			:: 1e
f Sale of assets to other organization(s)			
g Purchase of assets from other organization(s)			53
h Exchange of assets			4
i Lease of facilities, equipment, or other assets to other organization(s)			=
j Lease of facilities, equipment, or other assets from other organization(s)		***************************************	
k Performance of services or membership or fundraising solicitations for other organization(s)			; ;
l Performance of services or membership or fundraising solicitations by other organization(s)			=
m Sharing of facilities, equipment, mailing lists, or other assets			E
n Sharing of paid employees			‡
o Reimbursement paid to other organization for expenses			10
p Reimbursement paid by other organization for expenses			<u>e</u>
q Other transfer of cash or property to other organization(s)			- 1
r Other transfer of cash or property from other organization(s)	line, including covered rela	ationships and transaction thr	esholds.
(a)	(4)		9
Name of other organization	Transaction type (a-r)	(c) Amount involved	Method of determining amount involved
(1)			
(3)			
(4)			
	-		
(c)			
(9)			
ASC		S,	Schedule R (Form 990) 2010

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

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

		- 1	-				
(a) Name, address, and ElN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Are all partners section 501(c)(3)	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(fr) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes
(1)							
				ł			······································
(2)							
(3)							
(4)							
(9)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							,,
(13)							
(14)							
(15)			31,480				
					/-		
(16)					4- p		,
						Schedule R (Form 990) 2010	990) 2010

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Part VII

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).