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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organization**MULTIPLE SCLEROSIS FOUNDATION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6350 NORTH ANDREWS AVENUE

City or town, state or country, and ZIP + 4

FT. LAUDERDALE, FL 33309**F** Name and address of principal officer **ALAN SEGALOFF****6350 NORTH ANDREWS AVENUE, FORT LAUDERDALE,****D** Employer identification number**59-2792934****E** Telephone number**954-776-6805****G** Gross receipts \$**6,002,984.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MSFOCUS.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1986****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE PROGRAMS AND SUPPORT SERVICES TO THOSE PERSONS AFFECTED BY MS. (SEE SCHEDULE O FOR MORE)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	425
	6	Total number of volunteers (estimate if necessary)	6	6000
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,661,464.	Current Year 5,976,691.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,151.	26,293.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,725,615.	6,002,984.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	562,863.	486,541.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,718,111.	3,153,671.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	274,403.	256,333.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,370,173.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-1249)	2,380,281.	2,076,910.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,935,658.	5,973,455.
	19	Revenue less expenses Subtract line 18 from line 12	<210,043.>	29,529.
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,188,925.	End of Year 2,221,074.
	21	Total liabilities (Part X, line 26)	70,988.	73,608.
	22	Net assets or fund balances Subtract line 21 from line 20	2,117,937.	2,147,466.

Part II Signature Block

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

Sign Here

Signature of officer

Date

5/7/10**ALAN SEGALOFF, CO-EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

5/6/10Check if self-employed ☐Preparer's identifying number (see instructions)
100171625

Firm's name (or yours if self-employed), address, and ZIP + 4

CBIZ GOLDSTEIN LEWIN
1675 N. MILITARY TRAIL, FIFTH FLOOR
BOCA RATON, FL 33486

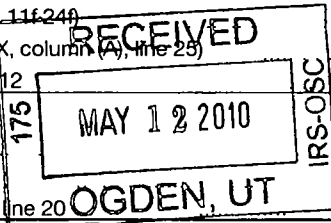
EIN ▶

Phone no. ▶ **(561) 994-5050**

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

☒ Yes ☐ No

SCANNED JUN 24 2010



6/10 21

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 198,797. including grants of \$ 63,813.) (Revenue \$)SEE SCHEDULE O**4b** (Code) (Expenses \$ 215,052. including grants of \$ 40,860.) (Revenue \$)SEE SCHEDULE O**4c** (Code) (Expenses \$ 96,750. including grants of \$ 38,700.) (Revenue \$)SEE SCHEDULE O**4d** Other program services (Describe in Schedule O)(Expenses \$ 3,639,668. including grants of \$ 343,168.) (Revenue \$)**4e** Total program service expenses ► \$ 4,150,267.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a 81		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 425		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	10
b Enter the number of voting members that are independent	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
MR. ALAN SEGALOFF, EXEC. DIR. - 954-776-6865
6350 NORTH ANDREWS AVENUE, FT LAUDERDALE, FL 33309

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JULES KUPERBERG EXECUTIVE DIRECTOR	40.00	X						99,109.	0.	0.
ALAN R. SEGALOFF EXECUTIVE DIRECTOR	40.00	X						99,109.	0.	0.
ERIC SCHENCK PRESIDENT	5.00	X		X				0.	0.	0.
MICHAEL AUSTIN VICE PRESIDENT	5.00	X		X				0.	0.	0.
CHARLES EADER TREASURER	5.00	X		X				0.	0.	0.
TRACI SEIDMAN SECRETARY	5.00	X		X				0.	0.	0.
JOHN BLACKSTOCK DIRECTOR	5.00	X						0.	0.	0.
GREGORY STEIN DIRECTOR	5.00	X						0.	0.	0.
WILLIAM MUNDY DIRECTOR	5.00	X						0.	0.	0.
WILLIAM SHEEHAN DIRECTOR	5.00	X						0.	0.	0.
DAVID SQUILLACOTE DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								198,218.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JADENT INC PO BOX 881, SALEM, OR 97308	CALL CENTER FOR WEST COAST	732,379.

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5976691.				
	g Noncash contributions included in lines 1a-1f \$		4,544.				
	h Total. Add lines 1a-1f			5976691.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			26,293.			26,293.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				6002984.	0.	0.	26,293.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	486,541.	486,541.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,072.	132,866.	69,322.	28,884.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,922,599.	2,005,349.	169,006.	748,244.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	8,648.		8,648.	
c Accounting	24,500.		24,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	256,333.			256,333.
f Investment management fees				
g Other	512,607.	506,122.	5,720.	765.
12 Advertising and promotion	13,896.	954.		12,942.
13 Office expenses	829,661.	584,934.	74,025.	170,702.
14 Information technology				
15 Royalties				
16 Occupancy	287,840.	161,191.	60,446.	66,203.
17 Travel	4,970.	1,690.	1,156.	2,124.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,669.	2,708.	12,961.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,948.	13,971.	5,239.	5,738.
23 Insurance	23,390.	16,139.	1,871.	5,380.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a AWARENESS AND EDUCATION	214,604.	214,604.		
b MISCELLANEOUS	62,482.	1,867.	5,193.	55,422.
c REPAIRS AND MAINTENANCE	36,108.	21,291.	6,512.	8,305.
d FUNDRAISING EXPENSES	9,131.			9,131.
e FEDERAL AND STATE FEES	8,456.	40.	8,416.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	5,973,455.	4,150,267.	453,015.	1,370,173.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	894,662.	1	67,436.
	2 Savings and temporary cash investments	28,158.	2	1,849,853.
	3 Pledges and grants receivable, net	77,768.	3	86,834.
	4 Accounts receivable, net	8,982.	4	15,228.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	57,729.	9	45,035.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 595,023.		
	b Less accumulated depreciation	10b 476,786.	10c	118,237.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	1,013,062.	12	14,975.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	23,476.	15	23,476.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,188,925.	16	2,221,074.	
Liabilities	17 Accounts payable and accrued expenses	70,988.	17	73,608.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	70,988.	26	73,608.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,111,560.	27	2,141,089.
	28 Temporarily restricted net assets	6,377.	28	6,377.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,117,937.	33	2,147,466.
34 Total liabilities and net assets/fund balances	2,188,925.	34	2,221,074.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
 - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
 - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975
See **section 509(a)(2).** (Complete Part III)
 - 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,753,587.	5,215,497.	7,083,008.	5,661,464.	5,976,691.	29,690,247.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,753,587.	5,215,497.	7,083,008.	5,661,464.	5,976,691.	29,690,247.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						29,690,247.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,753,587.	5,215,497.	7,083,008.	5,661,464.	5,976,691.	29,690,247.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,108.	63,058.	85,272.	64,151.	26,293.	276,882.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						29,967,129.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.08 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		43,574.	14,251.	29,323.
c Leasehold improvements				
d Equipment		231,838.	195,142.	36,696.
e Other		319,611.	267,393.	52,218.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				118,237.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,002,984.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,973,455.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,529.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	29,529.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,002,984.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,002,984.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,002,984.

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

1	Total expenses and losses per audited financial statements	1	5,973,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,973,455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,973,455.

Part XIV Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JADENT INC	PHONE CAMPAIGN		X	1046103.	732,380.	313,723.
VEHICLE DONATIONS PROCESSING CENTER	VEHICLE DONATIONS	X		127,008.	94,971.	29,037.
DONATION LINE LLC	VEHICLE DONATIONS	X		59,923.	26,646.	33,277.
CAR PROGRAM LLC	VEHICLE DONATIONS	X		25,094.	14,758.	10,336.
Total				1258128.	868,755.	386,373.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT
NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
		VENUS & MARS (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	28,426.			28,426.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	28,426.			28,426.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,149.			3,149.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,375.			1,375.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(4,524)
11 Net income summary. Combine line 3, column (d), and line 10				23,902.	

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Name of the organization

Employer identification number
59-2792934

MULTIPLE SCLEROSIS FOUNDATION, INC.

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government

(b) EIN

(c) IRC section
if applicable

(d) Amount of cash grant

(e) Amount of non-cash

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance	(h) Amount of non-cash assistance

(h) Purpose of grant or assistance

☐ Yes ☒ No

☒ No

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance.
PROVIDE COMPLIMENTARY AND ALTERNATIVE MEDICINES TO APPROXIMATELY 200 PATIENTS.	200	56,087.	0.		
PROVIDE COOLING EQUIPMENT TO APPROXIMATELY 558 PATIENTS.	558	38,700.	0.		
PROVIDE ASSISTANCE TO 154 PATIENT RECIPIENTS.	154	43,218.	0.		
PROVIDE EDUCATIONAL ASSISTANCE TO APPROXIMATELY 325 PATIENTS.	325	34,802.	0.		
PROVIDE HOMECARE TO APPROXIMATELY 422 PATIENTS.	422	63,813.	0.		

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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

SEE DESCRIPTION BEGINNING ON PAGE 35

EXPENSES \$ 3639668. INCLUDING GRANTS OF \$ 343168. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: ALL MEMBERS OF THE BOARD ARE SENT A
DRAFT OF THE 990 ALONG WITH THE AUDITED FINANCIAL STATEMENTS OF THE
ORGANIZATION FOR DISCUSSION PURPOSES. THE BOARD MEMBERS REVIEW THE
FINANCIAL STATEMENTS AND THE INFORMATION DISCLOSED IN FORM 990. THEY
COMMENT ON ANY ISSUES FROM THEIR REVIEW AND A MEETING IS HELD AMONGST THE
BOARD TO RESOLVE THE OPEN ITEMS PRIOR TO FILING THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: ON A YEARLY BASIS ALL BOARD
MEMBERS AND EMPLOYEES MUST SIGN UNDER OATH THAT THEY HAVE READ AND COMPLY
WITH OUR CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD IN JUNE OF EACH YEAR
MEETS TO DETERMINE COMPENSATION TO KEY EMPLOYEES. APPROPRIATE DOCUMENTATION
IS KEPT BASED ON THEIR REVIEW WHICH INCLUDES REVIEW AND APPROVAL OF
CORPORATE GOALS AND OBJECTIVES RELATIVE TO THE COMPENSATION, EVALUATING
THE PERFORMANCE IN LIGHT OF THESE GOALS AND OBJECTIVES AND ESTABLISHING
THE ANNUAL COMPENSATION, TAKING INTO CONSIDERATION SUCH EVALUATION AND
FEEDBACK FROM ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI,

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Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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▶ Attach to Form 990.

OMB No. 1545-0047

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Name of the organization

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59-2792934

WY

FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS IS AVAILABLE FOR
REVIEW AT THE ORGANIZATION'S MAIN OFFICE.

FORM 990 PART I LINE 1

ORGANIZATION'S MISSION STATEMENT

THE MISSION OF THE MULTIPLE SCLEROSIS FOUNDATION IS TO PROVIDE PROGRAMS
AND SUPPORT TO THOSE PERSONS AFFECTED BY MS THAT HELP THEM MAINTAIN
THEIR HEALTH, SAFETY, SELF-SUFFICIENCY, AND PERSONAL WELL BEING; AND TO
HEIGHTEN PUBLIC AWARENESS OF MULTIPLE SCLEROSIS IN ORDER TO ELICIT
FINANCIAL SUPPORT FOR THE MSF'S PROGRAMS AND SERVICES AND PROMOTE
UNDERSTANDING FOR THOSE DIAGNOSED WITH THE ILLNESS. THE PRIMARY PURPOSE
OF THE MSF IS TO RESPOND TO THE NEEDS OF INDIVIDUALS WITH MS AND THEIR
FAMILIES. WE ARE DEDICATED TO PROVIDING RELEVANT INFORMATION IN A
TIMELY MANNER, WHILE SIMULTANEOUSLY OFFERING ASSISTANCE TO INDIVIDUALS
IN SOLVING THE CHALLENGES OF DAILY LIFE. A VITAL FACET OF PROGRAM
SERVICES IS TO PROVIDE ONE-ON-ONE SUPPORT, INCLUDING SOLUTIONS TO HELP
DRAMATICALLY IMPROVE THE QUALITY OF LIFE FOR THOSE DIAGNOSED WITH
MULTIPLE SCLEROSIS. EVERY PROBLEM IS CONSIDERED IMPORTANT AND UNIQUE
AND IS RESOLVED INDIVIDUALLY AND CONFIDENTIALLY. MORE THAN 30,000 CALLS
A YEAR COME INTO THE MSF FROM AROUND THE WORLD. CALLERS REQUEST
INFORMATION ABOUT THE MSF AND ITS AVAILABLE SERVICES, AS WELL AS COPING
ISSUES, CRISIS INTERVENTION, MS TREATMENT OPTIONS, AND CURRENT RESEARCH
UPDATES. IN ADDITION 0 THOUSANDS OF FOLLOW-UP CALLS ARE MADE BY THE MSF

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Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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59-2792934

TO VARIOUS COUNTY, STATE AND FEDERAL AGENCIES, DISABILITY GROUPS,
UNIVERSITIES, HOSPITALS, SUPPORT GROUPS, CRISIS CENTERS, UTILITY
COMPANIES, HOUSING AUTHORITIES, AND ADVOCACY GROUPS. SPANISH-SPEAKING
STAFF MEMBERS ARE ON HAND TO RESPOND TO HISPANIC INDIVIDUALS AFFECTED
BY MS. FOR THOSE WHO PERSONALLY VISIT THE MSF FOR INFORMATION AND
ASSISTANCE, A RELAXING, PRIVATE MEETING ROOM IS AVAILABLE FOR PATIENTS
AND THEIR FAMILIES TO SPEAK WITH A CASEWORKER. INFORMATION ON NATIONAL
AND LOCAL AGENCIES PROVIDING HOME CARE, TRANSPORTATION, ASSISTIVE
TECHNOLOGY, AND FINANCIAL ASSISTANCE IS AVAILABLE; AS WELL AS
INFORMATION ON MS, SYMPTOM MANAGEMENT, AND STRATEGIES FOR TREATMENT AND
MANAGEMENT OF THE DISEASE. MANY PEOPLE HAVE EXPRESSED THEIR
APPRECIATION FOR THE TIME TAKEN TO ASSIST THEM ON A PERSONAL LEVEL.

FORM 990 PART III LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS

HOME CARE GRANT PROGRAM

THE MSF HOME CARE GRANT PROGRAM PROVIDES DIRECT SUPPORT FOR SERVICES
THAT ENCOURAGE INDEPENDENCE; FACILITATE MANAGEMENT OF HEALTH PROBLEMS
RELATED TO MS; IMPROVE FUNCTIONAL STATUS AND QUALITY OF LIFE; AND
MAINTAIN CAREGIVER AND OTHER FAMILY SUPPORT MECHANISMS. THE HOME CARE
GRANT PROGRAM ALSO FACILITATES THE COORDINATION OF COMMUNITY SERVICES
PROVIDING INTERVENTION AND AWARENESS OF HEALTH-RELATED QUALITY OF LIFE
ISSUES. DIRECT SUPPORT IS PROVIDED FOR ADULT DAY CARE AS WELL AS
TEMPORARY SHORT-TERM CUSTODIAL CARE IN THE HOME, INCLUDING PERSONAL
CARE, LIGHT HOUSEKEEPING, MEAL PREPARATION, AND CAREGIVER RESPITE.

REHABILITATION SERVICES PROVIDED OUTSIDE OF THE HOME INCLUDE PHYSICAL,

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number
59-2792934

OCCUPATIONAL, AND SPEECH THERAPY. TRANSPORTATION TO AND FROM HEALTHCARE
PROVIDERS AND A VARIETY OF OTHER UNIQUE SERVICES IS ALSO PROVIDED.
THROUGH THE HOME CARE GRANT PROGRAM, MSF REACHED OUT TO 422 MS
INDIVIDUALS IN 31 STATES.

FORM 990 PART III LINE 4B

PROGRAM SERVICE ACCOMPLISHMENTS

SUPPORT GROUPS

THE MSF SUPPORT GROUP PROGRAM PROVIDES DIRECT ASSISTANCES FOR MS PEOPLE
TO START A SUPPORT GROUP IN THEIR COMMUNITY. THEY ARE PROVIDED WITH
PHONE SUPPORT AND A SUPPORT GROUP TRAINING MANUAL TO ASSIST THEM IN
STARTING AND MAINTAINING THE SUPPORT GROUP. SUPPORT GROUPS ARE PROVIDED
WITH EDUCATIONAL INFORMATION AND REFERRALS, BOOKS, VIDEOS AND RESOURCE
MATERIALS FROM THE LENDING LIBRARY, DEVELOPMENT AND PRINTING OF FLYERS
AND BROCHURES, AND THE OPPORTUNITY TO LIST THEIR SUPPORT GROUP IN THE
INDEPENDENT REGIONAL SUPPORT GROUP DIRECTORY ON THE MSF WEBSITE. FOR
SUPPORT GROUPS THAT QUALIFY, DIRECT SUPPORT PROGRAMS, INCLUDING
FINANCIAL ASSISTANCE AND ENRICHMENT GRANTS ARE AVAILABLE.

EXISTING SUPPORT GROUPS THAT CONTACT THE MSF ARE PROVIDED WITH THE SAME
SERVICES. OVER 100 INDEPENDENT SUPPORT GROUPS THROUGHOUT THE COUNTRY
ARE AFFILIATED WITH THE MSF SUPPORT GROUP PROGRAM. RANGING IN SIZE FROM
SIX TO 600 MEMBERS, THESE GROUPS RESPOND TO THE NEEDS, PROBLEMS, AND
CONCERNS OF THE MS PEOPLE WITHIN THEIR COMMUNITY.

FORM 990 PART III LINE 4C

PROGRAM SERVICE ACCOMPLISHMENTS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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2009

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Inspection

Name of the organization

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Employer identification number
59-2792934

COMPLEMENTARY AND ALTERNATIVE MEDICINE PROGRAM

SINCE 1986, THE MSF HAS BEEN DISTRIBUTING INFORMATION AND EDUCATING MS PATIENTS ABOUT CAM. THROUGH THE CAM PROGRAM, PATIENTS ARE PROVIDED WITH REFERRALS AND THE OPPORTUNITY TO PARTICIPATE IN ACTIVITIES PRESENTED BY CERTIFIED INSTRUCTORS AT COMMUNITY CENTERS, HEALTH AND FITNESS CENTERS, OR LOCAL HOSPITALS. DURING 2009, MSF PROVIDED FUNDING FOR CAM-RELATED PROGRAMS ACROSS 21 STATES, WHICH ASSISTED OVER 200 INDIVIDUALS IN THE FOLLOWING ACTIVITIES; T'AI CHI, YOGA, AQUATICS, PILATES, FELDENKRAIS, MASSAGE THERAPY, STRETCHING, EXERCISE AND WEIGHT TRAINING. THE PROGRAM HAS ALSO FUNDED RECREATIONAL THERAPIES IN CALM WATER RAFTING, BOWLING AND AN ART THERAPY GROUP.

FORM 990 PART III LINE 4D

COOLING PROGRAM

THE MSF RECEIVES NUMEROUS REQUESTS FOR ASSISTANCE IN COPING WITH HEAT-INDUCED SYMPTOMS. IN 2009, THROUGH THE COOLING PROGRAM, 558 INDIVIDUALS IN 48 STATES WERE PROVIDED WITH COOLING VESTS, WRIST BANDS, NECK BANDS, BANDANAS, AND HATS TO HELP THEM REMAIN ACTIVE AND HAVE A MORE COMFORTABLE LIFESTYLE.

FORM 990 PART III LINE 4D

PATIENT ASSISTANCE PROGRAM

THE PATIENT ASSISTANCE PROGRAM PROVIDES ONE-TIME ASSISTANCE TO MS PATIENTS WHO ARE STRUGGLING FINANCIALLY. REQUESTS, INCLUDING THOSE FOR EMERGENCY ASSISTANCE AND COSTS ASSOCIATED WITH HEALTH-RELATED MS CARE, ARE CONSIDERED ON A CASE-BY-CASE BASIS. EVERY EFFORT IS MADE TO FIRST

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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LOCATE COMMUNITY, STATE, AND NATIONAL AGENCIES TO PROVIDE THE NEEDED ASSISTANCE. IN CASES WHERE OTHER AGENCIES ARE NOT AVAILABLE, MSF MAY PROVIDE THE NEEDED ASSISTANCE. IN 2009, MSF PROVIDED ASSISTANCE TO 154 MS INDIVIDUALS IN 35 STATES, FOR HEATING AND COOLING COSTS, HOME IMPROVEMENTS AND REPAIRS, UTILITIES, AND HOUSING ASSISTANCE.

FORM 990 PART III LINE 4D

ASSISTIVE TECHNOLOGY PROGRAM

THE ASSISTIVE TECHNOLOGY (AT) PROGRAM PROVIDES DIRECT SUPPORT FOR SERVICES AND DEVICES THAT INCREASE, MAINTAIN, OR IMPROVE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH DISABILITIES. THIS INCLUDES AIDS FOR DAILY LIVING, COMMUNICATION DEVICES, COMPUTER, HOME AND VEHICLE MODIFICATIONS, ORTHOTICS, MOBILITY AIDS, ENVIRONMENTAL CONTROL SYSTEMS, AND AIDS FOR VISION AND HEARING IMPAIRMENTS. IN 2009, THE MSF ASSISTED 226 INDIVIDUALS IN 40 STATES WITH AT, INCLUDING WHEELCHAIRS, SCOOTERS, WALKERS, WHEELCHAIR LIFTS, HAND CONTROLS, SPEAKER PHONES, COMPUTERS, VOICE ACTIVATED SOFTWARE, PERSONAL EMERGENCY RESPONSE SYSTEMS, BRACES, EYEGLASSES, TRANSFER EQUIPMENT, DIAPERS, REACHERS, COMMODOES, SHOWER CHAIRS, AND CLOTHING. VARIOUS HOME MODIFICATIONS, INCLUDING INSTALLING RAILS AND GRAB BARS, WIDENING DOORWAYS, BUILDING RAMPS, AND CREATING ACCESSIBLE BATHROOMS WERE ALSO PROVIDED.

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EDUCATION AND INFORMATION PROGRAM

MSF RESOURCE/LENDING LIBRARY

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THE MSF LENDING LIBRARY PROVIDES INFORMATION FOR THE BENEFIT OF THOSE
INTERESTED IN MS AS WELL AS PROVIDING COMPREHENSIVE RESOURCES TO MSF
CASEWORKERS DEDICATED TO PROVIDING EDUCATION AND INFORMATION TO THE MS
COMMUNITY IN A RESOURCEFUL MANNER. THIS COMPREHENSIVE COLLECTION OF
RESOURCES, WHICH CONTINUES TO EXPAND DAILY, IS AVAILABLE FREE OF
CHARGE, TO INDIVIDUALS AND GROUPS. DURING 2009, MSF PROCESSED OVER 433
MAILINGS TO 299 PEOPLE LOCATED IN 43 STATES.

THE MSF MAINTAINS A RAPIDLY GROWING DATABASE OF INDIVIDUALS AND
ORGANIZATIONS FROM THE U.S. AND ABROAD THAT ARE INTERESTED IN MS.
CONSTANTLY UPDATED AND EXPANDED, THE MSF DATABASES ALSO INCLUDE HEALTH,
HOME CARE, ASSISTIVE TECHNOLOGY, AND CAM RESOURCES, GRANTING
CASEWORKERS RAPID ACCESS TO INFORMATION FOR THOSE IN NEED.

A GREAT DEAL OF TIME AND EFFORT IS DEVOTED TO ENSURING THE ACCURACY,
RELEVANCE, AND APPROPRIATENESS OF ALL WRITTEN MATERIAL. ALL LITERATURE
IS DESIGNED TO BE UP-TO-DATE AND RESPONSIVE TO THE NEEDS AND INTERESTS
OF THE MS COMMUNITY.

WOMEN'S WELLNESS AND MEN & MS

THESE GENDER-SPECIFIC EDUCATIONAL AND REFERRAL PROGRAMS EMPHASIZE THE
IMPORTANCE OF A HEALTHY, PROACTIVE LIFESTYLE, WITH SPECIAL EMPHASIS ON
FREQUENTLY OVERLOOKED SECONDARY HEALTH PROBLEMS. EDUCATIONAL MATERIALS
AND RESOURCES ARE AVAILABLE CONCERNING MANY TOPICS OF INTEREST TO WOMEN
AND MEN WITH MS. MEMBERSHIP IN SEVERAL NATIONAL HEALTH ORGANIZATIONS,

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**ALONG WITH STAFF EDUCATION AND TRAINING, KEEPS US ON THE CUTTING EDGE
OF INFORMATION AND ISSUES OF PARTICULAR RELEVANCE TO WOMEN AND MEN.**

WE CARE, WE CALL

**VOLUNTEER PEER COUNSELORS RESPOND BY TELEPHONE TO REQUESTS FROM
INDIVIDUALS WHO WANT TO TALK TO SOMEONE WITH MS WHO CARES ABOUT THEM
AND IS INTERESTED IN WHAT THEY ARE EXPERIENCING. WHETHER IT'S ONCE A
DAY, ONCE A WEEK, OR ONCE A MONTH, REGULAR TELEPHONE CALLS TO PATIENTS
PROVIDE SINCERE AND CARING SUPPORT IN THE COMFORT OF THEIR OWN HOME.
DURING 2009, OVER 150 PERSONS WERE ASSISTED EACH MONTH THROUGH THIS
PROGRAM.**

MSFOCUS

**OUR COMPLIMENTARY, FULL COLOR QUARTERLY MAGAZINE, WITH A NATIONAL
READERSHIP OF 130,000, IS MAILED TO MS PATIENTS, CAREGIVERS, AND
HEALTHCARE PROFESSIONALS. PUBLISHED IN ENLARGED TYPE FOR THE BENEFIT
OUR READERS, MS FOCUS PROVIDES PRACTICAL INFORMATION ON TRADITIONAL AND
INTEGRATIVE HEALTHCARE, CURRENT RESEARCH, COPING TECHNIQUES, QUALITY OF
LIFE ISSUES, AND MORE. DURING 2009, AN AUDIO VERSION OF MS FOCUS WAS
AVAILABLE FOR INDIVIDUALS WITH IMPAIRED VISION AND OTHER DISABILITIES
ASSOCIATED WITH MS.**

SUPPORT GROUP NEWS

THE SUPPORT GROUP NEWS IS A BIMONTHLY INFORMATIONAL NEWSLETTER OF THE

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MULTIPLE SCLEROSIS FOUNDATION. THE PURPOSE OF THIS UNIQUE PUBLICATION
IS TO RECOGNIZE THE VITAL ROLE OF REGIONAL MS SUPPORT GROUPS BY
PROMOTING THEIR FORMATION AS WELL AS ENCOURAGING INDIVIDUAL
PARTICIPATION. FREE SUBSCRIPTIONS ARE AVAILABLE UPON REQUEST. DURING
2009, OVER 10,000 PEOPLE SUBSCRIBED TO THE SUPPORT GROUP NEWS.

BROCHURES AND BOOKLETS

A GENERAL BROCHURE DEVELOPED FOR THE PUBLIC IS DISTRIBUTED TO OVER
500,000 PEOPLE A YEAR. IT HIGHLIGHTS THE MSF'S MISSION AND LISTS
SUPPORT RESOURCES AND PROGRAMS ENCOURAGING PUBLIC SUPPORT, SUCH AS
VOLUNTEERISM. BROCHURES ON VARIOUS MSF ASSISTANCE PROGRAMS, INCLUDING
ASSISTIVE TECHNOLOGY AND HOME CARE GRANTS, AND THE CRUISE FOR A CAUSE
ARE ALSO AVAILABLE.

BOOKLETS CONTAINING EXTENSIVE INFORMATION ON MS, SYMPTOM MANAGEMENT,
PREGNANCY, COMPLEMENTARY AND ALTERNATIVE MEDICINE, MEDICATIONS,
INTIMACY AND SEXUALITY, NUTRITION, AND EXERCISE ARE AVAILABLE TO THE
PUBLIC AT NO CHARGE. MOST OF THESE BOOKLETS ARE ALSO AVAILABLE IN
SPANISH.

FACT SHEETS

FOR AREAS OF SPECIFIC INTEREST, FACT SHEETS CONTAINING INFORMATION ON
CURRENT MEDICAL TREATMENTS, LATEST RESEARCH, SYMPTOM MANAGEMENT, AND
COMPLEMENTARY AND ALTERNATIVE MEDICINE ARE AVAILABLE TO THE PUBLIC FREE

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**OF CHARGE. WE ALSO HAVE A GROWING LIST OF FACT SHEETS AVAILABLE FOR OUR
SPANISH-SPEAKING READERS AND THEIR FAMILY MEMBERS.**

FORM 990 PART III LINE 4D

PUBLIC AWARENESS PROGRAM

**NATIONAL MS EDUCATION AND AWARENESS MONTH IS A NATIONAL EFFORT, HELD
EACH YEAR DURING THE MONTH OF MARCH, BY THE MSF AND AFFILIATED GROUPS
TO RAISE THE PUBLIC'S AWARENESS ABOUT MS. THE VITAL GOALS OF THIS
CAMPAIGN ARE TO PROMOTE AN UNDERSTANDING OF THE SCOPE OF THE DISEASE AS
WELL AS DISTRIBUTE INFORMATION AND RESOURCES THAT CAN ASSIST THOSE
AFFECTED. MSF WORKS DILIGENTLY TO PROVIDE, ON A NATIONAL LEVEL,
INTERESTING AND EDUCATIONAL EVENTS FOR MS PATIENTS AND THEIR FAMILIES
AND CARE PARTNERS. DURING 2009, OVER 6,000 INDIVIDUALS PARTICIPATED IN
THIS GRASSROOTS CAMPAIGN BY DISTRIBUTING AWARENESS KITS THROUGHOUT
THEIR COMMUNITIES. THOUSANDS MORE PARTICIPATED IN EDUCATIONAL PROGRAMS,
FUNDRAISERS, AND OTHER MS RELATED ACTIVITIES DURING THE MONTH.**

**REGIONALLY CONDUCTED MSF OUTREACH ACTIVITIES INCLUDING EDUCATIONAL
PROGRAMS DIRECTED TO PATIENTS, HEALTHCARE PROFESSIONALS, AND SUPPORT
GROUPS EDUCATE THOUSANDS EACH YEAR WITH AN INTEREST IN MS. IN ADDITION,
MSF ACTIVELY SEEKS TO AMPLIFY ITS OUTREACH EFFORTS BY COLLABORATING
WITH ORGANIZATIONS WITH ESTABLISHED PROGRAMS AND EXISTING RESOURCES
THAT COMPLIMENT OUR MISSION IN ORDER TO ACHIEVE THE MOST EFFECTIVE USE
OF LIMITED RESOURCES. DURING 2009, MSF SPONSORED OVER 48 OUTREACH
PROGRAMS THROUGHOUT THE COUNTRY, INCLUDING 36 PATIENT EDUCATIONAL
PROGRAMS AND 12 PROGRAMS WITH HEALTHCARE PROFESSIONALS.**

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CRUISE FOR A CAUSE PROGRAM

THE MSF CRUISE FOR A CAUSE (IT'S ALL ABOUT MEE...MOTIVATING, EDUCATING AND EMPOWERING) IS AN INNOVATIVE EDUCATIONAL PROGRAM AT SEA, GIVING PEOPLE WITH MS THE OPPORTUNITY TO MEET AND LEARN FROM RENOWNED MS SPECIALISTS AND BREAK BEYOND BARRIERS - BOTH PHYSICAL AND EMOTIONAL - WHILE HAVING FUN WITH OTHERS WITH MS. AN EDUCATIONAL SERIES WITH CUTTING EDGE MEDICAL INFORMATION IS PROVIDED THROUGH LECTURES, WORKSHOPS, MOTIVATIONAL SPEECHES, DISCUSSION GROUPS, AND QUESTION AND ANSWER SESSIONS. ATTENTION IS PAID TO SPECIAL NEEDS OF TRAVELERS WITH MS AND ARRANGEMENTS ARE MADE FOR SHOWER CHAIRS, SCOOTER RENTALS, ACCESSIBLE CABINS AND OTHER ACCESSIBILITY ISSUES. IN 2009, 325 PEOPLE FROM 35 STATES.

FORM 990 PART III LINE 4D

SUPPORT GROUP OUTREACH PROGRAM

THROUGH THE SUPPORT GROUP OUTREACH PROGRAM, THE MSF EXTENDS A PERSONAL TOUCH TO SUPPORT GROUP LEADERS, PROVIDING THEM WITH ASSISTANCE IN ASSESSING THE NEEDS OF THE GROUP AND THE LOCAL MS COMMUNITY. SUPPORT GROUP LEADERS CAN ALSO TAKE PART IN TRAINING SEMINARS TO CONDUCT OUTREACH ACTIVITIES ON BEHALF OF THE MSF. TO ENCOURAGE ADDITIONAL COMMUNITY SUPPORT, WHEN VISITING SUPPORT GROUPS, MSF CONDUCTS OUTREACH VISITS TO LOCAL HOSPITALS, HEALTH CARE AND ASSISTED LIVING FACILITIES, LIBRARIES, AND VARIOUS OTHER ORGANIZATIONS THAT CAN PROVIDE RESOURCES FOR LOCAL MS PATIENTS, ENCOURAGING THEM TO REFER PATIENTS TO THE LOCAL

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SUPPORT GROUP. DURING 2009, THE MSF CONDUCTED 8 OUTREACH VISITS TO
SUPPORT GROUP LEADERS IN DIFFERENT STATES. SUPPORT GROUPS AFFILIATED
WITH THE MSF HAVE GROWN TO 121 GROUPS IN 2009.

FORM 990 PART III LINE 4D

BRIGHTER TOMORROW PROGRAM

NOW IN ITS SIXTH YEAR, THIS PROGRAM PROVIDES INDIVIDUALS WITH MS WITH
GOODS OR SERVICES TO IMPROVE THEIR QUALITY OF LIFE BY ENHANCING SAFETY,
SELF-SUFFICIENCY, COMFORT, OR WELL BEING. RECIPIENTS WERE SUPPLIED WITH
RAMPS, VEHICLE AND HOME MODIFICATIONS, COMPUTERS, APPLIANCES,
CONTINUING EDUCATION, CLOTHING, FURNITURE, HOBBY SUPPLIES AND EXERCISE
EQUIPMENT. APPLICANTS ARE REQUIRED TO PROVIDE BASIC PERSONAL AND
FINANCIAL INFORMATION, ALONG WITH A BRIEF ESSAY OF 100 WORDS OR LESS
DESCRIBING HOW THE GRANT MIGHT HELP THEM HAVE A BRIGHTER TOMORROW. IN
2009, 21 PEOPLE FROM 16 STATES AND TERRITORIES BENEFITED DIRECTLY FROM
THE BRIGHTER TOMORROW GRANT AND MANY GRANT APPLICANTS WERE HELPED
THROUGH OTHER PROGRAMS OFFERED BY THE MSF.

FORM 990 PART III LINE 4D

COMPUTER GRANT PROGRAM

COMPUTER GRANT PROGRAM PROVIDES REFURBISHED LAPTOP OR DESKTOP COMPUTERS
FOR INDIVIDUALS WITH MS ON LIMITED OR FIXED INCOMES. FOR THOSE WHO DO
NOT KNOW HOW TO USE A COMPUTER, TRAINING MAY BE PROVIDED. THE
APPLICATION PROCESS REQUIRES VERIFICATION OF A DIAGNOSIS OF MS AND A
BRIEF ESSAY FROM THE APPLICANT EXPLAINING HOW A COMPUTER WILL ENHANCE
THEIR QUALITY OF LIFE. A COMPUTER, MONITOR, KEYBOARD AND MOUSE WILL BE

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GRANTED. INTERNET ACCESS AND TECHNICAL SUPPORT WILL BE THE
RESPONSIBILITY OF THE GRANT RECIPIENT. IN 2009, WE PROVIDED 93
COMPUTERS TO INDIVIDUALS WITH MS, IN 42 STATES.

FORM 990 PART III LINE 4D

MSF QUALITY OF LIFE GRANT PROGRAM

THE MSF IS AN ACTIVE PARTICIPANT IN SUPPORTING A VARIETY OF RESEARCH
APPROACHES TOWARDS UNDERSTANDING MS AND IMPROVING THE LIVES OF THOSE
WHO LIVE WITH IT. MSF ANNUALLY AWARDS HUNDREDS OF THOUSANDS OF DOLLARS
IN GRANTS AND ENDOWMENTS TO UNIVERSITIES AND OTHER ORGANIZATIONS THAT
ACTIVELY PROMOTE QUALITY OF LIFE THROUGH NEW STRATEGIES FOR TREATMENT
AND MANAGEMENT OF THE DISEASE. DURING 2009, IN ADDITION TO GRANTS FOR
RESEARCH, GRANTS FOR ASSISTIVE TECHNOLOGY PROVIDED EQUIPMENT TO
OVERCOME BARRIERS TO EXERCISE AND INCREASE FITNESS, ENVIRONMENTAL
CONTROL DEVICES INCLUDING ADAPTIVE SWITCHES AND SOFTWARE,
REHABILITATION EQUIPMENT, AND ADAPTIVE COMPUTER EQUIPMENT AND SOFTWARE.
GRANTS WERE PROVIDED TO MS CENTERS ACROSS THE COUNTRY, WHICH PROVIDE
COMPREHENSIVE TREATMENT, PROFESSIONAL RESOURCES, SUPPORT, EDUCATION,
AND INFORMATION ON THE LATEST RESEARCH ADVANCES. OVER \$100,000 WAS
PROVIDED THROUGH THE MS CENTER QUALITY OF LIFE GRANT PROGRAM FOR
DIAGNOSTIC SERVICES, REHABILITATION, SOCIAL SERVICES, AND PROGRAM
SUPPORT WITH AN EMPHASIS ON IMPROVING QUALITY OF LIFE.

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MSF WEBSITE PROGRAM

THE MSF WEBSITE SERVES AS THE INTERNET LINK TO THE VARIOUS PROGRAMS AND

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SERVICES OF THE MSF. IT IS CONTINUOUSLY EVOLVING IN ORDER TO MEET THE
GROWING NEEDS OF THOSE AFFECTED DIRECTLY AND INDIRECTLY BY MS. THE MSF
WEBSITE IS INTERNATIONALLY ACCESSIBLE, AND THOUSANDS OF HOURS AND
CONSIDERABLE RESOURCES ARE EXPENDED TO UPDATE THE WEBSITE EACH YEAR. A
COMPREHENSIVE SOURCE OF INFORMATION FOR INDIVIDUALS AND HEALTHCARE
PROVIDERS IS AVAILABLE ON THE MSF WEBSITE. A LISTING OF U.S. AND
INTERNATIONAL CLINICAL TRIALS ACTIVELY RECRUITING PATIENTS WITH MS, A
COMPREHENSIVE LISTING OF DRUGS APPROVED BY THE FDA, AS WELL AS DETAILED
PROFILES, ORGANIZED GEOGRAPHICALLY BY STATE, OF HUNDREDS OF CLINICAL
RESEARCH CENTERS SPECIALIZING IN NEUROLOGY RESEARCH, IS AVAILABLE ON
THE WEBSITE.

FORM 990 PART IX LINES 5 THROUGH 10

ALL EMPLOYEES ARE OUTSOURCED. AMOUNTS REPORTED ON LINES 5 AND 7
REPRESENT TOTAL PAYROLL AND ASSOCIATED COSTS.