



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable	C Name of organization MULTIPLE SCLEROSIS FOUNDATION INC	D Employer identification number 59-2792934
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (954) 776-6805
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)	F Gross receipts \$ 7,030,659
<input type="checkbox"/> Initial return	6520 NORTH ANDREWS AVENUE	
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Application pending	FT LAUDERDALE, FL 33309	

F Name and address of principal officer
ALAN R SEGALOFF
6520 NORTH ANDREWS AVENUE
FT LAUDERDALE, FL 33309

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) 501(c) () (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

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 ► 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 7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 535
6 Total number of volunteers (estimate if necessary)	6 6,500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,451,231	Current Year 6,683,660
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-23,995	36,474
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	81,552
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,427,236	6,801,686

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	681,502	746,783
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,183,301	3,477,861
16a Professional fundraising fees (Part IX, column (A), line 11e)	251,149	249,705
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,561,033		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,327,627	2,313,634
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,443,579	6,787,983
19 Revenue less expenses Subtract line 18 from line 12	-16,343	13,703

20 Total assets (Part X, line 16)	Beginning of Current Year 2,353,095	End of Year 2,306,383
21 Total liabilities (Part X, line 26)	227,948	179,185
22 Net assets or fund balances Subtract line 21 from line 20	2,125,147	2,127,198

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 ALAN R SEGALOFF CO-EXECUTIVE DIRECTOR Type or print name and title	2012-05-08 Date
-----------	--	--------------------

Paid Preparer's Use Only	Preparer's signature ► ROBERT J DREKER	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00171625
	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 ► 34-1900735
				Phone no ► (561) 994-5050

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 350,281 including grants of \$ 85,681) (Revenue \$)

HOME CARE GRANT PROGRAMSEE SCHEDULE O

4b (Code) (Expenses \$ 202,325 including grants of \$ 50,000) (Revenue \$)

SUPPORT GROUPSSEE SCHEDULE O

4c (Code) (Expenses \$ 131,905 including grants of \$ 65,844) (Revenue \$)

HEALTH AND WELLNESS PROGRAMSEE SCHEDULE O

(Code) (Expenses \$ 4,014,208 including grants of \$ 545,258) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ 4,014,208 including grants of \$ 545,258) (Revenue \$)

4e **Total program service expenses** \$ 4,698,719

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.

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 U.S.? If "Yes," complete Schedule F, Part II and IV.

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 U.S.? If "Yes," complete Schedule F, Part III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22
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	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	535
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	No
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).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	Yes
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

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

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review the Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ► 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, WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request

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

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
6520 NORTH ANDREWS AVENUE
FT LAUDERDALE, FL 33309
(800) 225-6495

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

Check if Schedule O contains a response to any question in this Part VI

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

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

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

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than £100,000 of reportable compensation from the organisation? 3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JADENT INC PO BOX 881 SALEM, OR 97308	WEST COAST CAMPAIGN CENTER	713,444

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
1a	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	6,683,660		
g	Noncash contributions included in lines 1a-1f \$				
h	Total. Add lines 1a-1f		6,683,660		
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f	All other program service revenue			
g	Total. Add lines 2a-2f				
3	Investment income (including dividends, interest and other similar amounts)				
			34,583		34,583
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	(I) Real	(II) Personal		
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(I) Securities	(II) Other		
	205,346				
b	Less cost or other basis and sales expenses	203,455			
c	Gain or (loss)	1,891			
d	Net gain or (loss)			1,891	1,891
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
a	107,070				
b	Less direct expenses	b 25,518			
c	Net income or (loss) from fundraising events		81,552		81,552
9a	Gross income from gaming activities See Part IV, line 19				
a					
b	Less direct expenses	b			
c	Net income or (loss) from gaming activities				
10a	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			
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d				
12	Total revenue. See Instructions		6,801,686	0	0 118,026

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	746,783	746,783		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	272,499	156,706	81,739	34,054
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	3,205,362	2,226,034	173,021	806,307
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	2,123	1,062	679	382
c Accounting	27,705	13,852	8,866	4,987
d Lobbying				
e Professional fundraising See Part IV, line 17	249,705			249,705
f Investment management fees				
g Other	562,771	513,164	31,674	17,933
12 Advertising and promotion	18,588			18,588
13 Office expenses	596,690	429,147	40,445	127,098
14 Information technology				
15 Royalties				
16 Occupancy	505,761	262,681	90,060	153,020
17 Travel	3,139	1,887	1,185	67
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,015	22,406	14,004	19,605
23 Insurance	39,140	26,807	3,066	9,267
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a AWARENESS AND EDUCATION	236,995	236,995		
b MISCELLANEOUS	161,743	1,762	68,746	91,235
c REPAIRS AND MAINTENANCE	102,964	59,433	14,746	28,785
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,787,983	4,698,719	528,231	1,561,033
26 Joint costs. Check here <input type="checkbox"/> <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	61,365	1 35,230
	2 Savings and temporary cash investments	1,066,555	2 1,119,920
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	155,879	4 149,667
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
	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		
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	21,922	9 15,070
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	648,846
	b Less accumulated depreciation	10b	466,060
		203,806	10c 182,786
	11 Investments—publicly traded securities		11
	12 Investments—other securities See Part IV, line 11	794,844	12 784,550
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	48,724	15 19,160
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,353,095	16 2,306,383
Liabilities	17 Accounts payable and accrued expenses	164,867	17 106,861
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	63,081	25 72,324
	26 Total liabilities. Add lines 17 through 25	227,948	26 179,185
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	2,095,625	27 2,070,821
	28 Temporarily restricted net assets	29,522	28 56,377
	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	2,125,147	33 2,127,198
	34 Total liabilities and net assets/fund balances	2,353,095	34 2,306,383

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,801,686
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,787,983
3	Revenue less expenses Subtract line 2 from line 1	3	13,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,125,147
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,652
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,127,198

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury

Internal Revenue Service

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 **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

e Type I Type II Type III - Functionally integrated Type III - Other

f 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)

g 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

h 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 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?

i Provide the following information about the supported organization(s)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,083,008	5,661,464	5,976,691	6,451,231	6,683,660	31,856,054
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	7,083,008	5,661,464	5,976,691	6,451,231	6,683,660	31,856,054
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)						1,806,436
6 Public Support. Subtract line 5 from line 4						30,049,618

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,083,008	5,661,464	5,976,691	6,451,231	6,683,660	31,856,054
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,272	64,151	26,293	-1,788	24,822	198,750
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						32,054,804
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 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93 740 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 660 %
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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 checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. 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 checked="" type="checkbox"/>
b 10%-facts-and-circumstances test—2010. 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 checked="" 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 checked="" type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-2792934
Name: MULTIPLE SCLEROSIS FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$	4,014,208	including grants of \$	545,258) (Revenue \$)
-------	----------------	-----------	------------------------	---------	---------------	---

2011

Open to Public
Inspection**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

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? Yes No

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

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

► \$ _____

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part 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 Investment earnings or 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 Yes No

(ii) related organizations Yes No

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

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings		102,486	8,537	93,949	
c Leasehold improvements					
d Equipment		203,209	149,904	53,305	
e Other		343,151	307,619	35,532	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					182,786

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LAND & DONATED TIME SHARE	4,805	F
(B) EQUITY SECURITIES	779,745	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	784,550	

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT EXPENSE	72,324
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	72,324

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,801,686
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,787,983
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,703
4	Net unrealized gains (losses) on investments	4	-9,761
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,891
9	Total adjustments (net) Add lines 4 - 8	9	-11,652
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,051

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	6,790,034
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-9,761
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	-9,761
3	Subtract line 2e from line 1	3	6,799,795
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	1,891
c	Add lines 4a and 4b	4c	1,891
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,801,686

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

1	Total expenses and losses per audited financial statements	1	6,787,983
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	6,787,983
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 should equal Form 990, Part I, line 18)	5	6,787,983

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, 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

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		REALIZED GAIN FROM SECURITIES -1,891
PART XII, LINE 4B - OTHER ADJUSTMENTS		REALIZED GAIN (LOSS) FROM SECURITIES 1,891

2011

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)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.

Department of the Treasury
Internal Revenue ServiceName 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.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and e-mail solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the 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. Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JADENT INC PO BOX 881 SALEM, OR 97308	REGIONAL CAMPAIGN AND PUBLIC INITIATIVE		No	1,008,949	713,444	295,505
DONATION LINE LLC 49 NORTHAM ROAD AMSTON, CT 06231	VEHICLE DONATIONS	Yes		68,345	24,921	43,424
Total				1,077,294	738,365	338,929

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, DC, HI

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 25TH YEAR GALA (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1	Gross receipts . . .	107,070			107,070
2	Less Charitable contributions . . .				
3	Gross income (line 1 minus line 2) . . .	107,070			107,070
4	Cash prizes . . .				
5	Non-cash prizes . . .				
6	Rent/facility costs . . .	25,518			25,518
7	Food and beverages . . .				
8	Entertainment . . .				
9	Other direct expenses . . .				
10	Direct expense summary Add lines 4 through 9 in column (d)				(25,518)
11	Net income summary Combine lines 3 and 10 in column (d)				81,552

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))
1	Gross revenue				
2	Cash prizes				
3	Non-cash 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 lines 1 and 7 in column (d)				

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? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a
13b

a The organization's facility

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC.

Employer identification number

59-2792934

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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.

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 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
(1) PROVIDE HEALTH AND WELLNESS	319	65,844			
(2) PROVIDE COOLING EQUIPMENT	596	48,655			
(3) PROVIDE EMERGENCY ASSISTANCE	237	64,801			
(4) PROVIDE COMPUTERS	47	18,451			
(5) PROVIDE HOMECARE	271	85,680			
(6) PROVIDE TECHNOLOGY ASSISTANCE	441	131,294			
(7) PROVIDE SUPPORT GROUPS	6500	49,994			

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

Identifier	Return Reference	Explanation

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

2011**Open to Public Inspection****Name of the organization**

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number

59-2792934

Part I Questions Regarding Compensation

Yes No

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

<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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 501(c)(3) and 501(c)(4) organizations only 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)?

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number

59-2792934

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -9,761 REALIZED GAIN FROM SECURITIES -1,891 TOTAL TO FORM 990, PART XI, LINE 5 -11,652

Identifier	Return Reference	Explanation
		THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR

Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION STATEMENT	FORM 990, PART III, LINE 1	<p>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. DIRECT SUPPORT 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 OR NEED IS CONSIDERED IMPORTANT AND UNIQUE, AND IS RESOLVED INDIVIDUALLY AND CONFIDENTIALLY. TELEPHONE SUPPORT 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, THOUSANDS OF FOLLOW-UP CALLS ARE MADE BY THE MSF 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. WALK-IN SUPPORT 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.</p>

Identifier	Return Reference	Explanation
HOME CARE GRANT PROGRAM	FORM 990, PART III, LINE 4A	<p>THE MSF'S HOME CARE GRANT PROGRAM PROVIDES DIRECT SUPPORT FOR SERVICES THAT ENCOURAGE INDEPENDENCE, 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 OR INSIDE OF THE HOME INCLUDE PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY. TRANSPORTATION TO AND FROM HEALTHCARE PROVIDERS AND A VARIETY OF OTHER UNIQUE SERVICES ARE ALSO PROVIDED THROUGH THE HOME CARE GRANT PROGRAM. MSF REACHED OUT TO 190 INDIVIDUALS WITH MS IN 39 STATES BY PROVIDING 271 NEW SUPPORT WORK ORDERS VALUED AT \$148,000 WITH 126 DIFFERENT PROVIDERS DURING 2011. THE SERVICES PROVIDED ARE HOME CARE, RESPITE, AND THERAPY SERVICES TO THOSE OF ALL AGES, WITH LIMITED OR FIXED INCOMES DURING 2011.</p>

Identifier	Return Reference	Explanation
SUPPORT GROUPS	FORM 990, PART III, LINE 4B	<p>THE MSF SUPPORT GROUP PROGRAM PROVIDES DIRECT ASSISTANCES FOR INDIVIDUALS WITH MS 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 140 INDEPENDENT SUPPORT GROUPS THROUGHOUT THE COUNTRY ARE AFFILIATED WITH THE MSF SUPPORT GROUP PROGRAM. RANGING IN SIZE FROM SIX TO 300 MEMBERS, THESE GROUPS RESPOND TO THE NEEDS, PROBLEMS, AND CONCERNS OF THE INDIVIDUALS WITH MS WITHIN THEIR COMMUNITY.</p>

Identifier	Return Reference	Explanation
HEALTH AND WELLNESS PROGRAM	FORM 990, PART III, LINE 4C	MSF HEALTH AND WELLNESS PROGRAM (HWP) PREVIOUSLY KNOWN AS COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) HAS BEEN PROVIDING PROGRAMS, DISTRIBUTING INFORMATION AND EDUCATING INDIVIDUALS WITH MS SINCE 2004. THROUGH THE HEALTH AND WELLNESS PROGRAM, INDIVIDUALS WITH MS ARE PROVIDED THE OPPORTUNITY TO PARTICIPATE IN THERAPEUTIC GROUP PROGRAMS, OR INDIVIDUALLY IN A STRUCTURED SETTING, PRESENTED BY CERTIFIED INSTRUCTORS IN 16 STATES WHICH ASSISTED OVER 319 STUDENTS THROUGHOUT THE YEAR 2011. THERAPEUTIC PROGRAMS SUCH AS ADAPTIVE YOGA, TAI CHI, PILATES, EXERCISE, FITNESS, AQUATICS, THERAPEUTIC HORSEBACK RIDING, AND WHEELCHAIR BOWLING HAVE ALL BEEN OFFERED FREE OF CHARGE TO INDIVIDUALS WITH MS ACROSS THE COUNTRY

Identifier	Return Reference	Explanation
COOLING PROGRAM	FORM 990, PART III, LINE 4D	THE MSF RECEIVES NUMEROUS REQUESTS FOR ASSISTANCE FOR INDIVIDUALS WITH MS COPING WITH HEAT-INDUCED SYMPTOMS. THE COOLING PROGRAM PROVIDES THOSE INDIVIDUALS WITH MS WITH DEVICES DESIGNED TO COOL DOWN THEIR CORE BODY TEMPERATURE. THIS INCLUDES EVAPORATIVE COOLING KITS, VESTS, WRIST BANDS, NECK TIES, HATS AND OTHER ACCESSORIES DESIGNED TO PROVIDE COOLING THROUGH THE USE OF COLD PACKS. THESE PRODUCTS ARE POPULAR NOT ONLY DURING THE SUMMER MONTHS, BUT CAN BE USED ALL YEAR. IN 2011, THROUGH THE COOLING PROGRAM, 596 INDIVIDUALS WITH MS IN 47 STATES WERE PROVIDED WITH COOLING VESTS, WRIST BANDS, NECK BANDS, BANDANAS, AND HATS TO HELP THEM REMAIN ACTIVE AND HAVE A MORE COMFORTABLE LIFESTYLE.

Identifier	Return Reference	Explanation
PATIENT ASSISTANCE PROGRAM	FORM 990, PART III, LINE 4D	THE PATIENT ASSISTANCE PROGRAM PROVIDES ONE-TIME ASSISTANCE TO INDIVIDUALS WITH MS 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 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 2011, MSF PROVIDED ASSISTANCE TO 237 INDIVIDUALS WITH MS IN 40 STATES, FOR HEATING AND COOLING COSTS, HOME IMPROVEMENTS AND REPAIRS, UTILITIES, THERAPY-RELATED MEDICATIONS, AND RENTAL ASSISTANCE.

Identifier	Return Reference	Explanation
ASSISTIVE TECHNOLOGY PROGRAM	FORM 990, PART III, LINE 4D	THE ASSISTIVE TECHNOLOGY (AT) PROGRAM PROVIDES DIRECT SUPPORT FOR SERVICES AND DEVICES THAT INCREASE, MAINTAIN, OR IMPROVE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH MS. THIS INCLUDES AIDS FOR DAILY LIVING, COMMUNICATION DEVICES, HOME AND VEHICLE MODIFICATIONS, ORTHOTICS, MOBILITY AIDS, ENVIRONMENTAL CONTROL SYSTEMS, AND AIDS FOR VISION AND HEARING IMPAIRMENTS. IN 2011, THE MSF ASSISTED 441 INDIVIDUALS WITH MS IN 45 STATES WITH AT, INCLUDING WHEELCHAIRS, SCOOTERS, WALKERS, WHEELCHAIR LIFTS, HAND CONTROLS, SPEAKER PHONES, VOICE ACTIVATED SOFTWARE, PERSONAL EMERGENCY RESPONSE SYSTEMS, BRACES, EYEGLASSES, TRANSFER EQUIPMENT, DIAPERS, REACHERS, COMMODES, SHOWER CHAIRS, AND CLOTHING. VARIOUS HOME MODIFICATIONS, INCLUDING INSTALLING RAILS AND GRAB BARS, WIDENING DOORWAYS, BUILDING RAMPS, AND CREATING ACCESSIBLE BATHROOMS WERE ALSO PROVIDED.

Identifier	Return Reference	Explanation
COMPUTER GRANT PROGRAM	FORM 990, PART III, LINE 4D	THIS PROGRAM PROVIDES COMPUTERS, MONITORS AND PRINTERS FOR INDIVIDUALS WITH MS ON LIMITED INCOMES. THE APPLICATION PROCESS REQUIRES A BRIEF ESSAY FROM THE APPLICANT EXPLAINING HOW COMPUTER WILL ENHANCE THEIR QUALITY OF LIFE. APPLICATIONS ARE ACCEPTED FROM JUNE 1ST THROUGH SEPTEMBER 1ST EACH YEAR. IN 2011, 47 INDIVIDUALS WITH MS RECEIVED COMPUTERS IN 26 STATES

Identifier	Return Reference	Explanation
CAREGIVERS NIGHT OUT	FORM 990, PART III, LINE 4D	EACH NOVEMBER, IN HONOR OF NATIONAL FAMILY CAREGIVERS MONTH, AND IN RECOGNITION OF CAREGIVERS EVERYWHERE, THE MSF HOSTS ITS ANNUAL MS CAREGIVERS NIGHT OUT CONTEST. AN INVITATION IS EXTENDED TO BOTH CAREGIVERS AND CARE-RECEIVERS TO SHARE THEIR PERSONAL CAREGIVING STORY AND NOMINATE THEIR CARE PARTNER TO WIN A DINNER FOR TWO AND HAVE THEIR STORY PUBLISHED IN MS FOCUS

Identifier	Return Reference	Explanation
HEALTH CARE ASSISTANCE PROGRAM	FORM 990, PART III, LINE 4D	IN 2011 THE HEALTH CARE ASSISTANCE PROGRAM WAS DEVELOPED ASSIST INDIVIDUALS WITH MS WHO COULD NOT AFFORD TO SEE A NEUROLOGIST IN ORDER TO RECEIVE PRESCRIPTIONS FOR DISEASE MODIFYING THERAPIES THIS PROGRAM PAYS FOR 2 VISITS TO A NEUROLOGIST ONE IS FOR AN INITIAL ASSESSMENT, AND ONE IS FOR A FOLLOW UP THIS PROGRAM BRIDGES A GAP FOR THOSE WITH MS WHO ARE EITHER UNINSURED, OR IN THE PROCESS OF APPLYING FOR LONG TERM HEALTH INSURANCE AND ASSISTANCE SUCH AS MEDICADE OR MEDICARE. IN 2011 18 INDIVIDUALS WITH MS WERE ASSISTED WITH 22 DOCTOR VISITS IN 10 STATES TOTAL FUNDING EXPENDITURE WAS \$4,200 00

Identifier	Return Reference	Explanation
SUPPORT GROUP OUTREACH PROGRAM	FORM 990, PART III, LINE 4D	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 INDIVIDUALS WITH MS, ENCOURAGING THEM TO REFER PATIENTS TO THE LOCAL SUPPORT GROUP. DURING 2011 THE MSF CONDUCTED 16 OUTREACH VISITS TO SUPPORT GROUP LEADERS IN EIGHT DIFFERENT STATES

Identifier	Return Reference	Explanation
MSF WEBSITE PROGRAM	FORM 990, PART III, LINE 4D	<p>THE MSF WEBSITE SERVES AS THE INTERNET LINK TO THE VARIOUS PROGRAMS AND 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 INDIVIDUALS 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. AMONG THE FEATURES OF THE MSF'S WEBSITE ARE NEWS AND ANNOUNCEMENTS. THE MSF STRIVES TO KEEP ABREAST OF DEVELOPMENTS IN MS NEWS AND RESEARCH, AND PROVIDE UP-TO-DATE REPORTS VIA THE NEWS & ANNOUNCEMENTS SECTION OF OUR WEBSITE. OUR GOAL IS TO PROVIDE CLEAR, COMPREHENSIBLE INFORMATION, WHILE SHOWING HOW INDIVIDUAL STUDIES FIT INTO THE LARGER PERSPECTIVE AND HOW THEY PERTAIN TO THE INDIVIDUAL WITH MS. INTERNET HELPLINE THE INTERNET HELPLINE PROVIDES INFORMATION AND SUPPORT IN RESPONSE TO THOUSANDS OF ONLINE REQUESTS EACH YEAR FROM ALL OVER THE WORLD. THROUGH A LIVE ONE-ON-ONE CHAT AND PERSONALIZED RESPONSES TO EMAILS, DEDICATED CASEWORKERS AND PEER COUNSELORS PROVIDE THE LATEST INFORMATION ON MS, TREATMENTS, RESEARCH, COMPLEMENTARY AND ALTERNATIVE THERAPIES, COPING TECHNIQUES, AND SYMPTOM MANAGEMENT. MULTIMEDIA LIBRARY THIS UNIQUE INTERNET LIBRARY IN ENGLISH AND SPANISH PRESENTS VITAL MS INFORMATION FROM LEADING NEUROLOGISTS IN A STREAMING VIDEO FORMAT. QUESTIONS AND ANSWERS ARE ADDRESSED ON DIAGNOSIS, SYMPTOM MANAGEMENT, TREATMENT OPTIONS, AND RESEARCH. MSFOCUS ON LINE EDITION OUR COMPLIMENTARY, FULL COLOR QUARTERLY MAGAZINE CAN NOW BE FOUND ON OUR WEBSITE INCLUDING ARCHIVED ISSUES. MS FOCUS PROVIDES PRACTICAL INFORMATION ON TRADITIONAL AND INTEGRATIVE HEALTHCARE, CURRENT RESEARCH, COPING TECHNIQUES, QUALITY OF LIFE ISSUES, AND MORE. INTERNET FORUMS FOR THOSE WHO ARE INTERESTED IN MS, OUR FORUMS PROVIDE THE OPPORTUNITY TO HAVE QUESTIONS ANSWERED IN TWO DISTINCT WAYS. BY QUALIFIED HEALTHCARE PROFESSIONALS THROUGH THE ASK THE DOCTOR FORUM AND BY PEERS WHO ARE DEALING WITH THE SAME CHALLENGES, THROUGH THE MSFRIENDS PEER-TO-PEER FORUM. THE MSFRONTIERS FORUM, ORIGINALLY LAUNCHED AS A TRAVEL FORUM, WAS EXPANDED TO WELCOME POSTS THAT REPRESENT ANY NEW FRONTIER FOR PEOPLE WITH MS. A NEW FORUM, MSFAMILIES, WAS ALSO ADDED, WHERE SPOUSES, CHILDREN, AND OTHER FAMILY MEMBERS CAN JOIN AN OPEN DISCUSSION FOR FAMILY CAREGIVERS ABOUT THE CHALLENGES THEY FACE WHEN SUPPORTING A LOVED ONE WITH MS. ALL FORUMS ARE MODERATED, EASY TO USE AND ACCESSIBLE TO ANY ONE WITH AN INTERNET CONNECTION. INDEPENDENT REGIONAL SUPPORT GROUP DIRECTORY FOR SUPPORT GROUPS WISHING TO PROMOTE AWARENESS OF THEIR MISSION AND ACTIVITIES, THE MSF PROVIDES A NATIONAL ONLINE DIRECTORY OF INDEPENDENT SUPPORT GROUPS. THE DIRECTORY PROVIDES INFORMATION ON LOCATIONS, TIMES, DATES, CONTACT INFORMATION, AS WELL AS A BRIEF DESCRIPTION OF THE SUPPORT GROUP. MSFY1 INTERNET NEWSLETTER THIS MONTHLY NEWSLETTER IS SENT DIRECTLY TO THE SUBSCRIBER'S 'INBOX' EACH MONTH, BRINGING THE VERY LATEST IN MS NEWS, INCLUDING RESEARCH, CLINICAL TRIALS, AND HELPFUL HINTS FOR LIVING WELL WITH MS. DURING 2011, MSFY1 REACHED CLOSE TO 18,000 SUBSCRIBERS IN 110 COUNTRIES. ARTICLES THE ARTICLES SECTION OF THE MSF WEBSITE EMPOWERS THOSE AFFECTED BY MS WITH THE INFORMATION NECESSARY TO MAKE THE MOST COMPLETE AND EDUCATED DECISIONS ABOUT THEIR HEALTHCARE. WE STRIVE TO PROVIDE CURRENT, RELEVANT ARTICLES ON A VARIETY OF MS-RELATED TOPICS, SOME OF WHICH HAVE PREVIOUSLY APPEARED IN OUR MAGAZINES, NEWSLETTERS, AND OTHER PUBLICATIONS.</p>

Identifier	Return Reference	Explanation
EDUCATION AND INFORMATION PROGRAM	FORM 990, PART III, LINE 4D	<p>MSF RESOURCE/LENDING LIBRARY 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 2011 MSF PROCESSED OVER 278 MAILINGS TO 231 PEOPLE LOCATED IN 42 STATES 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, 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 2011, OVER 150 PERSONS WERE ASSISTED EACH MONTH THROUGH THIS PROGRAM DATABASE THE MSF MAINTAINS A RAPIDLY GROWING DATABASE OF INDIVIDUALS AND ORGANIZATIONS FROM THE US AND ABROAD THAT ARE INTERESTED IN MS CONSTANTLY UPDATED AND EXPANDED, THE MSF DATABASES ALSO INCLUDE HEALTH, HOME CARE, ASSISTIVE TECHNOLOGY, AND HWP RESOURCES, GRANTING CASEWORKERS RAPID ACCESS TO INFORMATION FOR THOSE IN NEED WRITTEN MATERIAL 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 MSFOCUS OUR COMPLIMENTARY 64-PAGE, FULL COLOR QUARTERLY MAGAZINE, WITH A NATIONAL READERSHIP OF 130,000, IS MAILED TO INDIVIDUALS WITH MS, 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 AN AUDIO VERSION OF MS FOCUS IS AVAILABLE FOR INDIVIDUALS WITH IMPAIRED VISION AND OTHER DISABILITIES ASSOCIATED WITH MS SUPPORT GROUP NEWS THE SUPPORT GROUP NEWS IS A QUARTERLY INFORMATIONAL NEWSLETTER OF THE 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 2011 OVER 10,000 PERSONS SUBSCRIBED TO THE SUPPORT GROUP NEWS BROCHURES AND BOOKLETS A GENERAL BROCHURE DEVELOPED FOR THE PUBLIC IS DISTRIBUTED TO OVER 200,000 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 OF CHARGE WE ALSO HAVE A GROWING LIST OF FACT SHEETS AVAILABLE FOR OUR SPANISH-SPEAKING READERS AND THEIR FAMILY MEMBERS</p>

Identifier	Return Reference	Explanation
SPECIAL PROGRAMS AND EDUCATION	FORM 990, PART III, LINE 4D	<p>PUBLIC AWARENESS PROGRAMS 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 INDIVIDUALS WITH MS AND THEIR FAMILIES AND CARE PARTNERS. IN 2011, OVER 6,500 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 INDIVIDUALS WITH MS, 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 2011, MSF SPONSORED OVER 57 OUTREACH PROGRAMS THROUGHOUT THE COUNTRY, INCLUDING 26 PATIENT EDUCATIONAL PROGRAMS AND 12 PROGRAMS WITH HEALTHCARE PROFESSIONALS. ANNUAL MSF CRUISE FOR A CAUSE THE MSF CRUISE FOR A CAUSE 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 2011, 175 PEOPLE FROM 32 STATES, WASHINGTON D.C. AND CANADA PARTICIPATED IN THE ANNUAL CRUISE.</p>

Identifier	Return Reference	Explanation
GRANTS	FORM 990, PART III, LINE 4D	<p>MSF QUALITY OF LIFE GRANTS THE MSF IS AN ACTIVE PARTICIPANT IN SUPPORTING A VARIETY OF 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 2011, 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. OVER \$250,000 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. BRIGHTER TOMORROW GRANTS 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 2011, 62 PEOPLE FROM 31 STATES AND TERRITORIES BENEFITED DIRECTLY FROM THE BRIGHTER TOMORROW GRANT AND MANY GRANT APPLICANTS WERE HELPED THROUGH OTHER PROGRAMS OFFERED BY THE MSF.</p>

Identifier	Return Reference	Explanation
	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