

Form 990
2017Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization MULTIPLE SCLEROSIS FOUNDATION INC		D Employer identification number 59-2792934
Doing business as		E Telephone number (954) 776-6805
Number and street (or P O box if mail is not delivered to street address) 6520 NORTH ANDREWS AVENUE		Room/suite
City or town, state or province, country, and ZIP or foreign postal code FT LAUDERDALE, FL 33309		
F Name and address of principal officer ALAN R SEGALOFF 6520 NORTH ANDREWS AVENUE FT LAUDERDALE, FL 33309		G Gross receipts \$ 8,482,205

I Tax-exempt status 501(c)(3) 501(c) () ► (insert no) 4947(a)(1) or 527J Website: ► WWW.MSFOCUS.ORGK Form of organization Corporation Trust Association Other ►

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

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

H(c) Group exemption number ►

L Year of formation 1986 M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE PROGRAMS AND SUPPORT SERVICES TO THOSE PERSONS AFFECTED BY MS (SEE SCHEDULE O FOR MORE)
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	3 7
	4 7
	5 485
	6 6,996
	7a 0
	7b 0
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	Prior Year
	7,540,697 7,247,624
	0 0
	106,276 117,569
	-29,813 -3,434
Net Assets or Fund Balances	7,617,160 7,361,759
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► 2,264,481
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)
	7,804,796 7,701,261
	-187,636 -339,502
Sign Here	Beginning of Current Year
	6,587,597 6,492,813
	359,663 346,616
	6,227,934 6,146,197

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	2018-07-25 Date
	ALAN R SEGALOFF CO-EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL FISHER	Preparer's signature MICHAEL FISHER	Date	Check <input type="checkbox"/> if self-employed	PTIN P01243324
	Firm's name ► CBIZ MHM LLC	Firm's EIN ► 34-1900735			
	Firm's address ► 1675 N MILITARY TRAIL 5TH FLOOR BOCA RATON, FL 33486	Phone no (561) 994-5050			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 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 \$ 440,231 including grants of \$ 153,898) (Revenue \$)
See Additional Data**4b** (Code) (Expenses \$ 295,748 including grants of \$ 155,539) (Revenue \$)
See Additional Data**4c** (Code) (Expenses \$ 340,693 including grants of \$ 159,189) (Revenue \$)
See Additional Data(Code) (Expenses \$ 3,691,881 including grants of \$ 563,513) (Revenue \$)**4d** Other program services (Describe in Schedule O)
(Expenses \$ 3,691,881 including grants of \$ 563,513) (Revenue \$)**4e** **Total program service expenses ►** 4,768,553

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
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	10	No
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	11a	Yes
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	11b	Yes
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	11c	No
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	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes
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	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes
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 and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

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 lines 24b through 24d and complete Schedule K If "No," go to line 25a
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
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?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
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

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

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 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
20a		No
20b		
21	Yes	
22	Yes	
23		No
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34		No
35a		No
35b		
36		No
37		No
38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	24	
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	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	485	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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 as charitable contributions?	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	Yes	
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	Yes	
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?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
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? <i>If "No," provide an explanation in Schedule O</i>	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 or note to any line in this Part VI

Section A. Governing Body and Management

	1a	7	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	7		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No	
6 Did the organization have members or stockholders?	6		No	
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?	7a		No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a		Yes	
a The governing body?	8b		Yes	
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	Yes
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	Yes
13 Did the organization have a written whistleblower policy?	14	Yes
14 Did the organization have a written document retention and destruction policy?	15a	Yes
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?	15b	Yes
a The organization's CEO, Executive Director, or top management official	16a	No
b Other officers or key employees of the organization	16b	
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?		

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	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	►MR ALAN SEGALOFF CO-EXECUTIVE 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 or note to any line 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 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 organization compensated any current officer, director, or trustee.

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

1b Sub-Total _____

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c) ▶ 229,512 0 20,488

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

	Yes	No
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	WEST COAST CAMPAIGN CENTER	388,176
PO BOX 881 SALEM, OR 97308		
OGILVY PUBLIC RELATIONS WORLDWIDE INC	PUBLIC RELATIONS MESSAGING	158,404
1111 19TH STREET NW WASHINGTON, DC 20036		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	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	7,247,624			
	g Noncash contributions included in lines 1a-1f \$ _____					
h Total. Add lines 1a-1f		7,247,624				
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,271		42,271	
	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				
b Less cost or other basis and sales expenses	1,187,310					
c Gain or (loss)	1,112,012					
d Net gain or (loss)	75,298		75,298		75,298	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	5,000				
b Less direct expenses	b	8,434				
c Net income or (loss) from fundraising events			-3,434		-3,434	
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		7,361,759	0	0	114,135	

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments See Part IV, line 21	181,650	181,650		
2 Grants and other assistance to domestic individuals See Part IV, line 22	850,489	850,489		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	285,220	178,918	71,043	35,259
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	3,572,768	1,882,416	156,314	1,534,038
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	7,751	1,805		5,946
c Accounting	27,000		27,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17	135,861			135,861
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	458,367	431,747	8,255	18,365
12 Advertising and promotion	102,235	91,180	1,337	9,718
13 Office expenses	151,479	51,635	71,956	27,888
14 Information technology				
15 Royalties				
16 Occupancy	475,838	124,517	124,516	226,805
17 Travel	1,068	253	815	
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	58,823	19,608	19,607	19,608
23 Insurance	27,432	14,813	1,372	11,247
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING & POSTAGE	660,311	376,149	85,608	198,554
b AWARENESS AND EDUCATION	542,110	542,110		
c MISCELLANEOUS	69,348	8,213	32,993	28,142
d REPAIRS AND MAINTENANCE	39,151	13,050	13,051	13,050
e All other expenses	54,360		54,360	
25 Total functional expenses. Add lines 1 through 24e	7,701,261	4,768,553	668,227	2,264,481
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	200	1	200
	2 Savings and temporary cash investments	2,367,575	2	1,892,831
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	423,531	4	424,661
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6		
	7 Notes and loans receivable, net	7		
	8 Inventories for sale or use	8		
	9 Prepaid expenses and deferred charges	82,614	9	78,119
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	968,605	
	b Less accumulated depreciation	10b	836,468	161,233
	11 Investments—publicly traded securities		10c	132,137
	12 Investments—other securities See Part IV, line 11	2,808,525	12	3,141,468
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	743,919	15	823,397
	16 Total assets. Add lines 1 through 15 (must equal line 34)	6,587,597	16	6,492,813
Liabilities	17 Accounts payable and accrued expenses	271,123	17	266,832
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	88,540	25	79,784
	26 Total liabilities. Add lines 17 through 25	359,663	26	346,616
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,478,265	27	5,309,044
	28 Temporarily restricted net assets	20,750	28	28,756
	29 Permanently restricted net assets	728,919	29	808,397
	Organizations that do not follow SFAS 117 (ASC 958), 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	6,227,934	33	6,146,197
	34 Total liabilities and net assets/fund balances	6,587,597	34	6,492,813

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,361,759
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,701,261
3	Revenue less expenses Subtract line 2 from line 1	3	-339,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,227,934
5	Net unrealized gains (losses) on investments	5	257,765
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,146,197

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

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual
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?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2b Were the organization's financial statements audited by an independent accountant?		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input checked="" type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		
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		

Additional Data

Software ID:

Software Version:

EIN: 59-2792934

Name: MULTIPLE SCLEROSIS FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

HOME CARE GRANT PROGRAMSEE SCHEDULE O

Form 990, Part III, Line 4b:
COOLING EQUIPMENT PROGRAMSEE SCHEDULE O

Form 990, Part III, Line 4c:
ASSISTIVE TECHNOLOGY PROGRAMSEE SCHEDULE O

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2017****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 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 12, check only one box)

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

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 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)

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

12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	8,042,721	9,154,750	8,598,815	7,540,697	7,247,624	40,584,607
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	8,042,721	9,154,750	8,598,815	7,540,697	7,247,624	40,584,607
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						40,584,607

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	8,042,721	9,154,750	8,598,815	7,540,697	7,247,624	40,584,607
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	575	29,148	103,009	106,276	117,569	356,577
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						40,941,184
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99 130 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99 260 %
16a	33 1/3% support test—2017. 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—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b	10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2017. 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		► <input type="checkbox"/>
b 33 1/3% support tests—2016. 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		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

a The organization satisfied the Activities Test. Complete **line 2** below

b The organization is the parent of each of its supported organizations. Complete **line 3** below

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2017
		(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions	
3	Excess distributions carryover, if any, to 2017	
a		
b	From 2013.	
c	From 2014.	
d	From 2015.	
e	From 2016.	
f	Total of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2017 distributable amount	
i	Carryover from 2012 not applied (see instructions)	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	
4	Distributions for 2017 from Section D, line 7 \$	
a	Applied to underdistributions of prior years	
b	Applied to 2017 distributable amount	
c	Remainder Subtract lines 4a and 4b from 4	
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions	
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions	
7	Excess distributions carryover to 2018. Add lines 3j and 4c	
8	Breakdown of line 7	
a	Excess from 2013.	
b	Excess from 2014.	
c	Excess from 2015.	
d	Excess from 2016.	
e	Excess from 2017.	

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**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" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

a Total number of conservation easements

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

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

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

a <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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Yes No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

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

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

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

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

a Board designated or quasi-endowment ►
b Permanent endowment ►
c Temporarily restricted endowment ►

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

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

(i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		102,486	49,533	52,953
d Equipment		218,707	218,067	640
e Other		647,412	568,868	78,544
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				132,137

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LAND & DONATED TIME SHARE	4,805	F
(B) EQUITY SECURITIES	1,467,973	F
(C) BONDS	1,668,690	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,141,468	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	15,000
(2) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	808,397
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	823,397

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT EXPENSE	79,784
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	79,784

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,619,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	257,765
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	257,765
3	Subtract line 2e from line 1	3	7,361,759
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	7,361,759

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,701,261
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,701,261
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,701,261

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2792934

Name: MULTIPLE SCLEROSIS FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MULTIPLE SCLEROSIS FOUNDATION INC BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. INTEREST ACCRUED RELATED TO MATERIAL UNRECOGNIZED TAX BENEFITS IS RECOGNIZED IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2017

Complete if the organization answered "Yes" on 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number

59-2792934

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

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

a <input type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" 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

(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			
1 JADENT INC PO BOX 881 SALEM, OR 97308	REGIONAL CAMPAIGN AND PUBLIC INITIATIVE		No	550,133	388,176	161,957
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				550,133	388,176	161,957

3 List all states in which the organization is registered or licensed to solicit contributions 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d) ►				
11 Net income summary Subtract line 10 from line 3, column (d) ►				

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				
9 Enter the state(s) in which the organization conducts gaming activities _____				
a Is the organization licensed to conduct gaming activities in each of these states? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "No," explain _____				
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "Yes," explain _____				

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

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

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ►
 Address ►

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

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

c If "Yes," enter name and address of the third party

Name ►
 Address ►

16 Gaming manager information

Name ►
 Gaming manager compensation ► \$
 Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2017****Open to Public
Inspection**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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

See Additional Data Table					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2792934

Name: MULTIPLE SCLEROSIS FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCORD HOSPITAL TRUST 250 PLEASANT STREET CONCORD, NH 03301	26-0378710	501(C)(3)	10,000				MS WELLNESS PROGRAM
CENTRASTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK ROAD SUITE 5 FREEHOLD, NJ 07728	22-2383065	501(C)(3)	13,300				MS WELLNESS PROGRAM

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COMMON GROUND OUTDOOR ADVENTURES 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	7,500			ADAPTIVE OUTDOOR RECREATIONAL PROGRAM	
UNIVERSITY OF BUFFALO 1001 MAIN STREET 4TH FLOOR BUFFALO, NY 14203	16-1514621	501(C)(3)	3,350			ANNUAL MS FAMILY FUN DAY	

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FUNDACION DE ESCLEROSIS MULTIPLE DE PR TORRE I SUITE 403 100 CARR 165 GUAYNABO, PR 00968	66-0586712	501(C)(3)	10,800				WELLNESS PROGRAMS
HUNTER COLLEGE OF RESEARCH ADMINISTRATION 695 PARK AVENUE ROOM E1424 NEW YORK, NY 10065	13-3598671	501(C)(3)	15,000				MS EDUCATIONAL TRAINING PROGRAMS FOR PT'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF FLORIDA 1149 NEWELL DRIVE L3-100 GAINESVILLE, FL 32610	59-6002052	501(C)(3)	20,000				FATIGUE PROGRAM FOR MS PATIENTS
NYU SCHOOL OF MEDICINE 240 E 38TH STREET NEW YORK, NY 10016	13-5562308	501(C)(3)	15,000				TUTORING FOR MS STUDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OSCHNER FOUNDATION 1514 JEFFERSON HIGHWAY CT-6 JEFFERSON, LA 70121	72-0502505	501(C)(3)	20,000			LICENSED CLINICAL SOCIAL WORKER	
UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 45339 SAN FRANCISCO, CA 941450339	94-6036493	501(C)(3)	10,000			LET'S GO TRAVEL PROGRAM	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOGA MOVES MS ORG 311260 BRIARCLIFF ROAD FRANKLIN, MI 48025	47-5068379	501(C)(3)	7,500				ADAPTIVE YOGA FOR MS CLASSES
MS FIT FOUNDATION 5726 HARPERS FERRY ROAD WINSTONSALEM, NC 27106	46-2685316	501(C)(3)	5,700				FITNESS AND WELLNESS PROGRAM FOR MS PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MF FORWARD 13530 DISCOVERY DRIVE OMAHA, NE 68137	27-0195173	501(C)(3)	18,500			COMMUNITY ACTIVITY DAY PROGRAM	
HAMILTON AREA YMCA 1315 WHITEHORSE- MERCERVILLE RD HAMILTON, NJ 08619	21-0702879	501(C)(3)	10,000			ONE-STEP THERAPEUTIC EXERCISE	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 07018	72-0423889	501(C)(3)	15,000	MS REBOOT WORKSHOPS			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDE HEALTH AND WELLNESS	800	67,173			
PROVIDE COMPUTERS AND PERIPHERAL DEVICES	161	38,499			
PROVIDE SUPPORT GROUPS	6596	90,996			
PROVIDE HEALTH CARE ASSISTANCE	83	26,594			
PROVIDE EDUCATIONAL GRANTS CFAC	80	18,180			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDE BRIGHTER TOMORROW GRANTS	104	44,836			
PROVIDE EMERGENCY ASSISTANCE	289	95,585			
PROVIDE HOME CARE	3870	153,898			
PROVIDE COOLING EQUIPMENT	1189	155,539			
PROVIDE ASSISTIVE TECHNOLOGY GRANTS	757	159,189			

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

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
MULTIPLE SCLEROSIS FOUNDATION INCEmployer identification number
59-2792934**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 of the expenses described above? If "No," complete Part III to explain

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

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

<input 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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," on line 5a or 5b, describe in Part III

6 For persons listed on 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," on line 6a or 6b, describe in Part III

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

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

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

	Yes	No
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 duplicate copies if additional space is needed

For each individual whose compensation must be reported on 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)-(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

59-2792934

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE MISSION OF THE MULTIPLE SCLEROSIS FOUNDATION ("MS FOCUS") IS TO PROVIDE PROGRAMS AND SUPPORT TO THOSE PERSONS AFFECTED BY MULTIPLE SCLEROSIS 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 MS FOCUS'S PROGRAMS AND SERVICES AND PROMOTE UNDERSTANDING FOR THOSE DIAGNOSED WITH THE ILLNESS. THE PRIMARY PURPOSE OF THE MS FOCUS IS TO RESPOND TO THE NEEDS OF INDIVIDUALS WITH MULTIPLE SCLEROSIS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	HOME CARE GRANT PROGRAM THE 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, MS FOCUS PROVIDED 3,870 VISITS IN 44 STATES IN 2017 THE SERVICES PROVIDED ARE HOME CARE, RESPITE, AND THERAPY SERVICES TO THOSE OF ALL AGES, WITH LIMITED OR FIXED INCOMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	SUPPORT PROGRAM 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 60,000 CALLS A YEAR COME IN 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 MS FOCUS 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 US 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 SUPPORT GROUPS THE MS FOCUS SUPPORT GROUP PROGRAM PROVIDES DIRECT ASSISTANCES FOR MS PEOPLE TO START A SUPPORT GROUP IN THEIR COMMUNITY THEY ARE PROVIDED WITH PHONE SUPPORT AND A SUPPORT GROUP TRAINING MANUAL TO ASSIST THEM IN STARTING AND MAINTAINING THE SUPPORT GROUP SUPPORT GROUPS ARE PROVIDED WITH EDUCATIONAL INFORMATION AND REFERRALS, BOOKS, VIDEOS AND RESOURCE MATERIALS FROM THE LENDING LIBRARY, DEVELOPMENT AND PRINTING OF FLYERS AND BROCHURES, AND THE OPPORTUNITY TO LIST THEIR SUPPORT GROUP IN THE INDEPENDENT REGIONAL SUPPORT GROUP DIRECTORY ON OUR WEBSITE FOR SUPPORT GROUPS THAT QUALIFY, DIRECT SUPPORT PROGRAMS, INCLUDING FINANCIAL ASSISTANCE AND ENRICHMENT GRANTS ARE AVAILABLE EXISTING SUPPORT GROUPS THAT CONTACT US ARE PROVIDED WITH THE SAME SERVICES OVER 176 INDEPENDENT SUPPORT GROUPS THROUGHOUT THE COUNTRY ARE AFFILIATED WITH US THROUGH OUR SUPPORT GROUP PROGRAM RANGING IN SIZE FROM SIX TO SIX HUNDRED MEMBERS, THESE GROUPS RESPOND TO THE NEEDS, PROBLEMS, AND CONCERNS OF THE MS PEOPLE WITHIN THEIR COMMUNITY CAREGIVERS NIGHT OUT EACH NOVEMBER, IN HONOR OF NATIONAL FAMILY CAREGIVERS MONTH, AND IN RECOGNITION OF CAREGIVERS EVERYWHERE, MS FOCUS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	ASSISTIVE TECHNOLOGY PROGRAM THE ASSISTIVE TECHNOLOGY (AT) PROGRAM PROVIDES DIRECT SUPPORT FOR SERVICES AND DEVICES THAT INCREASE, MAINTAIN, OR IMPROVE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH 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 2017, MS FOCUS ASSISTED 757 INDIVIDUALS 50 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PATIENT ASSISTANCE PROGRAM THE PATIENT EMERGENCY ASSISTANCE PROGRAM PROVIDES ONE-TIME ASSISTANCE TO MS PATIENTS WHO ARE STRUGGLING FINANCIALLY REQUESTS, INCLUDING THOSE FOR EMERGENCY ASSISTANCE AND COSTS ASSOCIATED WITH HEALTH-RELATED MS CARE, ARE CONSIDERED ON A CASE-BY-CASE BASIS EVERY EFFORT IS MADE TO FIRST 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 2017, MS FOCUS PROVIDED ASSISTANCE TO 289 MS PATIENTS IN 45 STATES, FOR HEATING AND COOLING COSTS, HOME IMPROVEMENTS AND REPAIRS, UTILITIES, THERAPY-RELATED MEDICATIONS, AND HOUSING ASSISTANCE

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>INFORMATION & EDUCATION MS FOCUS WEBSITES THE WEBSITES SERVE AS THE INTERNET LINK TO THE VARIOUS PROGRAMS AND SERVICES WE OFFER IT IS CONTINUOUSLY EVOLVING IN ORDER TO MEET THE GROWING NEEDS OF THOSE AFFECTED DIRECTLY AND INDIRECTLY BY MS THE 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 WEBSITES A LISTING OF U.S. AND INTERNATIONAL CLINICAL TRIALS ACTIVELY RECRUITING PATIENTS WITH MS, A COMPREHENSIVE LISTING OF DRUGS APPROVED BY THE FDA, AS WELL AS DETAILED PROFILES, ORGANIZED GEOGRAPHICALLY BY STATE, OF HUNDREDS OF CLINICAL RESEARCH CENTERS SPECIALIZING IN NEUROLOGY RESEARCH, IS AVAILABLE ON THE WEBSITE AMONG THE FEATURES OF THE WEBSITE ARE NEWS AND ANNOUNCEMENTS THE MS FOCUS STRIVES TO KEEP AWARENESS 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 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 SOCIAL MEDIA THE MS FOCUS STAFF IS WIDELY ACCESSIBLE THROUGH SOCIAL MEDIA, ANSWERING QUESTIONS DAILY ABOUT AVAILABLE SERVICES, RESOURCES, AND INFORMATION QUESTIONS ARE RECEIVED THROUGH FACEBOOK, TWITTER, AND YOUTUBE WE ALSO PROVIDE AN OPPORTUNITY FOR PEER-TO-PEER SUPPORT BY ITS MODERATED FACEBOOK GROUP, WITH OVER 21,000 MEMBERS AND HUNDREDS OF COMMENTS DAILY, ALL OF WHICH ARE CAREFULLY MODERATED BY OUR STAFF INDEPENDENT REGIONAL SUPPORT GROUP DIRECTORY FOR SUPPORT GROUPS WISHING TO PROMOTE AWARENESS OF THEIR MISSION AND ACTIVITIES, WE PROVIDE 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 ARTICLES THE ARTICLES SECTION OF THE 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 MSFYI 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 2017, MSFYI REACHED OVER 35,000 SUBSCRIBERS IN 100 COUNTRIES MS FOCUS ON PROG</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>RAMS MS FOCUS ON PROGRAMS WILL HELP YOU KEEP UP-TO-DATE WITH ALL THE FREE SERVICES OUR ORGANIZATION OFFERS TO MEET THE NEEDS OF THOSE WITH MS. LEARN ABOUT NEW PROGRAMS, APPLICATION DEADLINES, EDUCATIONAL OFFERINGS IN YOUR AREA, AND RECEIVE OTHER IMPORTANT ANNOUNCEMENTS FROM THE MS FOCUS. MS FOCUS ON ACTION WANT TO GET INVOLVED WITH THE MS COMMUNITY BUT DON'T KNOW WHERE TO START? SUBSCRIBE TO MS FOCUS ON ACTION! THIS E-NEWSLETTER WILL KEEP YOU UP TO DATE WITH THE CURRENT ISSUES FACING THE MS COMMUNITY, AND PROVIDE HELPFUL TIPS THAT WILL ALLOW YOU TO GET MORE INVOLVED NO MATTER YOUR LEVEL OF ABILITY OR AVAILABLE TIME, THERE'S SOMETHING EVERYONE CAN DO. MS FOCUS MAGAZINE MS FOCUS MAGAZINE, OUR NATIONALLY ACCLAIMED QUARTERLY PUBLICATION, IS AVAILABLE AT NO COST TO PEOPLE WITH MS AND THEIR FAMILIES, CAREGIVERS, AND HEALTHCARE PROFESSIONALS. EACH ISSUE OF MS FOCUS MAGAZINE FEATURES ADVICE FROM EXPERTS TO HELP THOSE LIVING WITH MS, INCLUDING PRACTICAL TIPS YOU CAN FOLLOW. LEARN ABOUT MEDICINE AND RESEARCH, SYMPTOM MANAGEMENT, HEALTH AND WELLNESS, AND SO MUCH MORE. MS FOCUS ON RESEARCH MS FOCUS ON RESEARCH IS A CONCISE EMAIL NEWSLETTER THAT PRESENTS EACH MONTH'S NEWS AND DEVELOPMENTS IN MS RESEARCH. IT INCLUDES RESEARCH INTO THE CAUSE AND CURE OF MS, AS WELL AS STUDIES RELATED TO TREATMENT, COPING, ALTERNATIVE MEDICINE, DISABILITY, AND OTHER SCIENCE NEWS RELATED TO MS. MS FOCUS DONOR UPDATE THE MS FOCUS DONOR UPDATE IS SENT EVERY TWO MONTHS BY EMAIL. THE NEWSLETTER HIGHLIGHTS SUCCESS STORIES WHICH ARE MADE POSSIBLE BY OUR GENEROUS DONORS. IT INCLUDES PERSONAL STORIES OF PEOPLE WITH MS WHO HAVE BENEFITED FROM MS FOCUS AND LETS YOU KNOW WHERE YOUR MONEY GOES. WHEN YOU DONATE TO THE FOUNDATION 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 2017. MS FOCUS PROVIDED INFORMATION TO 250 PEOPLE LOCATED IN 43 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PATIENTS PROVIDE SINCERE AND CARING SUPPORT IN THE COMFORT OF THEIR OWN HOME DURING 2017 , OVER 100 PEOPLE PER MONTH WERE ASSISTED THROUGH THIS PROGRAM DATA BASE THE MS FOCUS MAI NTAINS A RAPIDLY GROWING DATABASE OF INDIVIDUALS AND ORGANIZATIONS FROM THE U S AND ABROA D THAT ARE INTERESTED IN MS CONSTANTLY UPDATED AND EXPANDED, THE DATABASES ALSO INCLUDE H EALTH, HOME CARE, ASSISTIVE TECHNOLOGY, AND CAM RESOURCES, GRANTING CASEWORKERS RAPID ACCE SS TO INFORMATION FOR THOSE IN NEED MSFOCUSRADIO.ORG AND MSFOCUSMAGAZINE.ORG MSFOCUS RADI O (MSFOCUSRADIO.ORG) PROVIDES ROUND-THE-CLOCK MOTIVATION, EDUCATION, AND EMPOWERMENT TO PE OPLE AFFECTED BY MULTIPLE SCLEROSIS FEATURING ORIGINAL CONTENT PRODUCED BY THE MULTIPLE S CLEROSIS FOUNDATION, AS WELL AS THE BEST IN AUDIO BOOKS AND INSPIRATIONAL MUSIC, MSFOCUS R ADIO IS THE MS RESOURCE THAT CAN TRAVEL WITH YOU THROUGHOUT YOUR DAY YOU CAN LISTEN ON TH E WEB AS WELL AS ON YOUR ANDROID AND IOS DEVICES THE MISSION OF MSFOCUS RADIO IS TO EMPOW ER THOSE AFFECTED BY MS WITH THE INFORMATION NECESSARY TO MAKE THE MOST COMPLETE AND EDUCA TED DECISIONS CONCERNING THEIR HEALTH MSFOCUSMAGAZINE. COM CONTAINS ON LINE VERSIONS OF AL L OUR PUBLICATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>SPECIAL PROGRAMS AND EDUCATION PUBLIC AWARENESS PROGRAMS NATIONAL MS EDUCATION AND AWARENESS MONTH IS A NATIONAL EFFORT, HELD EACH YEAR DURING THE MONTH OF MARCH, BY THE MS FOCUS 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. MS FOCUS WORKS DILIGENTLY TO PROVIDE, ON A NATIONAL LEVEL, INTERESTING AND EDUCATIONAL EVENTS FOR MS PATIENTS AND THEIR FAMILIES AND CARE PARTNERS DURING 2017, OVER 22,000 INDIVIDUALS PARTICIPATED IN THIS GRASSROOTS CAMPAIGN BY DISTRIBUTING AWARENESS KITS THROUGHOUT THEIR COMMUNITIES. THOUSANDS MORE PARTICIPATED IN EDUCATIONAL PROGRAMS, FUNDRAISERS, AND OTHER MS RELATED ACTIVITIES DURING THE MONTH. REGIONALLY CONDUCTED OUTREACH ACTIVITIES INCLUDING EDUCATIONAL PROGRAMS DIRECTED TO PATIENTS, HEALTHCARE PROFESSIONALS, AND SUPPORT GROUPS EDUCATE THOUSANDS EACH YEAR WITH AN INTEREST IN MS. IN ADDITION, MS FOCUS 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 2017 MS FOCUS SPONSORED 41 OUTREACH PROGRAMS NATIONWIDE. 25 PATIENT EDUCATION PROGRAMS AND 16 NATIONAL TELECONFERENCES ANNUAL MS FOCUS CRUISE FOR A CAUSE THE MS FOCUS 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. SUPPORT GROUP OUTREACH THROUGH THE SUPPORT GROUP OUTREACH PROGRAM, MS FOCUS 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 MS FOCUS. TO ENCOURAGE ADDITIONAL COMMUNITY SUPPORT, WHEN VISITING SUPPORT GROUPS, WE CONDUCT OUTREACH VISITS TO LOCAL HOSPITALS, HEALTH CARE AND ASSISTED LIVING FACILITIES, LIBRARIES, AND VARIOUS OTHER ORGANIZATIONS THAT CAN PROVIDE RESOURCES FOR LOCAL MS PATIENTS, ENCOURAGING THEM TO REFER PATIENTS TO THE LOCAL SUPPORT GROUP. IN 2017, 179 SUPPORT GROUPS TOTALING 6,596 INDIVIDUALS WERE ASSISTED BY THIS PROGRAM.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>ASSISTANCE PROGRAMS MS FOCUS QUALITY OF LIFE GRANTS MS FOCUS IS AN ACTIVE PARTICIPANT IN SUPPORTING IMPROVING THE LIVES OF THOSE WHO LIVE WITH MS MS FOCUS ANNUALLY AWARDS THOUSANDS OF DOLLARS IN GRANTS AND ENDOWMENTS TO UNIVERSITIES AND OTHER NONPROFIT ORGANIZATIONS THAT ACTIVELY PROMOTE QUALITY OF LIFE THROUGH NEW STRATEGIES FOR MANAGEMENT OF THE DISEASE SINCE 1996, THE MULTIPLE SCLEROSIS FOUNDATION (MS FOCUS) HAS AWARDED GRANTS AND ENDOWMENTS TO UNIVERSITIES, MS CENTERS, AND OTHER NONPROFIT ORGANIZATIONS TO ACTIVELY PROMOTE QUALITY OF LIFE AND CREATE A BRIGHTER TOMORROW FOR THOSE LIVING WITH MS MS CENTERS AND NONPROFIT ORGANIZATIONS, WITH A PHYSICAL PRESENCE IN THE UNITED STATES, IN NEED OF EXPANDING THEIR PROGRAMS AND SERVICES ARE ALSO ELIGIBLE FOR FINANCIAL ASSISTANCE FROM US GRANTS ARE AVAILABLE FOR IMPLEMENTING OR EXPANDING MS DAY PROGRAMS, DIAGNOSTIC SERVICES, REHABILITATION SERVICES, SUPPORT SERVICES, SOCIAL SERVICES, EDUCATION AND OUTREACH, AND MEDICAL CARE GRANTS AMOUNTING TO \$181,000 WERE PROVIDED TO ORGANIZATIONS ACROSS THE COUNTRY IN 2017 WHICH PROVIDE COMPREHENSIVE TREATMENT, PROFESSIONAL RESOURCES, SUPPORT, EDUCATION, AND INFORMATION RELATED TO MS BRIGHTER TOMORROW GRANTS NOW IN ITS SEVENTH YEAR, THIS PROGRAM PROVIDES INDIVIDUALS WITH MS WITH GOODS OR SERVICES TO IMPROVE THEIR QUALITY OF LIFE BY ENHANCING SAFETY, SELF-SUFFICIENCY, COMFORT, OR WELL BEING RECIPIENTS WERE SUPPLIED WITH RAMPS, VEHICLE AND HOME MODIFICATIONS, COMPUTERS, APPLIANCES, CONTINUING EDUCATION, CLOTHING, FURNITURE, HOBBY SUPPLIES AND EXERCISE EQUIPMENT APPLICANTS ARE REQUIRED TO PROVIDE BASIC PERSONAL AND FINANCIAL INFORMATION, ALONG WITH A BRIEF ESSAY OF 100 WORDS OR LESS DESCRIBING HOW THE GRANT MIGHT HELP THEM HAVE A BRIGHTER TOMORROW IN 2017, 104 PEOPLE FROM 43 STATES AND TERRITORIES BENEFITED DIRECTLY FROM THE BRIGHTER TOMORROW GRANT AND MANY GRANT APPLICANTS WERE HELPED THROUGH OTHER PROGRAMS OFFERED BY MS FOCUS COMPUTER GRANT PROGRAM COMPUTER GRANT PROGRAM PROVIDES COMPUTERS FOR INDIVIDUALS WITH MS ON LIMITED OR FIXED INCOMES FOR THOSE WHO DO NOT KNOW HOW TO USE A COMPUTER, TRAINING MAY BE PROVIDED THE APPLICATION PROCESS REQUIRES VERIFICATION OF A DIAGNOSIS OF MS AND A BRIEF ESSAY FROM THE APPLICANT EXPLAINING HOW A COMPUTER WILL ENHANCE THEIR QUALITY OF LIFE A COMPUTER, MONITOR, KEYBOARD AND MOUSE WILL BE GRANTED INTERNET ACCESS AND TECHNICAL SUPPORT WILL BE THE RESPONSIBILITY OF THE GRANT RECIPIENT DURING 2017, 161 INDIVIDUALS WERE ASSISTED IN 46 STATES HEALTH CARE ASSISTANCE GRANT THE HEALTH CARE ASSISTANCE PROGRAM WAS IMPLEMENTED IN 2012 TO ASSIST INDIVIDUALS IN PAYING FOR DOCTOR VISITS MANY TIMES AN INDIVIDUAL WITH MS CANNOT RECEIVE MEDICATION OR ASSISTANCE WITHOUT A PRESCRIPTION FROM A PHYSICIAN AND THEY MAY NOT BE ABLE TO COVER THE COST OF THE PHYSICIAN THE PROGRAM WAS DEVELOPED TO HELP BRIDGE THIS GAP AND WILL ALLOW TWO VISITS TO A PHYSICIAN IN 2017 , WE ASSISTED 83 INDIVIDUALS' VISITS IN 29 STATES</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4D	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 MS PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS PUBLISHED IN ENLARGED TYPE FOR THE BENEFIT OUR READERS, MSFOCUS PROVIDES PRACTICAL INFORMATION ON TRADITIONAL AND INTEGRATIVE HEALTHCARE, CURRENT RESEARCH, COPING TECHNIQUES, QUALITY OF LIFE ISSUES, AND MORE AN AUDIO AND ON LINE VERSION OF MS FOCUS IS AVAILABLE ON OUR MSFOCUSMAGAZINE.ORG WEBSITE SUPPORT GROUP NEWS THE EMPOWER SOURCE IS A QUARTERLY INFORMATIONAL NEWSLETTER OF THE MULTIPLE SCLEROSIS FOUNDATION THE PURPOSE OF THIS UNIQUE PUBLICATION IS TO RECOGNIZE THE VITAL ROLE OF SUPPORT GROUPS IN MOTIVATING, EDUCATING AND EMPOWERING ALL THOSE WHOSE LIVES ARE AFFECTED BY MS FREE SUBSCRIPTIONS ARE AVAILABLE UPON REQUEST DURING 2017 OVER 29,000 PERSONS SUBSCRIBED TO EMPOWER SOURCE BROCHURES AND BOOKLETS A GENERAL BROCHURE DEVELOPED FOR THE PUBLIC IS DISTRIBUTED, IT HIGHLIGHTS THE MS FOCUS'S MISSION AND LISTS SUPPORT RESOURCES AND PROGRAMS ENCOURAGING PUBLIC SUPPORT, SUCH AS VOLUNTEERISM BROCHURES ON VARIOUS MS FOCUS 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

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	COOLING GRANT PROGRAM MS FOCUS RECEIVES NUMEROUS REQUESTS FOR ASSISTANCE IN COPING WITH HEAT-INDUCED SYMPTOMS IN 2017, THROUGH THE COOLING PROGRAM, 1,189 INDIVIDUALS IN 49 STATES WERE PROVIDED WITH COOLING VESTS, WRIST BANDS, NECK BANDS, BANDANAS, AND HATS TO HELP THEM REMAIN ACTIVE AND HAVE A MORE COMFORTABLE LIFESTYLE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

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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

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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

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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

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Return Reference	Explanation
FORM 990, PART IX, LINE 24E	BANK CHARGES 0 PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 38,042 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 38,042 FEDERAL & STATE FEES 0 PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 16,318 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,318

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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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR

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Return Reference	Explanation
FORM 990, PART X LINE 29 COLUMN A	THE BEGINNING BALANCE OF PERMANENTLY RESTRICTED NET ASSETS HAS BEEN RESTATED TO CONFORM TO THE RESTATED AUDITED FINANCIAL STATEMENTS