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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

Doing business as

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

D Employer identification number
59-2792934

E Telephone number
(954) 776-6805

G Gross receipts $ 10,663,707

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

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MSFOCUS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE PROGRAMS AND SUPPORT SERVICES TO THOSE PERSONS AFFECTED BY MS (SEE SCHEDULE O FOR MORE)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	265
6	Total number of volunteers (estimate if necessary)	**6**	6,750
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,842,128	8,593,724
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,370	122,815
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,063,498	8,716,539
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,053,454	1,191,577
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,902,360	3,865,763
16a	Professional fundraising fees (Part IX, column (A), line 11e)	106,734	99,008
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,958,295		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,518,358	2,198,039
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,580,906	7,354,387
19	Revenue less expenses Subtract line 18 from line 12	1,482,592	1,362,152

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,496,013	9,230,843
21	Total liabilities (Part X, line 26)	235,240	272,790
22	Net assets or fund balances Subtract line 21 from line 20	7,260,773	8,958,053

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

****** 2020-06-11
Signature of officer Date

ALAN R SEGALOFF EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01243324

Firm's name ▶ CBIZ MHM OF FLORIDA LLC — Firm's EIN ▶ 34-1900735

Firm's address ▶ 2255 GLADES ROAD SUITE 321A BOCA RATON, FL 33431 — Phone no (561) 994-5050

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

Part III Statement of Program Service Accomplishments

Check 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 $ 380,057 including grants of $ 132,827) (Revenue $)
See Additional Data

4b (Code) (Expenses $ 346,779 including grants of $ 249,867) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 422,126 including grants of $ 251,857) (Revenue $)
See Additional Data

(Code) (Expenses $ 3,398,882 including grants of $ 557,026) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ 3,398,882 including grants of $ 557,026) (Revenue $)

4e **Total program service expenses ▶** 4,547,844

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, Schedule of Contributors* (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 X*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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*	22	Yes	
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*	23	Yes	
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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
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	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	20		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	265		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	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).**				
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?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
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? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O			**16**	No

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

				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				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	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*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
AL , AK , AZ , AR , CA , CO , CT , DE , DC , FL , GA , HI , ID , IL , IN , IA , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , MT , NE , NV , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , TX , UT , VT , VA , WA , WV , WI , WY

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

☑ Own website ☐ Another's website ☑ Upon request ☐ 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 EXECUTIVE DIRECT 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 VII . . . . . ☐

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

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

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

See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC SCHENCK PRESIDENT - DIRECTOR	3 00	X		X				0	0	0
(2) CHARLES EADER VP & TREASURER - DIRECTOR	3 00	X		X				0	0	0
(3) JOHN BLACKSTOCK SECRETARY - DIRECTOR	3 00	X		X				0	0	0
(4) GREGORY STEIN DIRECTOR	3 00	X						0	0	0
(5) WILLIAM SHEEHAN DIRECTOR	3 00	X						0	0	0
(6) G MARK SHALLOWAY DIRECTOR	3 00	X						0	0	0
(7) ELAINE LAFLAMME DIRECTOR	3 00	X						0	0	0
(8) ALAN SEGALOFF EXECUTIVE DIRECTOR	55 00			X				140,730	0	19,655

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								140,730	0	19,655

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 ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JADENT INC PO BOX 881 SALEM, OR 97308	WEST COAST CAMPAIGN CENTER	400,042

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

Part VIII Statement of Revenue

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

		(A) 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** 8,593,724				
	g Noncash contributions included in lines 1a - 1f $ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	8,593,724			
Program Service Revenue		Business Code			
	2a				
	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) . . . . . ▶	57,490			57,490
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a** 2,012,493				
	b Less cost or other basis and sales expenses **7b** 1,947,168				
	c Gain or (loss) **7c** 65,325				
	d Net gain or (loss) . . . . . ▶	65,325			65,325
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **8a**				
	b Less direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . **9a**				
	b Less direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less cost of goods sold . . **10b**				
	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 . . . . ▶	8,716,539	0	0	122,815

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	143,402	143,402		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,048,175	1,048,175		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	221,878	77,657	110,939	33,282
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	3,643,885	1,919,120	327,446	1,397,319
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	32,333		27,495	4,838
c Accounting	29,750		29,750	
d Lobbying				
e Professional fundraising services See Part IV, line 17	99,008			99,008
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)	363,279	343,535	10,364	9,380
12 Advertising and promotion	3,463	873	141	2,449
13 Office expenses	106,080	27,349	55,020	23,711
14 Information technology				
15 Royalties				
16 Occupancy	468,029	125,565	138,893	203,571
17 Travel	869	59	810	
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	66,972	22,324	22,324	22,324
23 Insurance	35,908	18,546	4,072	13,290
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	595,487	446,615	29,775	119,097
b AWARENESS AND EDUCATION	343,083	343,083	0	0
c MISCELLANEOUS	82,809	18,029	48,266	16,514
d REPAIRS AND MAINTENANCE	40,536	13,512	13,512	13,512
e All other expenses	29,441		29,441	
25 **Total functional expenses.** Add lines 1 through 24e	7,354,387	4,547,844	848,248	1,958,295
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 ▶ ☑ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	200	1	200
	2	Savings and temporary cash investments	2,996,864	2	3,770,724
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	526,997	4	1,277,554
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	51,438	9	65,551
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,012,041			
	b	Less accumulated depreciation — 10b: 960,238	114,424	10c	51,803
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	3,072,371	12	3,214,880
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	733,719	15	850,131
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,496,013	16	9,230,843
Liabilities	17	Accounts payable and accrued expenses	164,213	17	216,520
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	71,027	25	56,270
	26	**Total liabilities.** Add lines 17 through 25	235,240	26	272,790
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	6,497,054	27	7,950,922
	28	Net assets with donor restrictions	763,719	28	1,007,131
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	7,260,773	32	8,958,053
	33	Total liabilities and net assets/fund balances	7,496,013	33	9,230,843

Part XI Reconcilliation of Net Assets

Check 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	8,716,539
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,354,387
3	Revenue less expenses Subtract line 2 from line 1	3	1,362,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,260,773
5	Net unrealized gains (losses) on investments	5	335,128
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	8,958,053

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-2792934

Name: MULTIPLE SCLEROSIS FOUNDATION INC

Form 990 (2019)

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493169005230

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number
59-2792934

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	8,598,815	7,540,697	7,247,624	8,842,128	8,593,724	40,822,988
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	8,598,815	7,540,697	7,247,624	8,842,128	8,593,724	40,822,988
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						40,822,988

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	8,598,815	7,540,697	7,247,624	8,842,128	8,593,724	40,822,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,009	106,276	117,569	221,370	122,815	671,039
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						41,494,027

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 2019 (line 6, column (f) divided by line 11, column (f))	**14**	98 380 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	98 620 %

16a **33 1/3% support test—2019.** 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 ▶ ☑

b **33 1/3% support test—2018.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 ▶ ☐

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 ▶ ☐

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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)

			Yes	No
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?	11a		
b	A family member of a person described in (a) above?	11b		
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***	11c		

Section B. Type I Supporting Organizations

			Yes	No
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*	1		
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*	2		

Section C. Type II Supporting Organizations

			Yes	No
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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
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?	1		
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)*	2		
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*	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.**

			Yes	No
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*	2a		
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*	2b		

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.***	3a		
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*	3b		

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 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, 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 2019 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 2020.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-2792934

Name: MULTIPLE SCLEROSIS FOUNDATION INC

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number
59-2792934

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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 ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		106,836	90,366	16,470
d Equipment		242,191	224,836	17,355
e Other		663,014	645,036	17,978
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				51,803

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	733,953	F
(C) BONDS	2,476,122	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,214,880	

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	835,131
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	850,131

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	56,270

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	9,051,667
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	335,128		
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	335,128
3	Subtract line **2e** from line **1**			3	8,716,539
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	8,716,539

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	7,354,387
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	7,354,387
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	7,354,387

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 POSITIONS 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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

▶ Go to *www irs gov/Form990* for instructions and the latest information

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number
59-2792934

Part I **Fundraising Activities.** Complete if the organization answered "Yes" 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** ☐ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

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 10 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? Yes	**(iii)** No	**(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
JADENT INC PO BOX 881 SALEM, OR 97308	REGIONAL CAMPAIGN AND PUBLIC INITIATIVE		No	400,042	282,881	117,161
Total			▶	400,042	282,881	117,161

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.

Revenue / Direct Expenses		(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.

Revenue / Direct Expenses		(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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**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

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number
59-2792934

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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

(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
See Additional Data Table					
(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
CENTRASTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK ROAD SUITE 5 FREEHOLD, NJ 07728	22-2383065	501(C)(3)	6,000				MS WELLNESS PROGRAM
COMMON GROUND OUTDOOR ADVENTURES 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	2,000				RECREATIONAL ACTIVITIES FOR PEOPLE WITH MS

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
FUNDACION DE ESCLEROSIS MULTIPLE DE PR TORRE I SUITE 403 100 CARR 165 GUAYNABO, PR 00968	66-0586712	501(C)(3)	25,000				MS WELLNESS PROGRAMS
UNIVERSITY OF FLORIDA 1149 NEWELL DRIVE L3-100 GAINESVILLE, FL 32610	59-6002052	501(C)(3)	11,000				WELLNESS PROGRAMS 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
OSCHNER FOUNDATION 1514 JEFFERSON HIGHWAY CT-6 JEFFERSON, LA 70121	72-0502505	501(C)(3)	15,000				COMPREHENSIVE SUPPORT PROGRAM FOR MS PATIENTS
MS FIT FOUNDATION 5726 HARPERS FERRY ROAD WINSTONSALEM, NC 27106	46-2685316	501(C)(3)	6,000				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
MS FORWARD 13530 DISCOVERY DRIVE OMAHA, NE 68137	27-0195173	501(C)(3)	15,000				MS ACTIVITY DAY PROGRAM
MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	23-7072762	501(C)(3)	20,000				MS ACHIEVEMENT CENTER'S DAY WELLNESS 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
MULTIPLE SCLEROSIS CENTER OF THE ROCKIES 8845 WAGNER STREET WESTMINSTER, CO 80031	61-1496319	501(C)(3)	20,000				BRAIN HEALTH PROGRAM
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE S BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	10,000				CPODD FAMILY RETREAT

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
WESTERN KENTUCKY UNIVERSITY 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101	61-6055628	501(C)(3)	1,442				MS CONVERSATION ABOUT DIABILITIES BOOK
KETTERING HEALTH NETWORK 3535 SOUTHERN BLVD KETTERING, OH 45429	31-1051688	501(C)(3)	11,960				COMMUNITY BASED EXERCISE CLASSES

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

PROVIDE HEALTH AND WELLNESS	757	69,691			
PROVIDE HEALTH AND WELLNESS	757	69,691			
PROVIDE COMPUTERS AND PERIPHERAL DEVICES	254	69,584			
PROVIDE SUPPORT GROUPS	6750	92,048			
PROVIDE HEALTH CARE ASSISTANCE	115	32,236			
PROVIDE BRIGHTER TOMORROW GRANTS	153	63,377			

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

PROVIDE HOMECARE	3187	137,827			
PROVIDE HOMECARE	3187	137,827			
PROVIDE COOLING EQUIPMEMT	1748	249,866			
PROVIDE ASSISTIVE TECHNOLOGY GRANTS	983	251,857			
PROVIDE TRANSPORTATION ASSISTANCE	657	28,822			
PROVIDE EMERGENCY ASSISTANCE	131	41,671			

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

PROVIDE CRUISES	150	11,196			
PROVIDE CRUISES	150	11,196			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number
59-2792934

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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 on Line 1a?	**2**		
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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALAN SEGALOFF EXECUTIVE DIRECTOR	(i)	140,730	0	0	0	19,655	160,385	0
	(ii)	0	0	0	0	0	0	0

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

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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
MULTIPLE SCLEROSIS FOUNDATION INC

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 ASSISTANCE 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 3,187 VISITS IN 44 STATES IN 2019 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 PROGRAMS A VITAL FACET OF PROGRAM SERVICES IS TO PROVIDE ONE-ON-ONE SUPPORT, INCLU DING SOLUTIONS TO HELP DRAMATICALLY IMPROVE THE QUALITY OF LIFE FOR THOSE DIAGNOSED WITH M ULTIPLE SCLEROSIS EVERY PROBLEM OR NEED IS CONSIDERED IMPORTANT AND UNIQUE, AND IS RESOLV ED INDIVIDUALLY AND CONFIDENTIALLY TELEPHONE SUPPORT THE NATIONAL TOLL-FREE HELPLINE IS M ANNED BY A COMBINATION OF EXPERIENCED CASEWORKERS AND INDIVIDUALS WITH MS WHO SERVE AS PEE R COUNSELORS MORE THAN 70,000 CALLS A YEAR COME IN FROM AROUND THE WORLD CALLERS REQUEST INFORMATION ABOUT THE MS FOCUS THE MULTIPLE SCLEROSIS FOUNDATION AND ITS AVAILABLE SERVI CES, AS WELL AS COPING ISSUES, CRISIS INTERVENTION, MS TREATMENT OPTIONS, AND CURRENT RESE ARCH UPDATES IN ADDITION, THOUSANDS OF FOLLOW-UP CALLS ARE MADE BY THE MS FOCUS TO VARIOU S COUNTY, STATE AND FEDERAL AGENCIES, DISABILITY GROUPS, UNIVERSITIES, HOSPITALS, SUPPORT GROUPS, CRISIS CENTERS, UTILITY COMPANIES, HOUSING AUTHORITIES, AND ADVOCACY GROUPS BILIN GUAL STAFF MEMBERS ARE ON HAND TO RESPOND TO SPANISH-SPEAKING INDIVIDUALS AFFECTED BY MS WE CARE, WE CALL PEER COUNSELORS RESPOND BY TELEPHONE TO REQUESTS FROM INDIVIDUALS WHO WAN T TO TALK TO SOMEONE WITH MS WHO CARES ABOUT THEM AND IS INTERESTED IN WHAT THEY ARE EXPER IENCING SOMEONE WHO KNOWS WHAT IT'S LIKE CALLS OTHERS WITH MS AND PROVIDES SINCERE AND CA RING SUPPORT IN THE COMFORT OF THEIR OWN HOME DURING 2019, MORE THAN 250 PEOPLE PER MONTH WERE ASSISTED THROUGH THIS PROGRAM WALK-IN SUPPORT FOR THOSE WHO PERSONALLY VISIT US FOR INFORMATION AND ASSISTANCE, A RELAXING, PRIVATE MEETING ROOM IS AVAILABLE FOR PATIENTS AN D THEIR FAMILIES TO SPEAK WITH A CASEWORKER INFORMATION ON NATIONAL AND LOCAL AGENCIES PR OVIDING HOME CARE, TRANSPORTATION, ASSISTIVE TECHNOLOGY, AND FINANCIAL ASSISTANCE IS AVAIL ABLE, AS WELL AS INFORMATION ON MS, SYMPTOM MANAGEMENT, AND STRATEGIES FOR TREATMENT AND M ANAGEMENT OF THE DISEASE MANY PEOPLE HAVE EXPRESSED THEIR APPRECIATION FOR THE TIME TAKEN TO ASSIST THEM ON A PERSONAL LEVEL INTERNET HELPLINE THE INTERNET HELPLINE PROVIDES INFO RMATION AND SUPPORT IN RESPONSE TO THOUSANDS OF ONLINE REQUESTS EACH YEAR FROM ALL OVER TH E WORLD THROUGH PERSONALIZED RESPONSES TO EMAILS, DEDICATED CASEWORKERS AND PEER COUNSELO RS PROVIDE THE LATEST INFORMATION ON MS, TREATMENTS, RESEARCH, COMPLEMENTARY AND ALTERNATI VE THERAPIES, COPING TECHNIQUES, AND SYMPTOM MANAGEMENT SUPPORT GROUPS THE MS FOCUS SUPPO RT GROUP PROGRAM PROVIDES DIRECT ASSISTANCE FOR MS PEOPLE TO START A SUPPORT GROUP IN THEI R COMMUNITY THEY ARE PROVIDED WITH PHONE SUPPORT AND A SUPPORT GROUP TRAINING MANUAL TO A SSIST THEM IN STARTING AND MAINTAINING THE SUPPORT GROUP SUPPORT GROUPS ARE PROVIDED WITH EDUCATIONAL INFORMATION AND REFERRALS, BOOKS, VIDEOS AND RESOURCE MATERIALS FROM THE LEND ING 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 F OR SUPPORT GROUPS THAT QUALIFY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	, DIRECT SUPPORT PROGRAMS, INCLUDING FINANCIAL ASSISTANCE AND ENRICHMENT GRANTS ARE AVAILA BLE EXISTING SUPPORT GROUPS THAT CONTACT US ARE PROVIDED WITH THE SAME SERVICES MORE THA N 205 INDEPENDENT SUPPORT GROUPS (6,750 PARTICIPANTS) THROUGHOUT THE COUNTRY ARE AFFILIATE D WITH US THROUGH OUR SUPPORT GROUP PROGRAM RANGING IN SIZE FROM 10 TO 100+ MEMBERS, THES E GROUPS RESPOND TO THE NEEDS, PROBLEMS, AND CONCERNS OF THE MS PEOPLE WITHIN THEIR COMMUN ITY 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 OU T 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 RESOURCE/LENDING LIBRARY THE MS FOCUS LENDING LIBRARY PROVIDES INFORMATION FOR THE BENEFIT OF THOSE INTERESTED IN MS, AS WELL AS PROVIDING COMPR EHENSIVE RESOURCES TO MS FOCUS CASEWORKERS DEDICATED TO PROVIDING EDUCATION AND INFORMATIO N TO THE MS COMMUNITY THIS COMPREHENSIVE COLLECTION OF RESOURCES, WHICH CONTINUES TO EXPA ND, IS AVAILABLE FREE OF CHARGE, TO INDIVIDUALS AND GROUPS DURING 2019, MS FOCUS PROCESSE D 1,227 INFORMATIONAL REQUESTS EMANATING FROM ALL US STATES, DISTRICT OF COLUMBIA & PUERTO RICO

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 2019 , MS FOCUS ASSISTED 983 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 WITHIN THE AT PROGRAM, THE TRANSPORTATION GRANT OFFERS $250 PER YEAR TO HELP WITH PARATRANSIT FOR HOSPITAL AND DOCTOR'S VISITS OR MINOR CAR REPAIRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	EMERGENCY ASSISTANCE PROGRAM THE 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, MS FOCUS MAY PROVIDE THE NEEDED ASSISTANCE IN 2019, MS FOCUS PROVIDED ASSISTANCE TO 131 MS PATIENTS IN 31 STATES, FOR HEATING AND COOLING COSTS, HOME IMPROVEMENTS AND REPAIRS, UTILITIES, THERAPY-RELATED MEDICATIONS, AND HOUSING ASSISTANCE HEALTH & WELLNESS PROGRAM THE HEALTH AND WELLNESS PROGRAM PROVIDES RESOURCES AVAILABLE TO PEOPLE WITH MS, FAMILY MEMBERS, MEDICAL PROFESSIONALS AND HEALTH AND WELLNESS SUPPORTERS NATIONALLY THESE RESOURCES ARE EDUCATIONAL MATERIALS, INFORMATION, REFERRALS, AND THE OPPORTUNITY FOR THOSE WITH MS TO PARTICIPATE IN A WIDE RANGE OF HEALTH AND WELLNESS PROGRAMS THESE PROGRAMS CONSIST OF GROUP AND INDIVIDUAL PARTICIPATION PROGRAMS BOTH PROGRAMS OFFER SUCH AS ADAPTIVE YOGA, TAI CHI, PILATES, AQUATICS, FITNESS, EXERCISE, THERAPEUTIC HORSEBACK RIDING, RECREATIONAL THERAPIES AND ADAPTIVE SPORTS SUCH AS DANCE/MUSIC THERAPY AND BOWLING THEY ARE OFFERED TO PEOPLE WITH MS THROUGH QUALIFIED SERVICE PROVIDERS IN A SAFE AND SUPPORTIVE ENVIRONMENT TO MANAGE SPECIFIC SYMPTOMS ASSOCIATED WITH THE DISEASE, MAINTAIN OR IMPROVE THEIR PHYSICAL ABILITIES AND EMOTIONAL WELL-BEING, HELP BUILD THEIR SOCIAL SKILLS, CONFIDENCE AND SELF-ESTEEM THE INTEGRATION OF NEW KNOWLEDGE AND TECHNIQUES HELPS TO MOTIVATE, EDUCATE AND EMPOWER THE STUDENTS TO LIVE AN ENHANCED QUALITY OF LIFE IN 2019, THE HEALTH AND WELLNESS PROGRAM ASSISTED MORE THAN 757 PARTICIPANTS WITH 110 ON-GOING PROGRAMS IN 78 LOCATIONS THROUGHOUT THE U S

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FORM 990, PART III, LINE 4D	INFORMATION & EDUCATION WEBSITES MS FOCUS PROVIDES THREE USEFUL, INTER-LINKED WEBSITES TO THE MS COMMUNITY IN ADDITION TO OUR PRIMARY SITE, MSFOCUS ORG, WE OFFER MSFOCUSMAGAZINE O RG AND MSFOCUSRADIO ORG THE WEBSITES SERVE AS THE INTERNET LINK TO THE VARIOUS PROGRAMS A ND SERVICES WE OFFER THEY ARE CONTINUOUSLY EVOLVING IN ORDER TO MEET THE GROWING NEEDS OF THOSE AFFECTED DIRECTLY AND INDIRECTLY BY MS THE WEBSITES ARE INTERNATIONALLY ACCESSIBLE , AND THOUSANDS OF HOURS AND CONSIDERABLE RESOURCES ARE EXPENDED TO UPDATE THE WEBSITES EA CH YEAR THESE WEBSITES SERVE AS A COMPREHENSIVE SOURCE OF INFORMATION FOR INDIVIDUALS AND HEALTHCARE PROVIDERS AMONG THE FEATURES OF THE WEBSITES ARE MSFOCUS ORG INTRODUCTION TO MS AND MS FOCUS THE SITE SERVES AS AN INTRODUCTION TO MS FOR INDIVIDUALS WHO ARE NEWLY D IAGNOSED, ANSWERING QUESTIONS THEY MAY HAVE ABOUT THEIR CONDITION, HELPING TO ALLEVIATE FE ARS AND CONCERNS, AND FAMILIARIZING THEM WITH MS FOCUS AND OUR SERVICES ONLINE APPLICATIO NS INDIVIDUALS WITH MS CAN APPLY FOR ASSISTANCE THROUGH MANY MS FOCUS PROGRAMS USING OUR SECURE ONLINE APPLICATION PROCESS NEWS THE MS FOCUS STRIVES TO KEEP ABREAST OF DEVELOPME NTS IN MS NEWS AND RESEARCH, AND PROVIDE UP-TO-DATE REPORTS VIA THE NEWS SECTION OF OUR WE BSITE OUR GOAL IS TO PROVIDE CLEAR, COMPREHENSIBLE INFORMATION, WHILE SHOWING HOW INDIVID UAL STUDIES FIT INTO THE LARGER PERSPECTIVE AND HOW THEY PERTAIN TO THE INDIVIDUAL WITH MS CLINICAL TRIAL INFORMATION A LISTING OF U S AND INTERNATIONAL CLINICAL TRIALS ACTIVELY RECRUITING PATIENTS WITH MS, A COMPREHENSIVE LISTING OF DRUGS APPROVED BY THE FDA, AS WEL L AS DETAILED PROFILES, ORGANIZED GEOGRAPHICALLY BY STATE, OF HUNDREDS OF CLINICAL RESEARC H CENTERS SPECIALIZING IN NEUROLOGY RESEARCH, IS AVAILABLE ON THE WEBSITE INDEPENDENT REG IONAL SUPPORT GROUP DIRECTORY FOR SUPPORT GROUPS WISHING TO PROMOTE AWARENESS OF THEIR MI SSION AND ACTIVITIES, WE PROVIDE A NATIONAL ONLINE DIRECTORY OF INDEPENDENT SUPPORT GROUPS THE DIRECTORY PROVIDES INFORMATION ON LOCATIONS, TIMES, DATES, CONTACT INFORMATION, AS W ELL AS A BRIEF DESCRIPTION OF THE SUPPORT GROUP MSFOCUSMAGAZINE ORG ARTICLES THE MSFOCUS MAGAZINE ORG WEBSITE IS THE ONLINE HOME OF OUR FLAGSHIP PUBLICATION THE ARTICLES EMPOWERS THOSE AFFECTED BY MS WITH THE INFORMATION NECESSARY TO MAKE THE MOST COMPLETE AND EDUCATE D DECISIONS ABOUT THEIR HEALTHCARE WE STRIVE TO PROVIDE CURRENT, RELEVANT ARTICLES ON A V ARIETY OF MS-RELATED TOPICS, SOME OF WHICH HAVE PREVIOUSLY APPEARED IN OUR MAGAZINES, NEWS LETTERS, AND OTHER PUBLICATIONS WEB EXCLUSIVES MS BLOGGERS, JOURNALISTS, AND HEALTH CARE PROVIDERS CONTRIBUTE ORIGINAL CONTENT THAT PROVIDES UP-TO-THE-MINUTE INFORMATION AND ADVI CE FOR INDIVIDUALS WITH MS MSFOCUSRADIO ORG AUDIO STREAMING THE AUDIO STREAMING PROVIDES ROUND-THE-CLOCK MOTIVATION, EDUCATION, AND EMPOWERMENT TO PEOPLE AFFECTED BY MULTIPLE SCL EROSIS FEATURING ORIGINAL CONTENT PRODUCED BY THE MULTIPLE SCLEROSIS FOUNDATION, MSFOCUS RADIO IS THE MS RESOURCE THAT

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FORM 990, PART III, LINE 4D	CAN TRAVEL WITH A PERSON WITH MS THROUGHOUT THEIR DAY INDIVIDUALS CAN LISTEN ON THE WEB A S WELL AS ON ANDROID AND IOS DEVICES ON-DEMAND LISTENING MANY OF THE RECORDINGS BROADCAS T ON THE LIVESTREAM ARE AVAILABLE FOR ON-DEMAND LISTENING

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Return Reference	Explanation
FORM 990, PART III, LINE 4D	SPECIAL PROGRAMS AND EDUCATION PUBLIC AWARENESS PROGRAMS NATIONAL MS EDUCATION AND AWARENE SS MONTH IS A NATIONAL EFFORT, HELD EACH YEAR DURING THE MONTH OF MARCH, BY THE MS FOCUS A ND AFFILIATED GROUPS TO RAISE THE PUBLIC'S AWARENESS ABOUT MS THE VITAL GOALS OF THIS CAM PAIGN ARE TO PROMOTE AN UNDERSTANDING OF THE SCOPE OF THE DISEASE AS WELL AS DISTRIBUTE IN FORMATION AND RESOURCES THAT CAN ASSIST THOSE AFFECTED MS FOCUS WORKS DILIGENTLY TO PROVI DE, ON A NATIONAL LEVEL, INTERESTING AND EDUCATIONAL EVENTS FOR MS PATIENTS AND THEIR FAMI LIES AND CARE PARTNERS DURING 2019, OVER 22,000 INDIVIDUALS PARTICIPATED IN THIS GRASSROO TS CAMPAIGN BY DISTRIBUTING AWARENESS KITS THROUGHOUT THEIR COMMUNITIES THOUSANDS MORE PA RTICIPATED IN EDUCATIONAL PROGRAMS, FUNDRAISERS, AND OTHER MS RELATED ACTIVITIES DURING TH E 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 B Y COLLABORATING WITH ORGANIZATIONS WITH ESTABLISHED PROGRAMS AND EXISTING RESOURCES THAT C OMPLIMENT OUR MISSION IN ORDER TO ACHIEVE THE MOST EFFECTIVE USE OF LIMITED RESOURCES DUR ING 2019 MS FOCUS SPONSORED 40 NATIONWIDE PATIENT EDUCATION PROGRAMS ANNUAL MS FOCUS AT S EA THE MS FOCUS AT SEA 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 B OTH PHYSICAL AND EMOTIONAL WHILE HAVING FUN WITH OTHERS WITH MS AN EDUCATIONAL SERIES WIT H CUTTING EDGE MEDICAL INFORMATION IS PROVIDED THROUGH LECTURES, WORKSHOPS, MOTIVATIONAL S PEECHES, 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 SUPPO RT GROUP OUTREACH PROGRAM, MS FOCUS EXTENDS A PERSONAL TOUCH TO SUPPORT GROUP LEADERS, PRO VIDING 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 ACTIVI TIES ON BEHALF OF THE MS FOCUS TO ENCOURAGE ADDITIONAL COMMUNITY SUPPORT, WHEN VISITING S UPPORT GROUPS, WE CONDUCT OUTREACH VISITS TO LOCAL HOSPITALS, HEALTH CARE AND ASSISTED LIV ING FACILITIES, LIBRARIES, AND VARIOUS OTHER ORGANIZATIONS THAT CAN PROVIDE RESOURCES FOR LOCAL MS PATIENTS, ENCOURAGING THEM TO REFER PATIENTS TO THE LOCAL SUPPORT GROUP DATABASE THE MS FOCUS MAINTAINS A RAPIDLY GROWING DATABASE OF INDIVIDUALS AND ORGANIZATIONS FROM T HE U S AND ABROAD THAT ARE INTERESTED IN MS CONSTANTLY UPDATED AND EXPANDED, THE DATABAS ES ALSO INCLUDE HEALTH, HOMECARE, ASSISTIVE TECHNOLOGY, AND CAM RESOURCES, GRANTING CASEWO RKERS RAPID ACCESS TO INFORMATION FOR THOSE IN NEED SOCIAL MEDIA OUR SOCIAL MEDIA PLATFOR MS CONNECT PEOPLE TO OUR FREE

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FORM 990, PART III, LINE 4D	PROGRAMS AND SERVICES, EDUCATE, CREATE MS AWARENESS, AND EMPOWER PEOPLE TO LIVE LIFE AT TH EIR BEST OUR FACEBOOK PAGE HAS BEEN LIKED BY MORE THAN 32,000 PEOPLE OUR FACEBOOK GROUP, WHICH IS MODERATED BY OUR STAFF, HAS MORE THAN 16,000 MEMBERS WHO SUPPORT EACH OTHER AND HAVE CREATED AN ONLINE FELLOWSHIP TWITTER, INSTAGRAM, AND TUMBLR ALSO HELP SPREAD THE MES SAGE FOR THE FOUNDATION WE REGULARLY POST VIDEOS OF OUR MS EDUCATIONAL PROGRAMS ON OUR YO UTUBE CHANNEL OUR YOUTUBE SUBSCRIBERS WATCH OUR EDUCATIONAL PROGRAMS, TO WHICH THEY MAY N OT BE ABLE TO GO IN PERSON, PROVIDING A VITAL LINK TO THE MS COMMUNITY

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FORM 990, PART III, LINE 4D	ASSISTANCE PROGRAMS MS FOCUS QUALITY OF LIFE GRANTS MS FOCUS IS AN ACTIVE PARTICIPANT IN S UPPORTING IMPROVING THE LIVES OF THOSE WHO LIVE WITH MS SINCE 1996, THE MULTIPLE SCLEROSI S FOUNDATION HAS AWARDED GRANTS AND ENDOWMENTS TO UNIVERSITIES, MS CENTERS, AND OTHER NONP ROFIT 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 P ROGRAMS, DIAGNOSTIC SERVICES, REHABILITATION SERVICES, SUPPORT SERVICES, SOCIAL SERVICES, EDUCATION AND OUTREACH, AND MEDICAL CARE GRANTS AMOUNTING TO $143,402 WERE PROVIDED TO OR GANIZATIONS ACROSS THE COUNTRY IN 2019 WHICH PROVIDE COMPREHENSIVE TREATMENT, PROFESSIONAL RESOURCES, SUPPORT, EDUCATION, AND INFORMATION RELATED TO MS BRIGHTER TOMORROW GRANTS TH IS 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 SUPPL IED WITH RAMPS, VEHICLE AND HOME MODIFICATIONS, COMPUTERS, APPLIANCES, CONTINUING EDUCATIO N, 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 2019, 153 PEOP LE 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 GRA NT 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, M ONITOR, KEYBOARD AND MOUSE WILL BE GRANTED INTERNET ACCESS AND TECHNICAL SUPPORT WILL BE THE RESPONSIBILITY OF THE GRANT RECIPIENT DURING 2019, 254 INDIVIDUALS WERE ASSISTED IN 4 6 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 M S 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 BRI DGE THIS GAP AND WILL ALLOW TWO VISITS TO A PHYSICIAN IN 2019, WE ASSISTED 115 INDIVIDUAL S' VISITS IN 29 STATES TRANSPORTATION ASSISTANCE GRANT THE TRANSPORTATION ASSISTANCE GRAN T PROGRAM WAS ESTABLISHED TO HELP MEMBERS OF THE MS COMMUNITY REMAIN AS INDEPENDENT AS POS SIBLE, AND ENSURE ALL PEOPLE WITH MS HAVE THE TRANSPORTATION NECESSARY TO GET THE BEST MED ICAL CARE THE PROGRAM PROVIDE

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FORM 990, PART III, LINE 4D	S FUNDING FOR REASONABLE TRANSPORTATION FEES USING LYFT, UBER OR PARATRANSIT THE PROGRAM PROVIDES TRANSPORTATION TO AND FROM APPOINTMENTS FOR MS CARE, INCLUDING NEUROLOGIST VISITS AND INFUSION CENTERS, AT NO COST TO THE PERSON WITH MS TO QUALIFY FOR THE PROGRAM A PERS ON MUST HAVE A DOCUMENTED DIAGNOSIS OF MS FOR TRANSPORTATION THROUGH LYFT OR UBER, THE AP PLICANT MUST BE ABLE TO ENTER THE VEHICLE INDEPENDENTLY OR WITH THE HELP OF A CAREGIVER WH O WILL ACCOMPANY THEM, AND ANY MOBILITY AIDS THEY REQUIRE MUST FIT IN A STANDARD VEHICLE T RUNK THEY MUST ALSO HAVE A CELLULAR DEVICE CAPABLE OF RECEIVING AND SENDING TEXT MESSAGES DURING 2019, 657 RIDES WHERE AWARDED TO INDIVIDUALS IN 29 STATES

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FORM 990, PART III, LINE 4D	PUBLICATIONS MS FOCUS PROVIDES AN ARRAY OF EDUCATIONAL PUBLICATIONS IN BOTH DIGITAL AND PR INT FORMATS A GREAT DEAL OF TIME AND EFFORT IS DEVOTED TO ENSURING THE ACCURACY, RELEVANC E, AND APPROPRIATENESS OF ALL WRITTEN MATERIAL ALL LITERATURE IS DESIGNED TO BE UP-TO-DAT E AND RESPONSIVE TO THE NEEDS AND INTERESTS OF THE MS COMMUNITY HERE ARE JUST A FEW MS F OCUS MAGAZINE OUR CRITICALLY-ACCLAIMED FLAGSHIP PUBLICATION, MS FOCUS MAGAZINE HAS A CIRCU LATION OF MORE THAN 150,000 IT IS MAILED TO MS PATIENTS, CAREGIVERS, AND HEALTHCARE PROFE SSIONALS IT IS ALSO AVAILABLE ONLINE AT MSFOCUSMAGAZINE ORG EACH ISSUE IS IN FULL-COLOR AND ENLARGED PRINT THE MAGAZINE FEATURES ADVICE FROM EXPERTS TO HELP THOSE LIVING WITH MS , INCLUDING PRACTICAL TIPS YOU CAN FOLLOW LEARN ABOUT MEDICINE AND RESEARCH, SYMPTOM MANA GEMENT, HEALTH AND WELLNESS AND LIFESTYLE ARTICLES EMPOWERSOURCE SUPPORT GROUP NEWS THE E MPOWERSOURCE 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 I N MOTIVATING, EDUCATING AND EMPOWERING ALL THOSE WHOSE LIVES ARE AFFECTED BY MS FREE SUBS CRIPTIONS ARE AVAILABLE UPON REQUEST DURING 2019, OVER 40,000 PERSONS SUBSCRIBED TO EMPOW ERSOURCE BOOKLETS AND BROCHURES A GENERAL BROCHURE DEVELOPED FOR THE PUBLIC IS DISTRIBUTE D, WHICH HIGHLIGHTS THE MS FOCUS'S MISSION AND LISTS SUPPORT RESOURCES AND PROGRAMS ENCOUR AGING PUBLIC SUPPORT, SUCH AS VOLUNTEERISM BROCHURES ON VARIOUS MS FOCUS ASSISTANCE PROGR AMS, INCLUDING ASSISTIVE TECHNOLOGY AND HOME CARE GRANTS ARE ALSO AVAILABLE BOOKLETS CONT AINING EXTENSIVE INFORMATION ON MS, SYMPTOM MANAGEMENT, PREGNANCY, COMPLEMENTARY AND ALTER NATIVE MEDICINE, MEDICATIONS, INTIMACY AND SEXUALITY, NUTRITION, AND EXERCISE ARE AVAILABL E TO THE PUBLIC AT NO CHARGE MOST OF THESE BOOKLETS ARE ALSO AVAILABLE IN SPANISH FACT S HEETS FOR AREAS OF SPECIFIC INTEREST, FACT SHEETS CONTAINING INFORMATION ON CURRENT MEDICA L TREATMENTS, LATEST RESEARCH, SYMPTOM MANAGEMENT, AND COMPLEMENTARY AND ALTERNATIVE MEDIC INE 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 E-NEWSLETTERS MS FOC US ON PROGRAMS THIS E-NEWSLETTER HELPS PEOPLE WITH MS KEEP UP-TO-DATE WITH ALL THE FREE S ERVICES OUR ORGANIZATION OFFERS TO MEET THE NEEDS OF THOSE WITH MS THEY LEARN ABOUT NEW P ROGRAMS, APPLICATION DEADLINES, EDUCATIONAL OFFERINGS , AND RECEIVE OTHER IMPORTANT ANNOUN CEMENTS FROM THE MS FOCUS MS FOCUS ON ACTION THIS E-NEWSLETTER HELPS SUBSCRIBERS KEEP UP TO DATE WITH THE CURRENT ISSUES FACING THE MS COMMUNITY, AND PROVIDES HELPFUL TIPS THAT W ILL ALLOW THEM TO GET MORE INVOLVED MS FOCUS ON RESEARCH MS FOCUS ON RESEARCH IS A CONCIS E EMAIL NEWSLETTER THAT PRESENTS EACH MONTH'S NEWS AND DEVELOPMENTS IN MS RESEARCH IT INC LUDES RESEARCH INTO THE CAUSE AND CURE OF MS, AS WELL AS STUDIES RELATED TO TREATMENT, COP ING, ALTERNATIVE MEDICINE, DIS

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Return Reference	Explanation
FORM 990, PART III, LINE 4D	ABILITY, AND OTHER SCIENCE NEWS RELATED TO MS

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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 2019, THROUGH THE COOLING PROGRAM, 1,748 INDIVIDUALS IN 47 STATES WERE PROVIDED WITH COOLING VESTS, WRIST BANDS, NECK BANDS, BANDANAS, AND HATS TO HELP THEM REMAIN ACTIVE AND HAVE A MORE COMFORTABLE LIFESTYLE

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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 PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 24,270 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 24,270 FEDERAL & STATE FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 5,171 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,171

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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