

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**MULTIPLE SCLEROSIS FOUNDATION, INC.**

**59-2792934**

Name and title of officer

**ALAN R SEGALOFF  
CO-EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	.....	<b>1b</b>	.....	<b>7,617,160.</b>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	.....	<b>2b</b>	.....	
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	.....	<b>3b</b>	.....	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	.....	<b>4b</b>	.....	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	.....	<b>5b</b>	.....	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize **CBIZ MHM, LLC**

ERO firm name

to enter my PIN **50501**

Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ **8/19/17**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65885645050**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **CBIZ MHM, LLC**

Date ▶

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

16330807 143399 14847S

2016.04013 MULTIPLE SCLEROSIS FOUNDA 14847S\_1



**Return of Organization Exempt From Income Tax**

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated return  
 Amended return  
 Application pending

**C** Name of organization: **MULTIPLE SCLEROSIS FOUNDATION, INC.**

Doing business as: **59-2792934**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **954-776-6805**

**6520 NORTH ANDREWS AVENUE**

City or town, state or province, country, and ZIP or foreign postal code: **FT. LAUDERDALE, FL 33309**

**F** Name and address of principal officer: **ALAN R SEGALOFF**  
**SAME AS C ABOVE**

**J** 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**

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)**

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

Activities & Governance	Prior Year	Current Year
1		
2		
3		
4		
5		
6		
7a		
7b		
8	8,598,815.	7,540,697.
9	0.	0.
10	77,585.	106,276.
11	6,264.	-29,813.
12	8,682,664.	7,617,160.
13	1,075,627.	1,156,492.
14	0.	0.
15	3,915,421.	3,994,740.
16a	181,420.	160,389.
b	2,616,053.	2,493,175.
17	7,788,521.	7,804,796.
18	894,143.	-187,636.
19	Beginning of Current Year	End of Year
20	5,962,067.	5,858,678.
21	277,500.	359,663.
22	5,684,567.	5,499,015.

**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.

<b>Sign Here</b>	Signature of officer <b>ALAN R SEGALOFF, CO-EXECUTIVE DIRECTOR</b>	Date <b>8/8/17</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL FISHER</b>	Preparer's signature <i>[Signature]</i>
	Firm's name <b>CBIZ MHM, LLC</b>	Firm's EIN <b>34-1900735</b>
	Firm's address <b>1675 N. MILITARY TRAIL 5TH FLOOR BOCA RATON, FL 33486</b>	Phone no. <b>561-994-5050</b>

Part III Statement of Program Service Accomplishments

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

Input box for Part III check

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 checkboxes for line 2

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

Yes/No checkboxes for line 3

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 \$ 312,918. including grants of \$ 181,353. ) (Revenue \$ )

HOME CARE GRANT PROGRAM
SEE SCHEDULE O

4b (Code: ) (Expenses \$ 151,393. including grants of \$ 79,925. ) (Revenue \$ )

SUPPORT PROGRAM
SEE SCHEDULE O

4c (Code: ) (Expenses \$ 148,250. including grants of \$ 215,318. ) (Revenue \$ )

ASSISTIVE TECHNOLOGY PROGRAM
SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,858,689. including grants of \$ 679,896. ) (Revenue \$ )

4e Total program service expenses 5,471,250.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> 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. <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	X	
<b>22</b> 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	X	
<b>23</b> 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		X
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> 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		X
<b>b</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		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		X
<b>36</b> 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		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X
<b>Note.</b> All Form 990 filers are required to complete Schedule O		X

Form 990 (2016)

**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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	X	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3b	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
4a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4b	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)?	X	
5a	If "Yes," enter the name of the foreign country: _____		
5b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
5c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		X
6b	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?		
7	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7a	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966?		
9a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b> Is the organization licensed to issue qualified health plans in more than one state?		
13a	Note. See the instructions for additional information the organization must report on Schedule O. 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	Enter the amount of reserves on hand		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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.	7	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	7	
<b>2</b> 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? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>3</b> 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? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>7a</b> 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? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: <b>a</b> The governing body? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>9</b> 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. <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</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? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>15</b> 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? <b>a</b> The organization's CEO, Executive Director, or top management official <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>b</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? <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, CO-EXECUTIVE DIRECTOR - 800-225-6495  
 6520 NORTH ANDREWS AVENUE, FT LAUDERDALE, FL 33309





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

1b	(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>c</b>	<b>Total from continuation sheets to Part VI, Section A</b>						245,998.	0.	25,258.	
<b>d</b>	<b>Total (add lines 1b and 1c)</b>						245,998.	0.	25,258.	

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

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

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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	417,332.

**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	
<b>1</b>	<b>a</b> Federated campaigns					
	<b>b</b> Membership dues					
	<b>c</b> Fundraising events					
	<b>d</b> Related organizations					
	<b>e</b> Government grants (contributions)					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	7,540,697.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h</b> Total. Add lines 1a-1f	7,540,697.				
	<b>Business Code</b>					
	<b>2 a</b>					
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>	All other program service revenue					
<b>g</b>	Total. Add lines 2a-2f					
<b>3</b>	Investment income (including dividends, interest, and other similar amounts)	39,660.			39,660.	
<b>4</b>	Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties					
<b>6 a</b>	Gross rents					
	Less: rental expenses					
	Rental income or (loss)					
	Net rental income or (loss)					
<b>7 a</b>	Gross amount from sales of assets other than inventory					
	Less: cost or other basis and sales expenses					
	Gain or (loss)					
<b>d</b>	Net gain or (loss)	66,616.			66,616.	
	Total	66,616.				
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	Less: direct expenses					
	Net income or (loss) from fundraising events					
	Gross income from gaming activities. See Part IV, line 19					
	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
	Less: cost of goods sold					
	Net income or (loss) from sales of inventory					
<b>c</b>	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue					
<b>11 a</b>						
<b>d</b>	All other revenue					
<b>e</b>	Total. Add lines 11a-11d	7,617,160.	0.	0.	76,463.	
<b>12</b>	Total revenue. See instructions.	7,617,160.	0.	0.	76,463.	

MULTIPLE SCLEROSIS FOUNDATION, INC.

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  X

	(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	210,676.	210,676.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	945,816.	945,816.		
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	300,951.	188,851.	74,935.	37,165.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,693,789.	2,601,781.	126,338.	965,670.
7 Other salaries and wages				
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	27,751.	14,430.	1,388.	11,933.
c Accounting				
d Lobbying	160,389.			160,389.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	415,331.	295,770.	30,910.	88,651.
	89,509.	76,763.	91.	12,655.
	732,102.	494,664.	98,022.	139,416.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties	473,565.	110,942.	138,171.	224,452.
16 Occupancy	1,129.	14.	1,115.	
17 Travel				
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	41,815.	13,939.	13,938.	13,938.
22 Depreciation, depletion, and amortization	26,980.	18,886.	6,745.	1,349.
23 Insurance				
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.)	430,051.	430,051.	0.	0.
a AWARENESS AND EDUCATION	139,530.	7,713.	81,817.	50,000.
b MISCELLANEOUS	115,412.	60,954.	33,361.	21,097.
c REPAIRS AND MAINTENANCE				
d				
e All other expenses	7,804,796.	5,471,250.	606,831.	1,726,715.
25 Total functional expenses. Add lines 1 through 24e				
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  X 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 X

	(A) Beginning of year	(B) End of year
<b>Assets</b>		
1 Cash - non-interest-bearing		
2 Savings and temporary cash investments	200.	200.
3 Pledges and grants receivable, net	2,723,888.	2,367,575.
4 Accounts receivable, net		
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	249,444.	423,531.
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges	95,467.	82,614.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
10b Less: accumulated depreciation		
	938,879.	161,233.
	777,646.	
11 Investments - publicly traded securities		
12 Investments - other securities. See Part IV, line 11	2,721,802.	2,808,525.
13 Investments - program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11	15,000.	15,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,962,067.	5,858,678.
17 Accounts payable and accrued expenses	186,203.	271,123.
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable to unrelated third parties		
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	91,297.	88,540.
26 Total liabilities. Add lines 17 through 25	277,500.	359,663.
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
28 Unrestricted net assets	5,559,840.	5,478,265.
29 Temporarily restricted net assets	124,727.	20,750.
30 Permanently restricted net assets		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
32 Capital stock or trust principal, or current funds		
33 Paid-in or capital surplus, or land, building, or equipment fund		
34 Retained earnings, endowment, accumulated income, or other funds		
35 Total net assets or fund balances	5,684,567.	5,499,015.
36 Total liabilities and net assets/fund balances	5,962,067.	5,858,678.
<b>Liabilities</b>		
<b>Net Assets or Fund Balances</b>		

**Part XI Reconciliation 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)	7,617,160.
2	Total expenses (must equal Part IX, column (A), line 25)	7,804,796.
3	Revenue less expenses. Subtract line 2 from line 1	-187,636.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5,684,567.
5	Net unrealized gains (losses) on investments	2,084.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	5,499,015.

**Part XIII 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
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		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(7)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6697106.	8042721.	9154750.	8598815.	7540697.	40034089.
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	6697106.	8042721.	9154750.	8598815.	7540697.	40034089.
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.						40034089.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	6697106.	8042721.	9154750.	8598815.	7540697.	40034089.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,584.	575.	29,148.	103,009.	106,276.	297,592.
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						40331681.

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 2016 (line 6, column (f) divided by line 11, column (f))	14	99.26 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.45 %

16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 ▶

Schedule A (Form 990 or 990-EZ) 2016

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						

**8. Public support.** (Subtract line 7c from line 6.)

**Section B. Total Support**

	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	<b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			



**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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 a historically important land area  
 Protection of natural habitat  
 Preservation of open space

- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, 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 ▶ \$

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

Schedule D (Form 990) 2016

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:

Table with 6 rows (1c-1f) and 2 columns (Amount, Yes/No). Rows include: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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 on Part XIII

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

- 1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance

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

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

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

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

by:

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Small table with 2 columns (Yes, No) and 3 rows (3a(i), 3a(ii), 3b).

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



**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.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	1,225,664.	END-OF-YEAR MARKET VALUE
(C) BONDS	1,578,056.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>2,808,525.</b>	

**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.** (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

**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) DEFERRED RENT EXPENSE	88,540.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>88,540.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	7,619,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,084.
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	2,084.
3	Subtract line 2e from line 1	3	7,617,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,617,160.

**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	7,804,796.
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	7,804,796.
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	7,804,796.

**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.

**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.**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

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

**b** If "Yes," list the 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 a written or oral agreement with organization?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JADENT INC - PO BOX 881, SALEM, OR 97308	REGIONAL CAMPAIGN AND PUBLIC INITIATIVE		X	589,791.	417,332.	172,459.
<b>Total</b>			▲	589,791.	417,332.	172,459.

**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

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

Schedule G (Form 990 or 990-EZ) 2016

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 (event type)	(b) Event #2 FASHION LUNCH (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	92,159.	13,200.	200.	105,559.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	92,159.	13,200.	200.	105,559.
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)	97,102.	18,586.	19,684.	135,372.
11 Net income summary. Subtract line 10 from line 3, column (d)				135,372.
11 Net income summary. Subtract line 10 from line 3, column (d)				-29,813.

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

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

9 Enter the state(s) in which the organization conducts gaming activities:  
 a Is the organization licensed to conduct gaming activities in each of these states?  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 to be 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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

( I ) NAME OF FUNDRAISER: **JADENT INC**

( I ) ADDRESS OF FUNDRAISER: **PO BOX 881, SALEM, OR 97308**

**Part IV** Supplemental Information *(continued)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2016**  
Open to Public  
Inspection

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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. 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.

Part II 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY FOUNDATION 1120 15TH STREET, FL-1000 AUGUSTA, GA 30912	58-6038134	501(C)(3)	16,500.	0.			MS PSYCHOLOGICAL SERVICES PROGRAM
CENTRSTATE HEALTHCARE FOUNDATION 225 WILLOW BROOK ROAD, SUITE 5 FREEHOLD, NJ 07728	22-2383065	501(C)(3)	15,000.	0.			MS WELLNESS PROGRAM
COMMON GROUND OUTDOOR ADVENTURES 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	10,000.	0.			ADAPTIVE OUTDOOR RECREATIONAL PROGRAM
DELIVER THE DREAM 3223 NW 10TH TERRACE, SUITE 602 FT LAUDERDALE, FL 33309	65-0881619	501(C)(3)	10,000.	0.			RESPIRE RETREAT FOR MS FAMILIES
FUNDACION DE ESCLEROSIS MULTIPLE DE P.R. - TORRE I, SUITE 403, 100 CNR 165 - GUAYNABO, PR 00968	66-0586712	501(C)(3)	14,000.	0.			WELLNESS PROGRAMS
HUNTER THE CITY UNIVERSITY OF NEW YORK - 695 PARK AVENUE, ROOM E1424 - NEW YORK, NY 10065	02-0733394	501(C)(3)	14,000.	0.			VELOCITY TRAINING STUDY

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

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(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
MERCY FOUNDATION 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	27-0067525	501(C)(3)	25,000.	0.			ACHIEVEMENT CENTER WELLNESS PROGRAM
NYU SCHOOL OF MEDICINE 240 E 38TH STREET NEW YORK, NY 10016	33-5562388	501(C)(3)	10,000.	0.			WELLNESS PROGRAM
OHIO HEALTH FOUNDATION 180 EAST BROAD STREET COLUMBUS, OH 43215	23-7446919	501(C)(3)	10,000.	0.			MS PATIENT WELLNESS INITIATIVE
OSCHNER FOUNDATION 1514 JEFFERSON HIGHWAY, CT-6 JEFFERSON, LA 70121	72-0502505	501(C)(3)	25,000.	0.			LICENSED CLINICAL SOCIAL WORKER
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - PO BOX 45339 - SAN FRANCISCO, CA 94145-0339	94-6036493	501(C)(3)	14,000.	0.			REBOOT CAMP
WESTERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION - 1906 COLLEGE HEIGHTS BOULEVARD, #11016 - BOWLING GREEN, KY 42101-1016	61-1251555	501(C)(3)	14,176.	0.			EDUCATIONAL MS CHILDREN BOOK
YOGA MOVES MS ORG. 311260 BRIARCLIFF ROAD FRANKLIN, MI 48025	47-5068379	501(C)(3)	12,000.	0.			ADAPTIVE YOGA FFOR MS CLASSES
THE MS CENTER OF SAINT LOUIS 1176 TOWN AND COUNTRY COMMONS CHESTERFIELD, MO 63017	27-0067529	501(C)(3)	15,000.	0.			CARE MANAGEMENT FOR MS PATIENTS
MS FIT FOUNDATION 5726 HARPERS FERRY ROAD WINSTON-SALEM, NC 27106	46-2685316	501(C)(3)	6,000.	0.			FITNESS AND WELLNESS PROGRAM FOR MS PATIENTS

Schedule I (Form 990)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDE HEALTH AND WELLNESS	1010	95,850.	0.		
PROVIDE COOLING EQUIPMENT	1127	140,304.	0.		
PROVIDE COMPUTERS AND PERIPHERAL DEVICES	256	67,114.	0.		
PROVIDE HOMECARE (5,358 UNIQUE HOME CARE VISITS)	575	181,353.	0.		
PROVIDE ASSISTIVE TECHNOLOGY GRANTS	875	215,318.	0.		

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

---



---



---



---



---



---



---



---



---



---

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDE SUPPORT GROUPS	8,350.	79,925.	0.		
PROVIDE HEALTH CARE ASSISTANCE	43.	16,469.	0.		
PROVIDE EDUCATIONAL GRANTS CFAC	136.	38,614.	0.		
PROVIDE BRIGHTER TOMORROW GRANTS	88.	38,881.	0.		
PROVIDE EMERGENCY ASSISTANCE	225.	71,888.	0.		
PROVIDE OTHER GRANTS	0.	100.	0.		

**SCHEDULE J  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MULTIPLE SCLEROSIS FOUNDATION, INC.**

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
**59-2792934**

OMB No. 1545-0047

**2016**  
Open to Public Inspection

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>1b</b>		
<b>2</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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>5</b> <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III. <b>6</b> 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: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III. <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-5(c)?		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016







**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number  
59-2792934

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.

FORM 990, PART III, LINE 4A

HOME CARE GRANT PROGRAM

THE HOME CARE GRANT PROGRAM PROVIDES DIRECT SUPPORT FOR SERVICES THAT

ENCOURAGE INDEPENDENCE; IMPROVE FUNCTIONAL STATUS AND QUALITY OF LIFE;

AND MAINTAIN CAREGIVER AND OTHER FAMILY SUPPORT MECHANISMS. THE HOME

CARE GRANT PROGRAM ALSO FACILITATES THE COORDINATION OF COMMUNITY

SERVICES PROVIDING INTERVENTION AND AWARENESS OF HEALTH-RELATED QUALITY

OF LIFE ISSUES. DIRECT SUPPORT IS PROVIDED FOR ADULT DAY CARE AS WELL

AS TEMPORARY SHORT-TERM CUSTODIAL CARE IN THE HOME, INCLUDING PERSONAL

CARE, LIGHT HOUSEKEEPING, MEAL PREPARATION, AND CAREGIVER RESPIRE.

REHABILITATION SERVICES PROVIDED OUTSIDE OR INSIDE OF THE HOME INCLUDE

PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY. TRANSPORTATION TO AND FROM

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

HEALTHCARE PROVIDERS AND A VARIETY OF OTHER UNIQUE SERVICES ARE ALSO PROVIDED. THROUGH THE HOME CARE GRANT PROGRAM, MSF REACHED OUT TO PROVIDE 5,358 HOME CARE VISITS 40 STATES IN 2016 THE SERVICES PROVIDED ARE HOME CARE, RESPIRE, AND THERAPY SERVICES TO THOSE OF ALL AGES, WITH LIMITED OR FIXED INCOMES.

FORM 990, PART III, LINE 4B

SUPPORT PROGRAM

A VITAL FACET OF PROGRAM SERVICES IS TO PROVIDE ONE-ON-ONE SUPPORT, INCLUDING SOLUTIONS TO HELP DRAMATICALLY IMPROVE THE QUALITY OF LIFE FOR THOSE DIAGNOSED WITH MULTIPLE SCLEROSIS. EVERY PROBLEM OR NEED IS CONSIDERED IMPORTANT AND UNIQUE, AND IS RESOLVED INDIVIDUALLY AND CONFIDENTIALLY.

TELEPHONE SUPPORT

MORE THAN 60,000 CALLS A YEAR COME IN FROM AROUND THE WORLD. CALLERS REQUEST INFORMATION ABOUT THE MS FOCUS AND ITS AVAILABLE SERVICES, AS WELL AS COPING ISSUES, CRISIS INTERVENTION, MS TREATMENT OPTIONS, AND CURRENT RESEARCH UPDATES. IN ADDITION, THOUSANDS OF FOLLOW-UP CALLS ARE MADE BY THE MS FOCUS TO VARIOUS COUNTY, STATE AND FEDERAL AGENCIES, DISABILITY GROUPS, UNIVERSITIES, HOSPITALS, SUPPORT GROUPS, CRISIS CENTERS, UTILITY COMPANIES, HOUSING AUTHORITIES, AND ADVOCACY GROUPS. SPANISH-SPEAKING STAFF MEMBERS ARE ON HAND TO RESPOND TO HISPANIC INDIVIDUALS AFFECTED BY MS.

WALK-IN SUPPORT

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

FOR THOSE WHO PERSONALLY VISIT US FOR INFORMATION AND ASSISTANCE, A RELAXING, PRIVATE MEETING ROOM IS AVAILABLE FOR PATIENTS AND THEIR FAMILIES TO SPEAK WITH A CASEWORKER. INFORMATION ON NATIONAL AND LOCAL AGENCIES PROVIDING HOME CARE, TRANSPORTATION, ASSISTIVE TECHNOLOGY, AND FINANCIAL ASSISTANCE IS AVAILABLE; AS WELL AS INFORMATION ON MS, SYMPTOM MANAGEMENT, AND STRATEGIES FOR TREATMENT AND MANAGEMENT OF THE DISEASE. MANY PEOPLE HAVE EXPRESSED THEIR APPRECIATION FOR THE TIME TAKEN TO ASSIST THEM ON A PERSONAL LEVEL.

#### SUPPORT GROUPS

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

OVER 176 INDEPENDENT SUPPORT GROUPS THROUGHOUT THE COUNTRY ARE AFFILIATED WITH US THROUGH OUR SUPPORT GROUP PROGRAM. RANGING IN SIZE FROM SIX TO SIX HUNDRED MEMBERS, THESE GROUPS RESPOND TO THE NEEDS, PROBLEMS, AND CONCERNS OF THE MS PEOPLE WITHIN THEIR COMMUNITY.

Name of the organization

Employer identification number  
59-2792934

MULTIPLE SCLEROSIS FOUNDATION, INC.

## CAREGIVERS NIGHT OUT

EACH NOVEMBER, IN HONOR OF NATIONAL FAMILY CAREGIVERS MONTH, AND IN RECOGNITION OF CAREGIVERS EVERYWHERE, THE MS FOCUS HOSTS ITS ANNUAL MS CAREGIVERS NIGHT OUT CONTEST. AN INVITATION IS EXTENDED TO BOTH CAREGIVERS AND CARE-RECEIVERS TO SHARE THEIR PERSONAL CAREGIVING STORY AND NOMINATE THEIR CARE PARTNER TO WIN A DINNER FOR TWO AND HAVE THEIR STORY PUBLISHED IN MS FOCUS.

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 2016, THE MSF ASSISTED 900 INDIVIDUALS WITH MS IN 49 STATES WITH AT, INCLUDING WHEELCHAIRS, SCOOTERS, WALKERS, WHEELCHAIR LIFTS, HAND CONTROLS, SPEAKER PHONES, VOICE ACTIVATED SOFTWARE, PERSONAL EMERGENCY RESPONSE SYSTEMS, BRA92, EYEGASSES, 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.

FORM 990, PART III, LINE 4D

## PATIENT ASSISTANCE PROGRAM

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

THE PATIENT ASSISTANCE PROGRAM PROVIDES ONE-TIME ASSISTANCE TO MS PATIENTS WHO ARE STRUGGLING FINANCIALLY. REQUESTS, INCLUDING THOSE FOR EMERGENCY ASSISTANCE AND COSTS ASSOCIATED WITH HEALTH-RELATED MS CARE, ARE CONSIDERED ON A CASE-BY-CASE BASIS. EVERY EFFORT IS MADE TO FIRST LOCATE COMMUNITY, STATE, AND NATIONAL AGENCIES TO PROVIDE THE NEEDED ASSISTANCE. IN CASES WHERE OTHER AGENCIES ARE NOT AVAILABLE, MSF MAY PROVIDE THE NEEDED ASSISTANCE. IN 2016, MS FOCUS PROVIDED ASSISTANCE TO 225 MS PATIENTS IN 36 STATES, FOR HEATING AND COOLING COSTS, HOME IMPROVEMENTS AND REPAIRS, UTILITIES, THERAPY-RELATED MEDICATIONS, AND HOUSING ASSISTANCE.

FORM 990, PART III, LINE 4D

INFORMATION &amp; EDUCATION

MS FOCUS WEBSITE

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



Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

THE WEBSITE. AMONG THE FEATURES OF THE WEBSITE ARE:

NEWS AND ANNOUNCEMENTS

THE MS FOCUS STRIVES TO KEEP ABREAST OF DEVELOPMENTS IN MS NEWS AND RESEARCH, AND PROVIDE UP-TO-DATE REPORTS VIA THE NEWS & ANNOUNCEMENTS SECTION OF OUR WEBSITE. OUR GOAL IS TO PROVIDE CLEAR, COMPREHENSIBLE INFORMATION, WHILE SHOWING HOW INDIVIDUAL STUDIES FIT INTO THE LARGER PERSPECTIVE AND HOW THEY PERTAIN TO THE INDIVIDUAL WITH MS.

INTERNET HELPLINE

THE INTERNET HELPLINE PROVIDES INFORMATION AND SUPPORT IN RESPONSE TO THOUSANDS OF ONLINE REQUESTS EACH YEAR FROM ALL OVER THE WORLD. THROUGH PERSONALIZED RESPONSES TO EMAILS, DEDICATED CASEWORKERS AND PEER COUNSELORS PROVIDE THE LATEST INFORMATION ON MS, TREATMENTS, RESEARCH, COMPLEMENTARY AND ALTERNATIVE THERAPIES, COPING TECHNIQUES, AND SYMPTOM MANAGEMENT.

SOCIAL MEDIA

THE MS FOCUS STAFF IS WIDELY ACCESSIBLE THROUGH SOCIAL MEDIA, ANSWERING QUESTIONS DAILY ABOUT AVAILABLE SERVICES, RESOURCES, AND INFORMATION. QUESTIONS ARE RECEIVED THROUGH FACEBOOK, TWITTER, AND YOUTUBE. WE ALSO PROVIDES AN OPPORTUNITY FOR PEER-TO-PEER SUPPORT BY ITS MODERATED FACEBOOK GROUP, WITH OVER 16,000 MEMBERS AND HUNDREDS OF COMMENTS DAILY, ALL OF WHICH ARE CAREFULLY MODERATED BY OUR STAFF.

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

## INDEPENDENT REGIONAL SUPPORT GROUP DIRECTORY

FOR SUPPORT GROUPS WISHING TO PROMOTE AWARENESS OF THEIR MISSION AND ACTIVITIES, WE PROVIDES A NATIONAL ONLINE DIRECTORY OF INDEPENDENT SUPPORT GROUPS. THE DIRECTORY PROVIDES INFORMATION ON LOCATIONS, TIMES, DATES, CONTACT INFORMATION, AS WELL AS A BRIEF DESCRIPTION OF THE SUPPORT GROUP.

## ARTICLES

THE ARTICLES SECTION OF THE WEBSITE EMPOWERS THOSE AFFECTED BY MS WITH THE INFORMATION NECESSARY TO MAKE THE MOST COMPLETE AND EDUCATED DECISIONS ABOUT THEIR HEALTHCARE. WE STRIVE TO PROVIDE CURRENT, RELEVANT ARTICLES ON A VARIETY OF MS-RELATED TOPICS, SOME OF WHICH HAVE PREVIOUSLY APPEARED IN OUR MAGAZINES, NEWSLETTERS, AND OTHER PUBLICATIONS.

## MSFYI INTERNET NEWSLETTER

THIS MONTHLY NEWSLETTER IS SENT DIRECTLY TO THE SUBSCRIBER'S 'INBOX' EACH MONTH, BRINGING THE VERY LATEST IN MS NEWS, INCLUDING RESEARCH, CLINICAL TRIALS, AND HELPFUL HINTS FOR LIVING WELL WITH MS. DURING 2016, MSFYI REACHED OVER TO 35,000 SUBSCRIBERS IN 100 COUNTRIES.

## MSF RESOURCE/LENDING LIBRARY

THE MSF LENDING LIBRARY PROVIDES INFORMATION FOR THE BENEFIT OF THOSE INTERESTED IN MS AS WELL AS PROVIDING COMPREHENSIVE RESOURCES TO MSF

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

CASEWORKERS DEDICATED TO PROVIDING EDUCATION AND INFORMATION TO THE MS COMMUNITY IN A RESOURCEFUL MANNER. THIS COMPREHENSIVE COLLECTION OF RESOURCES, WHICH CONTINUES TO EXPAND DAILY, IS AVAILABLE FREE OF CHARGE, TO INDIVIDUALS AND GROUPS. DURING 2016 MSF PROCESSED OVER 3002 MAILINGS TO 128 PEOPLE LOCATED IN 34 STATES.

WOMEN'S WELLNESS AND MEN & MS

THESE GENDER-SPECIFIC EDUCATIONAL AND REFERRAL PROGRAMS EMPHASIZE THE IMPORTANCE OF A HEALTHY, PROACTIVE LIFESTYLE, WITH SPECIAL EMPHASIS ON FREQUENTLY OVERLOOKED SECONDARY HEALTH PROBLEMS. EDUCATIONAL MATERIALS AND RESOURCES ARE AVAILABLE CONCERNING MANY TOPICS OF INTEREST TO WOMEN AND MEN WITH MS. MEMBERSHIP IN SEVERAL NATIONAL HEALTH ORGANIZATIONS, ALONG WITH STAFF EDUCATION AND TRAINING, KEEPS US ON THE CUTTING EDGE OF INFORMATION AND ISSUES OF PARTICULAR RELEVANCE TO WOMEN AND MEN.

WE CARE, WE CALL

VOLUNTEER PEER COUNSELORS RESPOND BY TELEPHONE TO REQUESTS FROM INDIVIDUALS WHO WANT TO TALK TO SOMEONE WITH MS WHO CARES ABOUT THEM AND IS INTERESTED IN WHAT THEY ARE EXPERIENCING. WHETHER IT'S ONCE A DAY, ONCE A WEEK, OR ONCE A MONTH, REGULAR TELEPHONE CALLS TO PATIENTS PROVIDE SINCERE AND CARING SUPPORT IN THE COMFORT OF THEIR OWN HOME. DURING 2016, OVER 32 PERSONS PER MONTH WERE ASSISTED THROUGH THIS PROGRAM.

DATA BASE

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

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

MSFOCUS RADIO AND MSFOCUSMAGAZINE.ORG

MSFOCUS RADIO (MSFOCUSRADIO.ORG) PROVIDES ROUND-THE-CLOCK MOTIVATION, EDUCATION, AND EMPOWERMENT TO PEOPLE AFFECTED BY MULTIPLE SCLEROSIS. FEATURING ORIGINAL CONTENT PRODUCED BY THE MULTIPLE SCLEROSIS FOUNDATION, AS WELL AS THE BEST IN AUDIO BOOKS AND INSPIRATIONAL MUSIC, MSFOCUS RADIO IS THE MS RESOURCE THAT CAN TRAVEL WITH YOU THROUGHOUT YOUR DAY. YOU CAN LISTEN ON THE WEB AS WELL AS ON YOUR ANDROID AND IOS DEVICES.

THE MISSION OF MSFOCUS RADIO IS TO EMPOWER THOSE AFFECTED BY MS WITH THE INFORMATION NECESSARY TO MAKE THE MOST COMPLETE AND EDUCATED DECISIONS CONCERNING THEIR HEALTH.

FORM 990, PART III, LINE 4D

SPECIAL PROGRAMS AND EDUCATION

PUBLIC AWARENESS PROGRAMS

NATIONAL MS EDUCATION AND AWARENESS MONTH IS A NATIONAL EFFORT, HELD EACH YEAR DURING THE MONTH OF MARCH, BY THE MS FOCUS AND AFFILIATED GROUPS TO RAISE THE PUBLIC'S AWARENESS ABOUT MS. THE VITAL GOALS OF THIS CAMPAIGN ARE TO PROMOTE AN UNDERSTANDING OF THE SCOPE OF THE

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

DISEASE AS WELL AS DISTRIBUTE INFORMATION AND RESOURCES THAT CAN ASSIST THOSE AFFECTED. MS FOCUS WORKS DILIGENTLY TO PROVIDE, ON A NATIONAL LEVEL, INTERESTING AND EDUCATIONAL EVENTS FOR MS PATIENTS AND THEIR FAMILIES AND CARE PARTNERS. DURING 2016, OVER 20,500 INDIVIDUALS PARTICIPATED IN THIS GRASSROOTS CAMPAIGN BY DISTRIBUTING AWARENESS KITS THROUGHOUT THEIR COMMUNITIES. THOUSANDS MORE PARTICIPATED IN EDUCATIONAL PROGRAMS, FUNDRAISERS, AND OTHER MS RELATED ACTIVITIES DURING THE MONTH.

REGIONALLY CONDUCTED OUTREACH ACTIVITIES INCLUDING EDUCATIONAL PROGRAMS DIRECTED TO PATIENTS, HEALTHCARE PROFESSIONALS, AND SUPPORT GROUPS EDUCATE THOUSANDS EACH YEAR WITH AN INTEREST IN MS. IN ADDITION, MS FOCUS ACTIVELY SEEKS TO AMPLIFY ITS OUTREACH EFFORTS BY COLLABORATING WITH ORGANIZATIONS WITH ESTABLISHED PROGRAMS AND EXISTING RESOURCES THAT COMPLIMENT OUR MISSION IN ORDER TO ACHIEVE THE MOST EFFECTIVE USE OF LIMITED RESOURCES. DURING 2016 MSF SPONSORED 63 OUTREACH PROGRAMS NATIONWIDE: 38 PATIENT EDUCATION PROGRAMS AND 25 NATIONAL TELECONFERENCES.

## ANNUAL MS FOCUS CRUISE FOR A CAUSE

THE MS FOCUS CRUISE FOR A CAUSE IS AN INNOVATIVE EDUCATIONAL PROGRAM AT SEA, GIVING PEOPLE WITH MS THE OPPORTUNITY TO MEET AND LEARN FROM RENOWNED MS SPECIALISTS AND BREAK BEYOND BARRIERS-BOTH PHYSICAL AND EMOTIONAL-WHILE HAVING FUN WITH OTHERS WITH MS. AN EDUCATIONAL SERIES WITH CUTTING EDGE MEDICAL INFORMATION IS PROVIDED THROUGH LECTURES, WORKSHOPS, MOTIVATIONAL SPEECHES, DISCUSSION GROUPS, AND QUESTION AND ANSWER SESSIONS. ATTENTION IS PAID TO SPECIAL NEEDS OF TRAVELERS WITH

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number  
59-2792934

MS AND ARRANGEMENTS ARE MADE FOR SHOWER CHAIRS, SCOOTER RENTALS, ACCESSIBLE CABINS AND OTHER ACCESSIBILITY ISSUES.

SUPPORT GROUP OUTREACH.

THROUGH THE SUPPORT GROUP OUTREACH PROGRAM, THE MS FOCUS EXTENDS A PERSONAL TOUCH TO SUPPORT GROUP LEADERS, PROVIDING THEM WITH ASSISTANCE IN ASSESSING THE NEEDS OF THE GROUP AND THE LOCAL MS COMMUNITY. SUPPORT GROUP LEADERS CAN ALSO TAKE PART IN TRAINING SEMINARS TO CONDUCT OUTREACH ACTIVITIES ON BEHALF OF THE MS FOCUS. TO ENCOURAGE ADDITIONAL COMMUNITY SUPPORT, WHEN VISITING SUPPORT GROUPS, WE CONDUCT OUTREACH VISITS TO LOCAL HOSPITALS, HEALTH CARE AND ASSISTED LIVING FACILITIES, LIBRARIES, AND VARIOUS OTHER ORGANIZATIONS THAT CAN PROVIDE RESOURCES FOR LOCAL MS PATIENTS, ENCOURAGING THEM TO REFER PATIENTS TO THE LOCAL SUPPORT GROUP. DURING 2016 WE CONDUCTED 15 OUTREACH VISITS TO SUPPORT GROUP LEADERS THROUGHOUT THE UNITED STATES.

FORM 990, PART III, LINE 4D

ASSISTANCE PROGRAMS

MS FOCUS QUALITY OF LIFE GRANTS

MS FOCUS IS AN ACTIVE PARTICIPANT IN SUPPORTING IMPROVING THE LIVES OF THOSE WHO LIVE WITH MS. MS FOCUS ANNUALLY AWARDS THOUSANDS OF DOLLARS IN GRANTS AND ENDOWMENTS TO UNIVERSITIES AND OTHER NONPROFIT ORGANIZATIONS THAT ACTIVELY PROMOTE QUALITY OF LIFE THROUGH NEW STRATEGIES FOR MANAGEMENT OF THE DISEASE. SINCE 1996, THE MULTIPLE

SCLEROSIS FOUNDATION (MS FOCUUS) HAS AWARDED GRANTS AND ENDOWMENTS TO

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

UNIVERSITIES, MS CENTERS, AND OTHER NONPROFIT ORGANIZATIONS TO ACTIVELY PROMOTE QUALITY OF LIFE AND CREATE A BRIGHTER TOMORROW FOR THOSE LIVING WITH MS. MS CENTERS AND NONPROFIT ORGANIZATIONS, WITH A PHYSICAL PRESENCE IN THE UNITED STATES, IN NEED OF EXPANDING THEIR PROGRAMS AND SERVICES ARE ALSO ELIGIBLE FOR FINANCIAL ASSISTANCE FROM US. GRANTS ARE AVAILABLE FOR IMPLEMENTING OR EXPANDING MS DAY PROGRAMS, DIAGNOSTIC SERVICES, REHABILITATION SERVICES, SUPPORT SERVICES, SOCIAL SERVICES, EDUCATION AND OUTREACH, AND MEDICAL CARE. GRANTS AMOUNTING TO \$211,000 WERE PROVIDED TO ORGANIZATIONS ACROSS THE COUNTRY IN 2016 WHICH PROVIDE COMPREHENSIVE TREATMENT, PROFESSIONAL RESOURCES, SUPPORT, EDUCATION, AND INFORMATION RELATED TO MS.

## BRIGHTER TOMORROW GRANTS

NOW IN ITS SEVENTH YEAR, THIS PROGRAM PROVIDES INDIVIDUALS WITH MS WITH GOODS OR SERVICES TO IMPROVE THEIR QUALITY OF LIFE BY ENHANCING SAFETY, SELF-SUFFICIENCY, COMFORT, OR WELL BEING. RECIPIENTS WERE SUPPLIED WITH RAMPS, VEHICLE AND HOME MODIFICATIONS, COMPUTERS, APPLIANCES, CONTINUING EDUCATION, CLOTHING, FURNITURE, HOBBY SUPPLIES AND EXERCISE EQUIPMENT. APPLICANTS ARE REQUIRED TO PROVIDE BASIC PERSONAL AND FINANCIAL INFORMATION, ALONG WITH A BRIEF ESSAY OF 100 WORDS OR LESS DESCRIBING HOW THE GRANT MIGHT HELP THEM HAVE A BRIGHTER TOMORROW. IN 2016, 88 PEOPLE FROM 45 STATES AND TERRITORIES BENEFITED DIRECTLY FROM THE BRIGHTER TOMORROW GRANT AND MANY GRANT APPLICANTS WERE HELPED THROUGH OTHER PROGRAMS OFFERED BY THE MSF.

## COMPUTER GRANT PROGRAM

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

COMPUTER GRANT PROGRAM PROVIDES COMPUTERS FOR INDIVIDUALS WITH MS ON LIMITED OR FIXED INCOMES. FOR THOSE WHO DO NOT KNOW HOW TO USE A COMPUTER, TRAINING MAY BE PROVIDED. THE APPLICATION PROCESS REQUIRES VERIFICATION OF A DIAGNOSIS OF MS AND A BRIEF ESSAY FROM THE APPLICANT EXPLAINING HOW A COMPUTER WILL ENHANCE THEIR QUALITY OF LIFE. A COMPUTER, MONITOR, KEYBOARD AND MOUSE WILL BE GRANTED. INTERNET ACCESS AND TECHNICAL SUPPORT WILL BE THE RESPONSIBILITY OF THE GRANT RECIPIENT. DURING 2016, 256 INDIVIDUALS WERE ASSISTED IN 47 STATES.

## HEALTH CARE ASSISTANCE GRANT

THE HEALTH CARE ASSISTANCE PROGRAM WAS IMPLEMENTED IN 2012 TO ASSIST INDIVIDUALS IN PAYING FOR DOCTOR VISITS. MANY TIMES AN INDIVIDUAL WITH MS CANNOT RECEIVE MEDICATION OR ASSISTANCE WITHOUT A PRESCRIPTION FROM A PHYSICIAN AND THEY MAY NOT BE ABLE TO COVER THE COST OF THE PHYSICIAN. THE PROGRAM WAS DEVELOPED TO HELP BRIDGE THIS GAP AND WILL ALLOW TWO VISITS TO A PHYSICIAN. IN 2016, WE ASSISTED 43 INDIVIDUALS' VISITS IN 19 STATES.

## COOLING GRANT PROGRAM

MS FOCUS RECEIVES NUMEROUS REQUESTS FOR ASSISTANCE IN COPING WITH HEAT-INDUCED SYMPTOMS. IN 2016, THROUGH THE COOLING PROGRAM, 1,127 INDIVIDUALS IN 51 STATES WERE PROVIDED WITH COOLING VESTS, WRIST BANDS, NECK BANDS, BANDANAS, AND HATS TO HELP THEM REMAIN ACTIVE AND HAVE A MORE COMFORTABLE LIFESTYLE.

## HEALTH &amp; WELLNESS PROGRAM



Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number  
59-2792934

THE MSF HEALTH AND WELLNESS PROGRAM (HWP) DEPARTMENT PROVIDE 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 (IPP). 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 THE YEAR OF 2016, OUR HEALTH AND WELLNESS PROGRAM ASSISTED OVER 1,000 PARTICIPANTS IN WITH 59 ONGOING PROGRAMS IN 43 LOCATIONS THROUGHOUT THE U.S.

FORM 990, PART III, LINE 4D

WRITTEN MATERIAL

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

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number  
59-2792934

OF THE MS COMMUNITY.

## MSFOCUS

OUR COMPLIMENTARY 64-PAGE, FULL COLOR QUARTERLY MAGAZINE, WITH A NATIONAL READERSHIP OF 130,000, IS MAILED TO MS PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS. PUBLISHED IN ENLARGED TYPE FOR THE BENEFIT OUR READERS, MSFOCUS PROVIDES PRACTICAL INFORMATION ON TRADITIONAL AND INTEGRATIVE HEALTHCARE, CURRENT RESEARCH, COPING TECHNIQUES, QUALITY OF LIFE ISSUES, AND MORE. AN AUDIO AND ON LINE VERSION OF MS FOCUS IS AVAILABLE ON OUR MSFOCUSMAGAZINE.ORG WEBSITE.

## SUPPORT GROUP NEWS

THE EMPOWER SUPPORT GROUP NEWS SOURCE IS A QUARTERLY INFORMATIONAL NEWSLETTER OF THE MULTIPLE SCLEROSIS FOUNDATION. THE PURPOSE OF THIS UNIQUE PUBLICATION IS TO RECOGNIZE THE VITAL ROLE OF SUPPORT GROUPS IN MOTIVATING, EDUCATING AND EMPOWERING ALL THOSE WHOSE LIVES ARE AFFECTED BY MS FREE SUBSCRIPTIONS ARE AVAILABLE UPON REQUEST. DURING 2016 OVER 29,000 PERSONS SUBSCRIBED TO THE SUPPORT GROUP NEWS.

## BROCHURES AND BOOKLETS

A GENERAL BROCHURE DEVELOPED FOR THE PUBLIC IS DISTRIBUTED TO OVER 250,000 PEOPLE A YEAR. IT HIGHLIGHTS THE MS FOCUS'S MISSION AND LISTS SUPPORT RESOURCES AND PROGRAMS ENCOURAGING PUBLIC SUPPORT, SUCH AS VOLUNTEERISM. BROCHURES ON VARIOUS MS FOCUS ASSISTANCE PROGRAMS, INCLUDING ASSISTIVE TECHNOLOGY AND HOME CARE GRANTS, AND THE CRUISE FOR

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

A CAUSE ARE ALSO AVAILABLE.

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

## FACT SHEETS

FOR AREAS OF SPECIFIC INTEREST, FACT SHEETS CONTAINING INFORMATION ON CURRENT MEDICAL TREATMENTS, LATEST RESEARCH, SYMPTOM MANAGEMENT, AND COMPLEMENTARY AND ALTERNATIVE MEDICINE ARE AVAILABLE TO THE PUBLIC FREE OF CHARGE. WE ALSO HAVE A GROWING LIST OF FACT SHEETS AVAILABLE FOR OUR SPANISH-SPEAKING READERS AND THEIR FAMILY MEMBERS.

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.

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.

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION, INC.

Employer identification number

59-2792934

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD IN JUNE OF EACH YEAR MEETS TO DETERMINE COMPENSATION TO KEY

EMPLOYEES. APPROPRIATE DOCUMENTATION IS KEPT BASED ON THEIR REVIEW WHICH

INCLUDES REVIEW AND APPROVAL OF CORPORATE GOALS AND OBJECTIVES RELATIVE TO

THE COMPENSATION, EVALUATING THE PERFORMANCE IN LIGHT OF THESE GOALS AND

OBJECTIVES AND ESTABLISHING THE ANNUAL COMPENSATION, TAKING INTO

CONSIDERATION SUCH EVALUATION AND FEEDBACK FROM ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,  
MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,  
WY

FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS IS AVAILABLE FOR REVIEW AT THE ORGANIZATION'S MAIN

OFFICE.

FORM 990, PART IX, LINES 5 THROUGH 10

ALL EMPLOYEES ARE OUTSOURCED. AMOUNTS REPORTED ON LINES 5 AND 7

REPRESENT TOTAL PAYROLL AND ASSOCIATED COSTS.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR ITS

SELECTION PROCESS DURING THE TAX YEAR.

# Application for Automatic Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	<b>Enter filer's identifying number</b>
	MULTIPLE SCLEROSIS FOUNDATION, INC.	Employer identification number (EIN) or 59-2792934
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6520 NORTH ANDREWS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FT. LAUDERDALE, FL 33309	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MR. ALAN SEGALOFF, CO-EXECUTIVE DIRECTOR  
6520 NORTH ANDREWS AVENUE - FT LAUDERDALE, FL 33309

- The books are in the care of ▶ 800-225-6495 Telephone No. ▶ Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2016 or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_, and ending \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.
- b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.
- c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8879-EO and Form 8879-EO for payment instructions.