

2025 Tax Return(s)

Prepared for MULTIPLE SCLEROSIS FOUNDATION INC
CLIENT CODE: MULTIPLE SCLERO:V1

Account Number 167600
Release Number 2025.04022

Prepared by THOMAS & COMPANY CPA PA
9710 STIRLING RD, SUITE 101
HOLLYWOOD, FL
33024

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Processing Date: 09/09/2026
Time: 10:53:41

**Special
Instructions**

Messages

Form 8879-TE

IRS E-file Signature Authorization
for a Tax-Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20____

2025

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

MULTIPLE SCLEROSIS FOUNDATION INC

EIN or SSN

59-2792934

Name and title of officer or person subject to tax

KAREN S. MINNIS
EXECUTIVE DIRECTOR**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 3,483,868.
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize THOMAS & COMPANY CPA PA to enter my PIN 18981
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 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.

Signature of officer or person subject to tax

Date 09/09/2026

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.

60254018982

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return 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

ROBY THOMAS

Date

09/09/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2025) Created 5/1/25

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

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

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

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

OMB No. 1545-0047

2025Open to Public
Inspection**A For the 2025 calendar year, or tax year beginning and ending****B** Check if applicable:

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

C Name of organization**MULTIPLE SCLEROSIS FOUNDATION INC**

Doing business as

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

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: **KAREN S. MINNIS****SAME AS C ABOVE****D** Employer identification number**59-2792934****E** Telephone number**G** Gross receipts \$ **3,483,868.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE PROGRAMS AND SUPPORT SERVICES TO THOSE PERSONS AFFECTED BY MS. (SEE SCHEDULE O FOR MORE)
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 7
	4	Number of independent voting members of the governing body (Part VI, line 1b) 7
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a) 73
	6	Total number of volunteers (estimate if necessary) 283
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,901,213.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 198,678.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,099,891.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,588,261.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 1,279,101.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,951,461.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,042,557.
19	Revenue less expenses. Subtract line 18 from line 12 -942,666.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 7,196,442.
	21	Total liabilities (Part X, line 26) 1,009,612.
	22	Net assets or fund balances. Subtract line 21 from line 20 6,186,830.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	KAREN S. MINNIS, EXECUTIVE DIRECTOR	09/09/2026			
Paid	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ROBY THOMAS	ROBY THOMAS	09/09/26	☐	P02147175
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	THOMAS & COMPANY CPA PA	75-3125446	(954) 435-7272		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form **990** (2025) Created 4/30/25**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1**
- Briefly describe the organization's mission:

SEE SCHEDULE O

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No**

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

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

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code:) (Expenses \$
- 421,091.**
- including grants of \$
- 63,254.**
-) (Revenue \$)
-
- ASSISTIVE TECHNOLOGY PROGRAM**

SEE SCHEDULE O

- 4b**
- (Code:) (Expenses \$
- 569,272.**
- including grants of \$
- 85,513.**
-) (Revenue \$)
-
- TRANSPORTATION PROGRAM**

SEE SCHEDULE O

- 4c**
- (Code:) (Expenses \$
- 288,594.**
- including grants of \$
- 43,351.**
-) (Revenue \$)
-
- HOME CARE GRANT PROGRAM**

SEE SCHEDULE O

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ **1,215,994.** including grants of \$ **182,660.**) (Revenue \$)

- 4e**
- Total program service expenses
- 2,494,951.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 30	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 73		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

19 Describe on 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
ROSA ALVAREZ - 800-225-6495
6520 NORTH ANDREWS AVENUE, FT LAUDERDALE, FL 33309

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,220,975.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f				3,220,975.		
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			189,594.			189,594.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	73,299.				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				3,483,868.	0.	0.	262,893.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,000.	20,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	354,777.	354,777.		
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	220,312.	55,078.	110,156.	55,078.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,361,717.	988,102.	477,430.	896,185.
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 (nonemployees):				
a Management				
b Legal	15,126.		15,126.	
c Accounting	118,910.		118,910.	
d Lobbying				
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.)	305,972.	143,633.	27,047.	135,292.
12 Advertising and promotion	4,754.	1,602.		3,152.
13 Office expenses	35,181.	12,170.	17,591.	5,420.
14 Information technology				
15 Royalties				
16 Occupancy	358,762.	179,381.	179,381.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	4,281.		4,281.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,049.	7,827.	50,222.	
23 Insurance	35,918.	17,959.	17,959.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING AND POSTAGE	568,277.	482,782.	13,706.	71,789.
b MISCELLANEOUS	186,162.	25,988.	48,297.	111,877.
c AWARENESS AND EDUCATION	182,081.	182,081.		
d BUILDING REPAIRS AND MA	45,910.	22,955.	22,955.	
e All other expenses	40,635.	616.	39,711.	308.
25 Total functional expenses. Add lines 1 through 24e	4,916,824.	2,494,951.	1,142,772.	1,279,101.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

K. Main

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
Assets	1 Cash - non-interest-bearing	200.	1	100.
	2 Savings and temporary cash investments	1,205,999.	2	1,077,671.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	869,978.	4	877,317.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,786.	9	51,201.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,081,209.		
	b Less: accumulated depreciation	10b 1,056,465.		
		40,400.	10c	24,744.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3,177,529.	12	1,853,199.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,856,550.	15	1,705,361.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,196,442.	16	5,589,593.	
Liabilities	17 Accounts payable and accrued expenses	156,393.	17	208,980.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	853,219.	25	626,739.
	26 Total liabilities. Add lines 17 through 25	1,009,612.	26	835,719.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		4,620,567.	27	2,957,250.
28 Net assets with donor restrictions		1,566,263.	28	1,796,624.
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		6,186,830.	32	4,753,874.
33 Total liabilities and net assets/fund balances		7,196,442.	33	5,589,593.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,483,868.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,916,824.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,432,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,186,830.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,753,874.

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	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 on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2025

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.
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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).)
- 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 on 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). _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4814160.	3422951.	4777226.	3901213.	3220975.	20136525.
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	4814160.	3422951.	4777226.	3901213.	3220975.	20136525.
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.						20136525.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	4814160.	3422951.	4777226.	3901213.	3220975.	20136525.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,677.	63,727.	58,324.	144,440.	262,893.	647,061.
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						20783586.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2025 (line 6, column (f), divided by line 11, column (f))	14	96.89	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	97.65	%
16a 33 1/3% support test - 2025. 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 - 2024. 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 - 2025. 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 - 2024. 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) 2025

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. 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 - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term 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?

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

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.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		106,836.	106,836.	0.
d Equipment		974,373.	949,629.	24,744.
e Other		0.	0.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				24,744.

Schedule D (Form 990) (Rev. 12-2024)

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) EQUITY SECURITIES	562,669.	END-OF-YEAR MARKET VALUE
(B) BONDS	1,274,779.	END-OF-YEAR MARKET VALUE
(C) COMMODITY ETFS	15,751.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,853,199.	

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, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	16,805.
(2) BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	1,154,935.
(3) OPERATING LEASE RIGHT-OF-USE ASSETS	415,759.
(4) FINANCE LEASE RIGHT-OF-USE ASSETS	117,862.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,705,361.

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) OPERATING LEASE LIABILITIES	434,748.
(3) FINANCE LEASE LIABILITIES	121,991.
(4) DEFERRED SPONSORSHIP REVENUE	70,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	626,739.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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	3,483,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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	0.
3	Subtract line 2e from line 1	3	3,483,868.
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	3,483,868.

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	4,916,824.
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	4,916,824.
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	4,916,824.

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 THE STATEMENT OF FUNCTIONAL EXPENSES.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number
59-2792934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	0.	10,000.			QUALITY OF LIFE & RESEARCH GRANT

- 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

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance
6161 - ASSISTIVE TECHNOLOGY	281	0.	68,384.		
6135 - BRIGHTER TOMORROW GRANT	7	0.	3,273.		
6145 - COMPUTER PROGRAM	85	0.	31,549.		
6165 - COOLING PROGRAM	349	0.	49,584.		
6161 - EMERGENCY ASSISTANCE PROGRAM	167	0.	59,188.		

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 Domestic Individuals (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 noncash assistance
6167 - HEALTHCARE ASSISTANCE PROGRAM	6.	0.	2,410.		
6163 - HEALTH & WELLNESS PROGRAM	1,620.	0.	12,178.		
6163-1 IPP - HEALTH & WELLNESS PROGRAM	9.	0.	1,987.		
6130 - HOMECARE PROGRAM	44.	0.	45,354.		
6189 - TRANSPORTATION PROGRAM	279.	0.	89,630.		

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number

59-2792934

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

[illegible]

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number

59-2792934

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

PART III, LINE 4A

HOME CARE ASSISTANCE GRANT PROGRAM

THE HOME CARE GRANT PROGRAM PROVIDES 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. SUPPORT IS PROVIDED FOR ADULT DAY CARE AS WELL AS TEMPORARY SHORT-TERM CUSTODIAL CARE IN THE HOME, INCLUDING PERSONAL CARE, LIGHT HOUSEKEEPING, MEAL PREPARATION, AND CAREGIVER RESPITE. REHABILITATION SERVICES PROVIDED OUTSIDE OR INSIDE OF THE HOME INCLUDE PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY. THROUGH THE HOME CARE GRANT PROGRAM, MS FOCUS PROVIDED UP TO 10 (4 HOUR) HOMECARE VISITS PER PERSON IN 21 STATES TO 42 PEOPLE IN 2025. THE SERVICES PROVIDED ARE HOME CARE, RESPITE, AND THERAPY SERVICES TO THOSE OF ALL AGES, WITH LIMITED OR FIXED INCOMES.

PART III, LINE 4B

COOLING GRANT PROGRAM

MS FOCUS RECEIVES NUMEROUS REQUESTS FOR ASSISTANCE IN COPING WITH HEAT-INDUCED SYMPTOMS. IN 2025, THROUGH THE COOLING PROGRAM, 365 INDIVIDUALS IN 46 STATES AND PUERTO RICO WERE PROVIDED WITH COOLING VESTS, WRIST BANDS, NECK BANDS, BANDANAS, AND HATS TO HELP THEM REMAIN ACTIVE AND HAVE A MORE COMFORTABLE LIFESTYLE.

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 2025, MS FOCUS ASSISTED 252

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934

INDIVIDUALS IN 40 STATES + PUERTO RICO WITH AT, INCLUDING WHEELCHAIRS, SCOOTERS, WALKERS, WHEELCHAIR LIFTS, HAND CONTROLS, SPEAKER PHONES, VOICE ACTIVATED SOFTWARE, PERSONAL EMERGENCY RESPONSE SYSTEMS, BRACES, EYEGLASSES, TRANSFER EQUIPMENT, DIAPERS, REACHERS, COMMODOES, SHOWER CHAIRS, AND CLOTHING. VARIOUS HOME MODIFICATIONS, INCLUDING INSTALLING RAILS AND GRAB BARS, WIDENING DOORWAYS AND PORTABLE RAMPS WERE ALSO PROVIDED.

PART III, LINE 4D
SUPPORT PROGRAMS

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. WE HAVE A TEAM OF SUPPORT SERVICE COORDINATORS WHO PROVIDE RESOURCE AND REFERRALS TO THOSE AFFECTED BY MS.

TELEPHONE SUPPORT

THE NATIONAL HELPLINE IS STAFFED BY A COMBINATION OF EXPERIENCED CASEWORKERS WHO SERVE AS NAVIGATORS. MORE THAN 20,000 CALLS A YEAR COME IN FROM AROUND THE WORLD. CALLERS REQUEST INFORMATION ABOUT MS FOCUS: THE MULTIPLE SCLEROSIS FOUNDATION AND ITS AVAILABLE SERVICES, AS WELL AS HOW TO COPE WITH MS, CRISIS INTERVENTION, MS TREATMENT OPTIONS, AND CURRENT RESEARCH UPDATES. IN ADDITION, THOUSANDS OF FOLLOW-UP CALLS ARE MADE BY THE MS FOCUS CASE WORKERS TO VARIOUS COUNTY, STATE AND FEDERAL AGENCIES, DISABILITY GROUPS, UNIVERSITIES, HOSPITALS, SUPPORT GROUPS, CRISIS CENTERS, UTILITY COMPANIES, HOUSING AUTHORITIES, AND ADVOCACY GROUPS. BILINGUAL STAFF MEMBERS ARE ON HAND TO RESPOND TO SPANISH-SPEAKING INDIVIDUALS AFFECTED BY MS.

WE CARE, WE CALL

PEER COUNSELORS RESPOND BY TELEPHONE TO REQUESTS FROM INDIVIDUALS WHO WANT TO TALK TO SOMEONE WITH MS WHO CARES ABOUT THEM AND IS INTERESTED IN WHAT THEY ARE EXPERIENCING. SOMEONE WHO KNOWS WHAT IT'S LIKE CALLS OTHERS WITH MS AND PROVIDES SINCERE AND CARING SUPPORT IN THE COMFORT OF THEIR OWN HOME.

WALK-IN SUPPORT

FOR THOSE WHO VISIT US IN PERSON 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.

INTERNET HELPLINE

THE INTERNET HELPLINE PROVIDES INFORMATION AND SUPPORT IN RESPONSE TO THOUSANDS OF ONLINE REQUESTS EACH YEAR FROM ALL OVER THE WORLD. THROUGH

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934

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.

SUPPORT GROUPS

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

MORE THAN 114 INDEPENDENT SUPPORT GROUPS THROUGHOUT THE COUNTRY ARE AFFILIATED WITH MS FOCUS THROUGH OUR SUPPORT GROUP PROGRAM. RANGING IN SIZE FROM SIX TO 100+ MEMBERS, THESE GROUPS RESPOND TO THE NEEDS, PROBLEMS, AND CONCERNS OF THE MS PEOPLE WITHIN THEIR COMMUNITY. MANY OF THESE SUPPORT GROUPS ARE NOW MEETING ONLINE IN ADDITION TO IN-PERSON MEETINGS.

CAREGIVERS NIGHT OUT

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

RESOURCE/LENDING LIBRARY

THE MS FOCUS LENDING LIBRARY PROVIDES INFORMATION FOR THE BENEFIT OF THOSE INTERESTED IN MS, AS WELL AS PROVIDING COMPREHENSIVE RESOURCES TO MS FOCUS CASEWORKERS DEDICATED TO PROVIDING EDUCATION AND INFORMATION TO THE MS COMMUNITY. THIS COMPREHENSIVE COLLECTION OF RESOURCES, WHICH CONTINUES TO EXPAND, IS AVAILABLE FREE OF CHARGE, TO INDIVIDUALS AND GROUPS. DURING 2025, MS FOCUS PROCESSED INFORMATIONAL REQUESTS EMANATING FROM ALL US STATES, DISTRICT OF COLUMBIA & PUERTO RICO.

EMERGENCY ASSISTANCE PROGRAM

THE EMERGENCY ASSISTANCE PROGRAM PROVIDES ONE-TIME ASSISTANCE TO MS PATIENTS WHO ARE STRUGGLING FINANCIALLY. REQUESTS, INCLUDING THOSE FOR EMERGENCY ASSISTANCE ARE CONSIDERED ON A CASE-BY-CASE BASIS. EVERY EFFORT IS MADE TO FIRST LOCATE COMMUNITY, STATE, AND NATIONAL AGENCIESTO PROVIDE THE NEEDED ASSISTANCE. IN CASES WHERE OTHER AGENCIES ARE NOT AVAILABLE, MS FOCUS MAY PROVIDE THE NEEDED ASSISTANCE. IN 2025, MS FOCUS PROVIDED ASSISTANCE TO 202 MS PATIENTS IN 40 STATES AND PUERTO RICO, FOR HEATING AND COOLING COSTS, UTILITIES AND HOUSING ASSISTANCE.

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934
HEALTH & WELLNESS PROGRAM	

THE HEALTH AND WELLNESS PROGRAM PROVIDES RESOURCES AVAILABLE TO PEOPLE WITH MS, FAMILY MEMBERS, MEDICAL PROFESSIONALS AND HEALTH AND WELLNESS SUPPORTERS NATIONALLY. THESE RESOURCES ARE: EDUCATIONAL MATERIALS, INFORMATION, REFERRALS, AND THE OPPORTUNITY FOR THOSE WITH MS TO PARTICIPATE IN A WIDE RANGE OF ONLINE HEALTH AND WELLNESS PROGRAMS. THESE PROGRAMS CONSIST OF: LIVE VIRTUAL ONLINE AND INDIVIDUAL PARTICIPATION PROGRAMS. VIRTUAL PROGRAMS INCLUDE YOGA, EXERCISE, TAICHI AND ART THERAPY. VIRTUAL ONLINE PROGRAMS ARE RECORDED LIVE AND THEN PROVIDED ON DEMAND ON THE MULTIPLE SCLEROIS FOUNDATIONS YOUTUBE CHANNEL INDIVIDUAL PROGRAMS INCLUDE 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 PARTICIPANTS TO LIVE AN ENHANCED QUALITY OF LIFE.

PART III, LINE 4D
INFORMATION & EDUCATION

WEBSITES

MS FOCUS PROVIDES TWO USEFUL, INTER-LINKED WEBSITES TO THE MS COMMUNITY. IN ADDITION TO OUR PRIMARY SITE, MSFOCUS.ORG, WE OFFER MSFOCUSMAGAZINE.ORG. THE WEBSITES SERVE AS THE INTERNET LINK TO THE VARIOUS PROGRAMS AND SERVICES WE OFFER. THEY ARE CONTINUOUSLY EVOLVING IN ORDER TO MEET THE GROWING NEEDS OF THOSE AFFECTED DIRECTLY AND INDIRECTLY BY MS. THE WEBSITES ARE INTERNATIONALLY ACCESSIBLE, AND THOUSANDS OF HOURS AND CONSIDERABLE RESOURCES ARE EXPENDED TO UPDATE THE WEBSITES EACH YEAR. THESE WEBSITES SERVE AS A COMPREHENSIVE SOURCE OF INFORMATION FOR INDIVIDUALS AND HEALTHCARE PROVIDERS. AMONG THE FEATURES OF THE WEBSITES ARE:

MSFOCUS.ORG

INTRODUCTION TO MS AND MS FOCUS: THE SITE SERVES AS AN INTRODUCTION TO MS FOR INDIVIDUALS WHO ARE NEWLY DIAGNOSED, ANSWERING QUESTIONS THEY MAY HAVE ABOUT THEIR CONDITION, HELPING TO ALLEVIATE FEARS AND CONCERNS, AND FAMILIARIZING THEM WITH MS FOCUS AND OUR SERVICES.

ONLINE APPLICATIONS: INDIVIDUALS WITH MS CAN APPLY FOR ASSISTANCE THROUGH MANY MS FOCUS PROGRAMS USING OUR SECURE ONLINE APPLICATION PROCESS.

NEWS: THE MS FOCUS STRIVES TO KEEP ABREAST OF DEVELOPMENTS IN MS NEWS AND RESEARCH, AND PROVIDE UP-TO-DATE REPORTS VIA THE NEWS 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.

CLINICAL TRIAL INFORMATION: A LISTING OF U.S. AND INTERNATIONAL CLINICAL TRIALS ACTIVELY RECRUITING PATIENTS WITH MS, A COMPREHENSIVE

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934

LISTING OF DRUGS APPROVED BY THE FDA, AS WELL AS DETAILED PROFILES, ORGANIZED GEOGRAPHICALLY BY STATE, OF HUNDREDS OF CLINICAL RESEARCH CENTERS SPECIALIZING IN NEUROLOGY RESEARCH, IS AVAILABLE ON THE WEBSITE.

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

MSFOCUSMAGAZINE.ORG

ARTICLES: THE MSFOCUSMAGAZINE.ORG WEBSITE IS THE ONLINE HOME OF OUR FLAGSHIP PUBLICATION. THE ARTICLES EMPOWERS THOSE AFFECTED BY MS WITH THE INFORMATION NECESSARY TO MAKE THE MOST COMPLETE AND 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. DIGITAL ARCHIVES ARE AVAILABLE FOR PAST MS FOCUS MAGAZINE ISSUES.

WEB EXCLUSIVES: MS BLOGGERS, JOURNALISTS, AND HEALTH CARE PROVIDERS CONTRIBUTE ORIGINAL CONTENT THAT PROVIDES UP-TO-THE-MINUTE INFORMATION AND ADVICE FOR INDIVIDUALS WITH MS.

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 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 2025, MS FOCUS DISTRIBUTED MORE THAN 70,000 AWARENESS KITS THROUGHOUT THE U.S. AND PUERTO RICO IN ADDITION HUNDREDS PARTICIPATED IN EDUCATIONAL PROGRAMS, FUNDRAISERS, AND OTHER MS RELATED ACTIVITIES DURING THE MONTH.

CONDUCTED OUTREACH ACTIVITIES THROUGH ONLINE PROGRAMS - INCLUDING EDUCATIONAL PROGRAMS DIRECTED TO PATIENTS, HEALTHCARE PROFESSIONALS, AND SUPPORT GROUPS EDUCATING 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 COMPLEMENT OUR MISSION IN ORDER TO ACHIEVE THE MOST EFFECTIVE USE OF LIMITED RESOURCES. DURING 2025, MS FOCUS SPONSORED VIRTUAL NATIONWIDE PATIENT EDUCATION PROGRAMS.

SUPPORT GROUP OUTREACH

THROUGH THE SUPPORT GROUP OUTREACH PROGRAM, MS FOCUS EXTENDS A PERSONAL TOUCH TO SUPPORT GROUP LEADERS, PROVIDING THEM WITH ASSISTANCE IN

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934

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.

DATABASE

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

SOCIAL MEDIA

OUR SOCIAL MEDIA PLATFORMS CONNECT PEOPLE TO OUR FREE PROGRAMS AND SERVICES, EDUCATE, CREATE MS AWARENESS, AND EMPOWER PEOPLE TO LIVE LIFE AT THEIR BEST. OUR FACEBOOK PAGE HAS BEEN FOLLOWED BY MORE THAN 44,000 PEOPLE. OUR FACEBOOK GROUP, WHICH IS MODERATED BY OUR STAFF, HAS MORE THAN 27,300 MEMBERS WHO SUPPORT EACH OTHER AND HAVE CREATED AN ONLINE FELLOWSHIP. TWITTER, INSTAGRAM, AND TUMBLR ALSO HELP SPREAD THE MESSAGE FOR THE FOUNDATION.

WE REGULARLY POST VIDEOS OF OUR MS EDUCATIONAL PROGRAMS ON OUR YOUTUBE CHANNEL. OUR YOUTUBE SUBSCRIBERS WATCH OUR EDUCATIONAL PROGRAMS, TO WHICH THEY MAY NOT BE ABLE TO GO IN PERSON, PROVIDING A VITAL LINK TO THE MS COMMUNITY.

PART III, LINE 4D ASSISTANCE PROGRAMS

BRIGHTER TOMORROW GRANTS

THIS PROGRAM PROVIDES INDIVIDUALS WITH MS WITH GOODS OR SERVICES TO IMPROVE THEIR QUALITY OF LIFE BY ENHANCING SAFETY, SELF-SUFFICIENCY, COMFORT, OR WELL BEING. RECIPIENTS WERE SUPPLIED WITH RAMPS, VEHICLE AND HOME MODIFICATIONS, COMPUTERS, APPLIANCES, CONTINUING EDUCATION, CLOTHING, FURNITURE, HOBBY SUPPLIES AND EXERCISE EQUIPMENT. APPLICANTS ARE REQUIRED TO PROVIDE BASIC PERSONAL AND FINANCIAL INFORMATION, ALONG WITH A BRIEF ESSAY OF 100 WORDS OR LESS DESCRIBING HOW THE GRANT MIGHT HELP THEM HAVE A BRIGHTER TOMORROW. IN 2025, 6 PEOPLE FROM 6 STATES AND TERRITORIES BENEFITED DIRECTLY FROM THE BRIGHTER TOMORROW GRANT AND MANY GRANT APPLICANTS WERE HELPED THROUGH OTHER PROGRAMS OFFERED BY MS FOCUS.

COMPUTER GRANT PROGRAM

COMPUTER GRANT PROGRAM PROVIDES COMPUTERS FOR INDIVIDUALS WITH MS ON LIMITED OR FIXED INCOMES. 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 LAPTOP, OR AN ALL IN ONE COMPUTER INCLUDING A MONITOR, AND KEYBOARD BE GRANTED. INTERNET

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934

ACCESS AND TECHNICAL SUPPORT WILL BE THE RESPONSIBILITY OF THE GRANT RECIPIENT. DURING 2025, 78 INDIVIDUALS WERE ASSISTED IN 32 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 NEUROLOGIST. IN 2025, WE ASSISTED 10 INDIVIDUALS' FOR VISITS TO HEALTHCARE PROVIDERS IN 9 STATES.

TRANSPORTATION ASSISTANCE GRANT

THE TRANSPORTATION ASSISTANCE GRANT PROGRAM WAS ESTABLISHED TO HELP MEMBERS OF THE MS COMMUNITY REMAIN AS INDEPENDENT AS POSSIBLE, AND ENSURE ALL PEOPLE WITH MS HAVE THE TRANSPORTATION NECESSARY TO GET THE BEST MEDICAL CARE.

THE PROGRAM PROVIDES FUNDING FOR REASONABLE TRANSPORTATION FEES USING LYFT, UBER OR PARATRANSIT. THE PROGRAM PROVIDES TRANSPORTATION TO AND FROM APPOINTMENTS FOR MS CARE, INCLUDING NEUROLOGIST VISITS AND INFUSION CENTERS, AT NO COST TO THE PERSON WITH MS. TO QUALIFY FOR THE PROGRAM A PERSON MUST HAVE A DOCUMENTED DIAGNOSIS OF MS. FOR TRANSPORTATION THROUGH LYFT OR UBER, THE APPLICANT MUST BE ABLE TO ENTER THE VEHICLE INDEPENDENTLY OR WITH THE HELP OF A CAREGIVER WHO WILL ACCOMPANY THEM, AND ANY MOBILITY AIDS THEY REQUIRE MUST FIT IN A STANDARD VEHICLE TRUNK. THEY MUST ALSO HAVE A CELLULAR DEVICE CAPABLE OF RECEIVING AND SENDING TEXT MESSAGES. DURING 2025, 2,178 RIDES WERE AWARDED TO INDIVIDUALS IN 34 STATES.

PART III, LINE 4D PUBLICATIONS

MS FOCUS PROVIDES AN ARRAY OF EDUCATIONAL PUBLICATIONS IN BOTH DIGITAL AND PRINT FORMATS. A GREAT DEAL OF TIME AND EFFORT IS DEVOTED TO ENSURING THE ACCURACY, RELEVANCE, AND APPROPRIATENESS OF ALL WRITTEN MATERIAL. ALL LITERATURE IS DESIGNED TO BE UP-TO-DATE AND RESPONSIVE TO THE NEEDS AND INTERESTS OF THE MS COMMUNITY. HERE ARE JUST A FEW:

MS FOCUS MAGAZINE

OUR CRITICALLY-ACCLAIMED FLAGSHIP PUBLICATION, MS FOCUS MAGAZINE HAS A CIRCULATION OF MORE THAN 130,000. IT IS MAILED TO MS PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS. IT IS ALSO AVAILABLE ONLINE AT MSFOCUSMAGAZINE.ORG. EACH ISSUE IS IN FULL-COLOR AND ENLARGED PRINT. THE MAGAZINE FEATURES ADVICE FROM EXPERTS TO HELP THOSE LIVING WITH MS, INCLUDING PRACTICAL TIPS YOU CAN FOLLOW. LEARN ABOUT MEDICINE AND RESEARCH, SYMPTOM MANAGEMENT, HEALTH AND WELLNESS AND LIFESTYLE ARTICLES.

BOOKLETS AND BROCHURES

A GENERAL BROCHURE DEVELOPED FOR THE PUBLIC IS DISTRIBUTED, WHICH HIGHLIGHTS THE MS FOCUS'S MISSION AND LISTS SUPPORT RESOURCES AND

Name of the organization	Employer identification number
MULTIPLE SCLEROSIS FOUNDATION INC	59-2792934

PROGRAMS ENCOURAGING PUBLIC SUPPORT, SUCH AS VOLUNTEERISM. BROCHURES ON VARIOUS MS FOCUS ASSISTANCE PROGRAMS, INCLUDING ASSISTIVE TECHNOLOGY AND HOME CARE GRANTS 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.

E-NEWSLETTERS

MS FOCUS ON PROGRAMS: THIS E-NEWSLETTER HELPS PEOPLE WITH MS KEEP P-TO-DATE WITH ALL THE FREE SERVICES OUR ORGANIZATION OFFERS TO MEET THE NEEDS OF THOSE WITH MS. THEY LEARN ABOUT NEW PROGRAMS, APPLICATION DEADLINES, EDUCATIONAL OFFERINGS, AND RECEIVE OTHER IMPORTANT ANNOUNCEMENTS FROM THE MS FOCUS.

MS FOCUS ON ACTION: THIS E-NEWSLETTER HELPS SUBSCRIBERS KEEP UP TO DATE WITH THE CURRENT ISSUES FACING THE MS COMMUNITY, AND PROVIDES HELPFUL TIPS THAT WILL ALLOW THEM TO GET MORE INVOLVED.

MS FOCUS ON RESEARCH: MS FOCUS ON RESEARCH IS A CONCISE EMAIL NEWSLETTER THAT PRESENTS EACH MONTH'S NEWS AND DEVELOPMENTS IN MS RESEARCH. IT INCLUDES RESEARCH INTO THE CAUSE AND CURE OF MS, AS WELL AS STUDIES RELATED TO TREATMENT, COPING, ALTERNATIVE MEDICINE, DISABILITY, AND OTHER SCIENCE NEWS RELATED TO MS.

SUPPORT GROUP NEWSLETTER: SENT TO LEADERS AND CO-LEADERS BI-WEEKLY WITH UPDATE INFORMATION ABOUT MS FOCUS PROGRAMS, SERVICES, EDUCATIONAL OPPORTUNITIES AND OTHER EVENTS.

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.

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

Name of the organization

MULTIPLE SCLEROSIS FOUNDATION INC

Employer identification number

59-2792934

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, 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.

2025 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
2	EQUIPMENT			5.00	HY	16	974,373.				974,373.	949,629.		15,653.	965,282.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						974,373.				974,373.	949,629.		15,653.	965,282.
	OTHER														
1	LEASEHOLD IMPROVEMENTS			15.00	HY	16	106,836.				106,836.	106,836.		0.	106,836.
	* 990 PAGE 10 TOTAL OTHER						106,836.				106,836.	106,836.		0.	106,836.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,081,209.				1,081,209.	1,056,465.		15,653.	1,072,118.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						0.			0.	0.	0.			0.
	ACQUISITIONS						1,081,209.			0.	1,081,209.	1,056,465.			1,072,118.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						1,081,209.			0.	1,081,209.	1,056,465.			1,072,118.
	ENDING ACCUM DEPR											1,072,118.			
	ENDING BOOK VALUE											9,091.			

2025

California Exempt Organization
Annual Information Return

199

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

MULTIPLE SCLEROSIS FOUNDATION INC

Additional information. See instructions.

California corporation number

1847416

FEIN

59-2792934

Street address (suite or room)

6520 NORTH ANDREWS AVENUE

City

FT. LAUDERDALE

State

FL

ZIP code

33309

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ☐ Yes ☒ No
- B** Amended return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final information return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) • _____
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF
(3) • ☐ Sch H (990) (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name? _____

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	262,893	00
	2	Gross dues and assessments from members and affiliates	•	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	•	3	3,220,975	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	•	4	3,483,868	00
	5	Cost of goods sold	•	5		00
	6	Cost or other basis, and sales expenses of assets sold	•	6		00
	7	Total costs. Add line 5 and line 6	•	7		00
	8	Total gross income. Subtract line 7 from line 4	•	8	3,483,868	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	4,916,824	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	-1,432,956	00
Payments	11	Total payments	•	11		00
	12	Use tax. See General Information K	•	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	•	14		00
	15	Penalties and interest. See General Information J	•	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	•	16		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer		Title	Date	• Telephone	
Paid Preparer's Use Only	Preparer's name		• ROBY THOMAS			
	Preparer's signature		Date	Check if self-employed	• PTIN	
	Firm's name (or yours, if self-employed) and address		09/09/26	☐	P02147175	
					• Firm's FEIN	
					75-3125446	
					• Telephone	
					(954) 435-7272	

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 01-22-26

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	189,594	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6	73,299	00
	7	Other income. Attach schedule	•	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	262,893	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9	374,777	00
Expenses and Disbursements	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11	220,312	00
	12	Other salaries and wages	•	12	2,361,717	00
	13	Interest	•	13	4,281	00
	14	Taxes	•	14		00
	15	Rents	•	15	358,762	00
	16	Depreciation and depletion (See instructions)	•	16	58,049	00
	17	Other expenses and disbursements. Attach schedule	•	17	1,538,926	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,916,824	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,206,199	•	1,077,771
2	Net accounts receivable		869,978	•	877,317
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock			•	
8	Mortgage loans			•	
9	Other investments. Attach schedule *		3,177,529	•	1,853,199
10 a	Depreciable assets	1,081,211		1,081,209	
b	Less accumulated depreciation	1,040,811	40,400	1,056,465	24,744
11	Land			•	
12	Other assets. Attach schedule		1,902,336	•	1,756,562
13	Total assets		7,196,442		5,589,593
Liabilities and net worth					
14	Accounts payable		156,393	•	208,980
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule		853,219		626,739
19	Capital stock or principal fund			•	
20	Paid-in or capital surplus. Attach reconciliation			•	
21	Retained earnings or income fund		6,186,830	•	4,753,874
22	Total liabilities and net worth		7,196,442		5,589,593

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	-1,432,956	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-1,432,956
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		-1,432,956				

* SEE STATEMENT

CA 199		GROSS AMOUNT FROM SALE OF ASSETS		STATEMENT 1	
DESCRIPTION	DATE		DATE	METHOD	
	ACQUIRED		SOLD	ACQUIRED	
				PURCHASED	
	COST OR			EXPENSE	GROSS
	OTHER BASIS	DEPREC.		OF SALE	SALES PRICE
	0.		0.	0.	73,299.
TOTAL TO FORM 199, PAGE 2, LN 6	0.		0.	0.	73,299.

CA 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BLAKE, NATALIE ANN 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	CO-EXECUTIVE DIRECTOR 40.00	0.
MINNIS, KAREN S 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	CO-EXECUTIVE DIRECTOR 40.00	0.
CHARLES EADER 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	PRESIDENT 3.00	0.
MARK SHALLOWAY 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	VICE PRESIDENT 3.00	0.
JOHN BLACKSTOCK 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	SECRETARY 3.00	0.
DARCELL STREETE 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	TREASURER 3.00	0.
MELODY RIDLEY 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
COURTNEY COX 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
KARA SKORUPA 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
PRINTING AND POSTAGE		568,277.
MISCELLANEOUS		186,162.
AWARENESS AND EDUCATION		182,081.
BUILDING REPAIRS AND MA		45,910.
LEGAL FEES		15,126.
ACCOUNTING FEES		118,910.
OTHER PROFESSIONAL FEES		305,972.
ADVERTISING AND PROMOTION		4,754.
OFFICE EXPENSES		35,181.
INSURANCE		35,918.
ALL OTHER EXPENSES		40,635.
TOTAL TO FORM 199, PART II, LINE 17		1,538,926.

CA 199	OTHER INVESTMENTS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUITY SECURITIES	1,274,269.	562,669.
BONDS	1,903,260.	1,274,779.
COMMODITY ETFS	0.	15,751.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,177,529.	1,853,199.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	45,786.	51,201.
SECURITY DEPOSITS	16,805.	16,805.
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	1,062,310.	1,154,935.
OPERATING LEASE RIGHT-OF-USE ASSETS	617,177.	415,759.
FINANCE LEASE RIGHT-OF-USE ASSETS	160,258.	117,862.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,902,336.	1,756,562.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OPERATING LEASE LIABILITIES	639,660.	434,748.
FINANCE LEASE LIABILITIES	163,559.	121,991.
DEFERRED SPONSORSHIP REVENUE	50,000.	70,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	853,219.	626,739.

CA SCHEDULE L	DEPRECIABLE ASSETS		STATEMENT 7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
LEASEHOLD IMPROVEMENTS	106,836.	106,836.	0.
EQUIPMENT	974,373.	949,629.	24,744.
TOTAL TO FORM 199, SCH L, LINE 10	1,081,209.	1,056,465.	24,744.

TAXABLE YEAR
2025

**Corporation Depreciation
and Amortization**

CALIFORNIA FORM
3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 59-2792934

Corporation name

California corporation number

MULTIPLE SCLEROSIS FOUNDATION INC

1847416

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 LEASEHOLD IMPROVEMENTS		106,836		150DB	15.00	0	
2 EQUIPMENT		974,373		150DB	5.00	15,653	
TOTALS		1,081,209					
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	15,653

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	15,653
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	15,653
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22					

TAXABLE YEAR
2025**California e-file Return Authorization for
Exempt Organizations**FORM
8453-EO

Exempt Organization name

Identifying number

MULTIPLE SCLEROSIS FOUNDATION INC**59-2792934****Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	3,483,868
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	3,483,868
3	Refund (Form 109, line 27)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 30)	4	

Part II Settle Your Account Electronically for Taxable Year 2025**5** ☐ Direct deposit of refund (Form 109 only.)**6** ☐ Electronic funds withdrawal **6a** Amount**6b** Withdrawal date (mm/dd/yyyy)**Part III Schedule of Estimated Tax Payments for Taxable Year 2026** (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)**9** Routing number _____**10** Account number _____**11** Type of account: ☐ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2025 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Signature of officer

Date

**EXECUTIVE DIRECTOR**

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	ROBY THOMAS	Date	Check if also paid preparer ☒	Check if self-employed ☐	ERO's PTIN
	Firm's name (or yours if self-employed) and address	THOMAS & COMPANY CPA PA 9710 STIRLING RD, SUITE 101 HOLLYWOOD, FL			Firm's FEIN	75-3125446
					ZIP code	33024

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature		Date	Check if self-employed ☐	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address				Firm's FEIN
				ZIP code	

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MULTIPLE SCLEROSIS FOUNDATION INC

Name of Organization

List all DBAs and names the organization uses or has used

6520 NORTH ANDREWS AVENUE

Address (Number and Street)

FT. LAUDERDALE, FL 33309

City or Town, State, and ZIP Code

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report
☐ Organization requests email notifications

State Charity Registration Number _____

Corporation or Organization No. **1847416**

Federal Employer ID No. **59-2792934**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2025 ending 12/31/2025) list:

Total Revenue (including noncash contributions) \$ 3,483,868 Noncash Contributions \$ 0 Total Assets \$ 5,589,593
Program Expenses \$ 2,494,951 Total Expenses \$ 4,916,824

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

KAREN S. MINNIS

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date

SIGNATURE CERTIFICATE



REFERENCE NUMBER
DB78F226-EEE7-4A8E-8821-1A2FFA36AFCF

TRANSACTION DETAILS

Reference Number
DB78F226-EEE7-4A8E-8821-1A2FFA36AFCF

Transaction Type
Signature Request

Sent At
09/09/2026 01:01:57 PM EDT

Executed At
09/09/2026 01:07:20 PM EDT

Identity Method
email

Distribution Method
email

Signed Checksum
34f29b0881263abfb94ea5c36f0593a74d1ac6a347f850709aa08540be76644c

Signer Sequencing
Disabled

Document Passcode
Disabled

eIDAS Authentication
Disabled

DOCUMENT DETAILS

Document Name
2025 - 990 - MULTIPLE SCLEROSIS FOUNDATION INC

Filename
2025_-_990_-_MULTIPLE_SCLEROSIS_FOUNDATION_INC.pdf

Pages
51 pages

Content Type
application/pdf

File Size
1.41 MB

Original Checksum
6eb745881d098f465a46857ff39fe791bcf609b1542faf4d12f14e4488f79c6a

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name KASEY MINNIS	Status signed	Viewed At 09/09/2026 01:05:38 PM EDT
Email kasey@msfocus.org	Multi-factor Digital Fingerprint Checksum 4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945	Identity Authenticated At 09/09/2026 01:07:20 PM EDT
Components 6	IP Address 166.199.116.4	Signed At 09/09/2026 01:07:20 PM EDT
	Device Chrome Mobile via Android	
	Drawn Signature 	
	Signature Reference ID 05F0E5D6	
	Signature Biometric Count 6	
	Drawn Signature 	
	Signature Reference ID 065CD725	
	Signature Biometric Count 6	
	Drawn Signature 	
	Signature Reference ID 8534DA64	
	Signature Biometric Count 6	

AUDITS

TIMESTAMP	AUDIT
09/09/2026 01:01:57 PM EDT	Jose Thomas (josecpa@jttcpa.com) created document '2025 - 990 - _MULTIPLE_SCLEROSIS_FOUNDATION_INC.pdf' on Chrome via Windows from 103.189.142.30.
09/09/2026 01:01:58 PM EDT	KASEY MINNIS (kasey@msfocus.org) was emailed a link to sign.
09/09/2026 01:05:39 PM EDT	KASEY MINNIS (kasey@msfocus.org) viewed the document on Chrome Mobile via Android from 166.199.116.4.

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09/09/2026 01:07:20 PM EDT	KASEY MINNIS (kasey@msfocus.org) authenticated via email on Chrome Mobile via Android from 166.199.116.4.
09/09/2026 01:07:20 PM EDT	KASEY MINNIS (kasey@msfocus.org) signed the document on Chrome Mobile via Android from 166.199.116.4.