EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

and ending

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

Open to Public Inspection

B (Check if pplicable:	C Name of organization		D Employer identific	cation number	
	⊓Address					
	change Name			81-36694	13	
F	change	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	lreturn □Fiṇal	7600 LAKERIDGE DRIVE	noon/suite	228-447-		
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	354,216.	
	Amende Ireturn			H(a) Is this a group re		
	Application	-		for subordinates		
	pending	7600 LAKERIDGE DRIVE, OCEAN SPRINGS, MS	395	H(b) Are all subordinates in		
$\overline{1}$	Tax-exer	mpt status: $X = 501(c)(3)$ $501(c)()$ (insert no.) $4947(a)(1)$ of			list. See instructions	
J١	Nebsite	WWW.CUREMSD.ORG		H(c) Group exemption		
K	orm of c	organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	State of legal domicile: MS	
Pa		Summary				
ø	1 B	riefly describe the organization's mission or most significant activities: ${f GENEF}$	RATE A	WARENESS AND	D HELP FUND	
Activities & Governance	<u>N</u>	MEDICAL AND SCIENTIFIC RESEARCH DEDICATED	O TO C	URING MULTI	PLE	
ern	1	Check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1		
ઠુ				3	11	
۵		lumber of independent voting members of the governing body (Part VI, line 1b)			11	
ties		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			11 125	
Ę		otal number of volunteers (estimate if necessary)			0.	
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
	D IV	let unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year	
_	8 0	Contributions and grants (Part VIII, line 1h)		393,573.	353,776.	
nue	1	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		358.	440.	
ŭ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		393,931.	354,216.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,886.	160,865.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		47,440.	115,706.	
use	16 a P	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25)	33.			
Ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,978.	101,505.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		312,304.	378,076.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		81,627.	-23,860.	
ts or nces			Be	ginning of Current Year	End of Year	
ssel Bala	20 T	otal assets (Part X, line 16)		423,249.	402,910.	
Net Assets Fund Balanc	21 T	otal liabilities (Part X, line 26)		423,249.	3,522.	
	22 N	let assets or fund balances. Subtract line 21 from line 20		423,249•	333,300.	
		ies of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is	
	-	and complete. Declaration of preparer (other than officer) is based on all information of wh			, Knowledge and Bollet, it is	
		\				
Sig	n	Signature of officer		Date		
Her		AMBER OLSEN, EXECUTIVE DIRECTOR				
		Type or print name and title				
Print/Type preparer's name Preparer's signature Date Check PTIN						
Paid	-	DAVID C. NEUMANN, CPA DAVID C. NEUMANN	1, CP0	8/19/21 self-employe	P00295663	
		Firm's name PILTZ, WILLIAMS, LAROSA & CO.		Firm's EIN ▶	64-0767137	
Use	Only	Firm's address P.O. BOX 231			00\004 4444	
		BILOXI, MS 39533		Phone no. (2)	28)374-4141	
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No	

Pa	Check if Schedule O contains a	response or note to any line in this Part III		
1	Briefly describe the organization's mis			
	DEDICATED TO CURING	MULTIPLE SULFATASE DEFI	CIENCY (MSD)	
2	-	gnificant program services during the year which		
	prior Form 990 or 990-EZ? If "Yes," describe these new services	on Schedule O.		Yes X No
3	Did the organization cease conducting	g, or make significant changes in how it conducts	s, any program services?	Yes X No
	If "Yes," describe these changes on S			
4	Section 501(c)(3) and 501(c)(4) organia	service accomplishments for each of its three larg zations are required to report the amount of gran		
4a	revenue, if any, for each program serv (Code:) (Expenses \$	288,954 including grants of \$	160,865.) (Revenue \$	340,001.)
		PROVIDE AWARENESS AND R	EASEARCH A CURE FOR	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d				,
4e	(Expenses \$ Total program service expenses ▶	including grants of \$ 288,954.) (Revenue \$)
	rotal program our vide expenses	===,===		Form 990 (2020)

Form 990 (2020) UNITED MSD FOUNDATION, INC. 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Λ	
3		3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		1
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			. v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV	Checklist	of Required	Schedules	(continued)
I GILIV	OHCOMISE	or ricquired	Concadica	(COHUHUCU)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete	١		x
	Schedule K. If "No," go to line 25a	24a		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Fal	Check if Schedule O contains a response or note to any line in this Part V			
	Officery in Octricordic Occurrants a response of flote 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 11		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

UNITED MSD FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	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	a 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		Х				
С	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			3,7				
	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).	_		Х				
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						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х				
٨	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70						
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
	sponsoring organization have excess business holdings at any time during the year?							
9								
а	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:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
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:							
а	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.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
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 Enter the amount of reserves on hand 13b							
		14a		Х				
14a h		14a 14b						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	IHD						
13	excess parachute payment(s) during the year?	15		х				
	If "Yes," see instructions and file Form 4720, Schedule N.	.5						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			110
	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 1b 1			
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		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37
	in Schedule O how this was done	12c	37	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	Х	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		
D	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	466		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed MS Section 6104 requires an experiention to make its Forms 1033 (1004 or 1034 A. if applicable), 900, and 900 T (Section F01/c)/(Section F01/c)/(S	\0 cn!	() o: (a:1	oble.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))(Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 6104 requires and its Forms 1024 requires and its Forms 1024 requires an organization to make its Forms 1024 requires and	ys only	ı) avall	auie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	acial	
19	statements available to the public during the tax year.	iu iiiidi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	AMBER OLSEN - 228-447-4820			
	7600 LAKERIDGE DRIVE, OCEAN SPRINGS, MS 39564			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ĭ		((C)	•		(D)	(E)	(F)
Name and title	Average hours per week	urs per box, un		Pos heck ss pe	itior more	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN EWEN	5.00			l					•	•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) DR. MAURICIO DE CASTRO	1.00									•
RESEARCH CHAIR	F 00	Х		Х				0.	0.	0.
(3) DR. JENNIFER FRANK	5.00	,,		,,					•	0
PRESIDENT	1 00	Х	_	Х		<u> </u>	_	0.	0.	0.
(4) SEBASTIAN BALLAUZ	1.00	,,		37					0	•
DIRECTOR	1 00	Х		Х				0.	0.	0.
(5) MIKE STREIFF	1.00	,,		37					0	•
DIRECTOR	1 00	Х		Х				0.	0.	0.
(6) GIGI BURK	1.00	. ,		7.					0	•
DEVELOPMENT CHAIR	1.00	Х		Х				0.	0.	0.
(7) RICHARD SCHEGA	1.00	x		x				0.	0.	0.
DIRECTOR (8) HOPE BLANKENSHIP	1.00	^		^				0.	0.	0.
TREASURER	1.00	X		x				0.	0.	0.
(9) RENEE ELLIOT	1.00							0.	0.	•
DIRECTOR	1.00	Х		x				0.	0.	0.
(10) AMANDA BURKE	1.00	25						0.	•	0.
DIRECTOR	1.00	x		x				0.	0.	0.
(11) DR. GEORGE LOUKATOS	1.00									•
DIRECTOR		x		x				0.	0.	0.
		Г								
		Г								

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Part VII Section A. Officers, Directors, (A)	(B)			(C	C)			(D)	(E)	(F)			
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	n	Estimated amount of other		
	(list any hours for related	ee or director	stee			nsated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr	pensa om the anizati	е
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				and rela organiza		ed
		=	=	0	Š.	≖ 5	Œ						
		_											
_													
		_											
		-											
1b Subtotal							•	0.		0.			0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)							>	0.		0.			0.
Total number of individuals (including becompensation from the organization)	out not limited to th							eceived more than \$100),000 of reportabl	е			C
3 Did the organization list any former off			кеу е	empl	loye	e, o	hig	phest compensated emp	oloyee on			Yes	No
line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the	ne sum of reportab	le co	omp	ensa	atior	n and	d oth	•	the organization		3		X
 and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes," 	e or accrue compe	nsat	ion f	rom	any	/ unr			idual for services		5		X
Section B. Independent Contractors	complete concadi	007	0/ 00	<i>a</i> 011	porc	3011						· ·	
Complete this table for your five highes the organization. Report compensation		-								pens	ation f	rom	
(A) Name and busir		NC	ONI	3				(B) Description of s	services	C	(C Compe		n
2 Total number of independent contractor \$100,000 of compensation from the or		not lii	mite	d to		se li:	sted	d above) who received n	nore than				
wroo,ooo or compensation from the or	garnzadon												

81-3669443 UNITED MSD FOUNDATION, INC. Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 332,752. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 21,024. similar amounts not included above 1f 5,030 g Noncash contributions included in lines 1a-1f 1g |\$ 353,776. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 440. 440. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 332,752. of contributions reported on line 1c). See 0. Part IV, line 18 0. **b** Less: direct expenses _____ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a

440.

354,216.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

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	Check if Schedule O contains a resport not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations	160 065	160 065							
	and domestic governments. See Part IV, line 21	160,865.	160,865.							
2	Grants and other assistance to domestic									
•	individuals. See Part IV, line 22									
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,									
3	trustees, and key employees									
6	Compensation not included above to disqualified									
Ū	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	107,484.	72,944.	12,502.	22,038.					
8	Pension plan accruals and contributions (include	·	-		<u> </u>					
-	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	8,222.	5,580.	956.	1,686.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting	7,500.		7,500.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	24 705	14 005	10 255	10 255					
	column (A) amount, list line 11g expenses on Sch 0.)	34,795. 16,072.	14,085. 11,251.	10,355.	10,355.					
12	Advertising and promotion	161.	11,231.	161.	1,007.					
13	Office expenses	8,657.	6,060.	1,731.	866.					
14 15	Information technology Royalties	0,037.	0,000.	1,751						
16	Occupancy	6,352.	2,160.	2,096.	2,096.					
17	Travel	,,,,,	,	,	,					
18	Payments of travel or entertainment expenses									
-	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	3,588.	3,088.	230.	270.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	2,505.	2,505.							
23	Insurance	2,211.		2,211.						
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 0.)									
а	SPECIAL EVENTS	8,546.	4,273.		4,273.					
b	IN KIND EXPENSE	5,030.	2,515.		2,515.					
c	PRINTING AND POSTAGE	4,683.	3,628.	266.	789.					
d	BANK AND CREDIT CARD FE	1,377.	-	1,239.	138.					
е	All other expenses	28.		28.						
25	Total functional expenses. Add lines 1 through 24e	378,076.	288,954.	42,489.	46,633.					
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)									
00004	0. 10. 03. 00				Earm 990 (2020)					

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Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	401,957.	1	384,123.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	6,263.	21,292.	10c	18,787.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ed			423,249.	16	402,910.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet			21		
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	ostantial o	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	elated thi	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	oarties		24	
	25	Other liabilities (including federal income tax, p	oayables [•]	o related third			
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X			
		of Schedule D			0.	25	3,522.
	26	Total liabilities. Add lines 17 through 25			0.	26	3,522.
"		Organizations that follow FASB ASC 958, c	heck her				
ĕ		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions				27	
B	28	Net assets with donor restrictions				28	
ů		Organizations that do not follow FASB ASC	958, che	ck here ▶ X			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fund	ls		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			423,249.	31	399,388.
Ne.	32	Total net assets or fund balances			423,249.	32	399,388.
	33	Total liabilities and net assets/fund balances			423,249.	33	402,910.

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Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	Par	T XI Reconciliation of Net Assets				
2 378,07 3 Revenue less expenses. Subtract line 2 from line 1 3 -23,86 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 423,24 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 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 399,38 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XI				
2 378,07 3 Revenue less expenses. Subtract line 2 from line 1 3 -23,86 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 423,24 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 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 399,38 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:						
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 1 1 1 1 1 1 1 1 1	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	3,2	49.
6 Donated services and use of facilities 6 7 1 1 1 1 1 1 1 1 1	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 399, 38 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	6		6			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 399, 38 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	8		8			
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	9		9			0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		column (B))	10	39	9,3	89.
Check if Schedule O contains a response or note to any line in this Part XII Yes 1	Par	t XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					Yes	No
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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Separate basis						
Separate basis		separate basis, consolidated basis, or both:				
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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
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consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		·	,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	С	·	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?				2c		Х
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	За					
			•	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b		ired audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNITED MSD FOUNDATION, INC. 81-3669443 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						
	Gross receipts from related activities,	etc. (see instructi	ions)		•	12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2020 (li	ne 6, column (f), o	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3 % support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	3-and-circumstand	ces test, check th	is box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	mstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. T	he organization q	ualifies as a publicl	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	า did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶□

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.)

Se	ction A. Public Support	siow, picace comp	piete i dit ii.)				-
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		105,448.	280,122.	339,681.	340,001.	1,065,252.
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 organ- ization'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		105,448.	280,122.	339,681.	340,001.	1,065,252.
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
-	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						0.
	c Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,065,252.
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	. ,	105,448.	280,122.	(d) 2019 339,681.	340,001.	1,065,252.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		27.	222.	358.	440.	1,047.
1	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b		27.	222.	358.	440.	1,047.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					13,775.	13,775.
13	Total support. (Add lines 9, 10c, 11, and 12.)		105,475.	280,344.	340,039.	354,216.	1,080,074.
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third.			01(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Pe	rcentage				,
	Public support percentage for 2020 (li			column (f))		15	98.63 %
	Public support percentage from 2019					16	99.92 %
Se	ction D. Computation of Inves	tment Incom				•	
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.10 %
	Investment income percentage from 2					18	.08 %
	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box arb 33 1/3% support tests - 2019. If the	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	▶ X
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			•		ŭ	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Va -	NI-
1		Yes	No
	1		
	2		
	3a		
	3b		
	- CL		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9c		
	10a		
	40.		
m a	10b 90 or 99	00-F7	2020
🗷			

Par	Part IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described	d in lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a	, 11b, or 11c, provide		
	detail in Part VI.	11c		
Sec	Section B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official cap	pacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a major			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the s			
	effectively operated, supervised, or controlled the organization's activities. If the organizatio organization, describe how the powers to appoint and/or remove officers, directors, or trust			
	supported organizations and what conditions or restrictions, if any, applied to such powers	<u> </u>		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Ye			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2		
Sec	Section C. Type II Supporting Organizations	•		
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a majorit	ty of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Pai	r t VI how control		
	or management of the supporting organization was vested in the same persons that control	lled or managed		
	the supported organization(s).	1		
Sec	Section D. All Type III Supporting Organizations			
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by the last day of the f	ifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support prov	ided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, a	and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not p	oreviously provided? 1		
2	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," e.	xplain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported	d organization(s). 2		
3	3 By reason of the relationship described in line 2, above, did the organization's supported of	rganizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the c	organization's		
	supported organizations played in this regard.	3		
Sec	Section E. Type III Functionally Integrated Supporting Organizations			
1		st during the yea(see instructions).		
а				
b			,	
С		orted a governmental entity (see instruction		·
2			Yes	No
а	, , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in P	•		
	those supported organizations and explain how these activities directly furthered their ex-			
	how the organization was responsive to those supported organizations, and how the organi			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in?			
	Part VI the reasons for the organization's position that its supported organization(s) would he approximate but for the organization in the property of the pr			
•	these activities but for the organization's involvement.	2b		
3		dia atau		
а		·		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b	b Did the organization exercise a substantial degree of direction over the policies, programs,	and activities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations		
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 mu	ust complete	e Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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			
Sect	ion 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-function	nally integrat	ted Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

rai	t v Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions		-		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	Э			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
_	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020	UNITED MS	D FOUNI	DATION,	INC.	81-3669443	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Provide 1 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	he explanatio ia, 6, 9a, 9b, 9 V, Section E, I	ns required by 9c, 11a, 11b, a ines 1c, 2a, 2	y Part II, line 10; Pa and 11c; Part IV, Se b, 3a, and 3b; Part	rt II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Sectio V, line 1; Part V, Section B, line 1e; Pa for any additional information.	n C,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED MSD FOUNDATION, INC.

Employer identification number 81-3669443

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
•	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advi	sed 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 a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	\$		24.1/41/51/0
8	Does each conservation easement reported on line 2(d) above	- · · · · · · · · · · · · · · · · · · ·	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	of Δrt. Historical Treasures, or C	Other Similar Assets
. u	Complete if the organization answered "Yes" on Form		And Jimai Addets.
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	c exhibition, education, or research in fair	riciance of public scrivice,
	(i) Revenue included on Form 990, Part VIII, line 1		L ¢
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
~	the following amounts required to be reported under FASB A		ai gairi, provide
•	Revenue included on Form 990, Part VIII, line 1		> \$
a	Assets included in Form 900 Part Y		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass	sets(continued)
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of it	ts
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 Pa	art 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 reported an amount on Form 990, Part X, line 21.	V, line 9, or
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	
on Form 990, Part X?	Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	
	Amount
c Beginning balance1c	
d Additions during the year 1d	
e Distributions during the year	
f Ending balance 1f	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	k (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:	Yes No
(i) Unrelated organizations	3a(i)
(ii) Related organizations	3a(ii)
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
	(al) Dealerralise
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) depreciation	(d) Book value
1a Land	
b Buildings c Leasehold improvements	
c Leasehold improvements	
e Other 25,050. 6,263.	18,787.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	18,787.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	UNITED MSD	FOUNDATION,	INC.	81-3669443 Pag
Part VII Investments - 0	Other Securities.			
Complete if the orga	anization answered "Ye	s" on Form 990, Part IV, I	ine 11b. See Fo	orm 990, Part X, line 12.
(a) Description of security or category	Ory (including name of security	(b) Book value	(c) Met	thod of valuation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 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. (h) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

(E) (F) (G) (H)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CREDIT CARD PAYABLE	3,522.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,522.

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..

Pa	rt XI Reconciliation of Revenue per Audited Financ	cial Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial staten	nents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			
Pa	rt XII Reconciliation of Expenses per Audited Finar		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4	Amounts included of Form 550, Fart IX, line 25, but not of line 1.	1 1		
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b	4b	4c	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pairt XIII Supplemental Information.	4b rt I, line 18.)	5	rt XI.
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,
a b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b	5	rt XI,

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED MSD FOUNDATION, INC.

Employer identification number 81-3669443

	IIDD I CONDITION, II				101 3003	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "\	∕es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais		ng acti	ivities	Check all that apply		
a Mail solicitations				overnment grants	•	
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(inclu	ding o	fficers, directors, tru	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	sional t	fundraising services?	?	No No
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fundraiser is to b	oe .
compensated at least \$5,000 by the						
	g					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o	Did raiser custody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
		contributions?			listed in col. (i)	
		Yes	No	-		
Total			. ▶			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from re	egistration

	ırt I					
		of fundraising event contributions and gr	(a) Event #1	l-E∠, lines 1 and 6b. List (b) Event #2	(c) Other events	pts greater than \$5,000.
			WIGGIN FOR	(b) Event #2	NONE	(d) Total events
			WILLOW/ZEBRA		IVOIVE	(add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
une			71 /	71 /	,	
Revenue	1	Gross receipts	332,752.			332,752.
Œ						
	2	Less: Contributions	332,752.			332,752.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		Cash phaces				
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses	_					
irec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10			L	•	
	11					
Pa	ırt					
	_	\$15,000 on Form 990-EZ, line 6a.	1		i	•
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) trirough coi. (c))
æ						
_	۱.	Gross revenue				
_	1	Gross revenue				
		Gross revenue				
	2	Cash prizes Noncash prizes				
Direct Expenses	2	Cash prizes				
	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
	2 3 4	Cash prizes Noncash prizes		Yes %	Yes %	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		Yes%	Yes %	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes %			
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes% No		No No	
	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 1 5 in column (d)	No No	No ►	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 1 5 in column (d)	No No	No ►	
Direct Expenses	2 3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No n 5 in column (d)	No No	No No	
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d) 2 from line 1, column (d) 3 ucts gaming activities:	No No	No No ►	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these	No No	No No ►	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these	No No	No No ►	
b c Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes% No n 5 in column (d) from line 1, column (d) ucts gaming activities:ctivities in each of these	No No	No No ►	Yes No
10a b Direct Expenses	2 3 4 5 6 7 8 Entre Is 1 Is 1 We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct organization licensed to conduct gaming a line," explain: ere any of the organization's gaming licenses re	Yes% No n 5 in column (d)	states?	No	Yes No
10a	2 3 4 5 6 7 8 Entre Is 1 Is 1 We	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	Yes% No n 5 in column (d)	states?	No	Yes No

Scl	hedule G (Form 990 or 990-EZ) 2020 UNITED MSD FOUNDATION, INC. 81-3	669	443	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	└─ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party > \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lii	nes 9,	9b, 10b,

Schedule G	G (Form 990 or 990-EZ)	UNITED MSD	FOUNDATION,	INC.	81-3669443 Pag	ge 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		TON THE					Employer identification number 81-3669443
UNITED MSD Part I General Information on Grants and		ION, INC.					01-3009443
1 Does the organization maintain records to		amount of the grants	s or assistance, the	arantees' eligibilit	v for the grants or ass	sistance and the selec	etion
criteria used to award the grants or assista							
2 Describe in Part IV the organization's proce	edures for monit	oring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to Do	omestic Organi	zations and Domesti	ic Governments. C	Complete if the org	anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,	,000. Part II can	be duplicated if addit	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							HELP FUND MEDICAL AND
							SCIENTIFIC RESEARCH
							DEDICATED TO CURING
THE JACKSON LABORATORY			145,407.	0.			MULTIPLE SULFATASE
			L				
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations is			ne line 1 table				··········· È

(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
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMEN	T: THE JA	CKSON LABO	RATORY		
(H) PURPOSE OF GRANT OR ASSISTANC	E: HELP F	UND MEDICA	AL AND SCIE	NTIFIC	
RESEARCH DEDICATED TO CURING MULT	IPLE SULF.	ATASE DEFI	CIENCY (MS	D)	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED MSD FOUNDATION, INC.

Employer identification number 81-3669443

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SULFATASE DEFICIENCY (MSD)
FORM 990, PART VI, SECTION A, LINE 8B:
NO OTHER COMMITTEE OR BOARD HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BOARD
FORM 990, PART VI, SECTION B, LINE 11B:
THE PRESIDENT OF THE BOARD REVIEWS THE FORM 990 BEFORE SIGNING AND FILING.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD RECEIVES COMPARATIVE SALARY DATA FOR THE EXECUTIVE DIRECTOR AND
PERFORMS AN ANNUAL PERFORMANNCE REVIEW.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

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
1	WEBSITE	07/12/18	SL	10.00		16	25,050.				25,050.	3,758.		2,505.	6,263.
	* TOTAL 990 PAGE 10 DEPR						25,050.				25,050.	3,758.		2,505.	6,263.