

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
DECEMBER 31, 2020

PREPARED FOR:

MULTIPLE SCLEROSIS FOUNDATION, INC.
6520 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33309

PREPARED BY:

CBIZ MHM OF FLORIDA, LLC
2255 GLADES ROAD SUITE 321A
BOCA RATON, FL 33431

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAXABLE YEAR
2020

California Exempt Organization Annual Information Return

028941 12-22-20
FORM
199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

MULTIPLE SCLEROSIS FOUNDATION, INC.

1847416

Additional information. See instructions.

FEIN
59-2792934

Street address (s, no or room)

6520 NORTH ANDREWS AVENUE

PMB no.

City State ZIP code

FT. LAUDERDALE

FL

33309

Foreign country name

Foreign province/state/county

Foreign postal code

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 - Dissolved Surrendered (Withdrawn) Merged/Reorganized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

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,916,878	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	5,065,553	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	6,982,431	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,773,069	00
	7	Total costs. Add line 5 and line 6	7	1,773,069	00
	8	Total gross income. Subtract line 7 from line 4	8	5,209,362	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,569,371	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-360,009	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 13, subtract line 13 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Sign Here

Signature of officer: *Michael Fisher* Title: **EXECUTIVE DIRE** Date: *6/1/20* Telephone

Preparer's signature: **MICHAEL FISHER** Date: P.O. Box Firm's FEIN: **P01243324**

Paid Preparer's Use Only

Firm's name (or your, if self-employed) and address: **CBIZ MHM OF FLORIDA, LLC**
2255 GLADES ROAD SUITE 321A
BOCA RATON, FL 33431 Telephone: **561-994-5050**

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

MULTIPLE SCLEROSIS FOUNDATION, INC.

59-2792934

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

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		DD		
	2	Interest	•	2	23,195	DD		
	3	Dividends	•	3	38,458	DD		
	4	Gross rents	•	4		DD		
	5	Gross royalties	•	5		DD		
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 2	•	6	1,855,225	DD	
	7	Other income	•	7		DD		
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	1,916,878	DD	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 3	•	9	567,841	DD	
	10	Disbursements to or for members	•	10		DD		
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	237,651	DD	
	12	Other salaries and wages	•	12	2,928,400	DD		
	Expenses and Disbursements	13	Interest	•	13		DD	
		14	Taxes	•	14		DD	
		15	Rents	•	15	468,321	DD	
		16	Depreciation and depletion (See instructions)	•	16	16,272	DD	
		17	Other expenses and disbursements	SEE STATEMENT 5	•	17	1,350,886	DD
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	5,569,371	DD

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,770,924		4,873,398
2 Net accounts receivable		1,277,554		109,570
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments	STMT 6	3,214,880		3,506,295
10 a Depreciable assets	1,012,041		1,012,041	
b Less accumulated depreciation	(960,238)	51,803	(976,510)	35,531
11 Land				
12 Other assets	STMT 7	915,682		1,005,074
13 Total assets		9,230,843		9,529,868
Liabilities and net worth				
14 Accounts payable		216,520		151,035
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 8	56,270		749,336
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		8,958,053		8,629,497
22 Total liabilities and net worth		9,230,843		9,529,868

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-328,556	7 Income recorded on books this year not included in this return	STMT 9	•	31,453
2 Federal income tax	•		8 Deductions in this return not charged against book income this year		•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		•	31,453
4 Income not recorded on books this year	•		10 Net income per return.		•	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		•	-360,009
6 Total. Add line 1 through line 5	•	-328,556				

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THE BETTY BRYANT REVOCABLE TRUST	26415 CARMEL RANCHO BLVD STE A CARMEL, CA 93923		175,000.
BERNARD AND MAYBEL BUSFIELD FAMILY TRUST	3450 E SUNRISE DR SUITE 100 TUCSON, AZ 85718		220,643.
ROSAMOND B REVOCABLE TRUST	2901 S LYNNHAVEN ROAD STE 120 VIRGINIA BEACH, VA 23452		581,912.
CELGENE	86 MORRIS AVE SUMMIT , NJ 07901		100,000.
GENENTECH	1 DNA WAY SOUTH SAN FRANCISCO , CA 94080		603,000.
SANOFI	500 KENDALL ST CAMBRIDGE, MA 02142		100,000.
TOTAL INCLUDED ON LINE 3			<u>1,780,555.</u>

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	PURCHASED			
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	767,858.	0.	0.	801,688.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	PURCHASED			
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,005,211.	0.	0.	1,053,230.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	PURCHASED			
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	307.

TOTAL TO FORM 199, PAGE 2, LN 6	1,773,069.	0.	0.	1,855,225.
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CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PRINTING & POSTAGE		519,067.
AWARENESS AND EDUCATION		217,501.
BANK CHARGES		36,158.
REPAIRS AND MAINTENANCE		33,237.
MISCELLANEOUS		20,108.
FEDERAL & STATE FEES		60.
LEGAL FEES		15,853.
ACCOUNTING FEES		33,565.
PROFESSIONAL FUNDRAISING FEES		1,235.
OTHER PROFESSIONAL FEES		333,846.
ADVERTISING AND PROMOTION		616.
OFFICE EXPENSES		104,455.
TRAVEL		513.
INSURANCE		34,672.
TOTAL TO FORM 199, PART II, LINE 17		1,350,886.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LAND & DONATED TIME SHARE	4,805.	4,805.
EQUITY SECURITIES	733,953.	793,530.
BONDS	2,476,122.	2,307,960.
TREASURY BILLS	0.	400,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,214,880.	3,506,295.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	65,551.	64,919.
SECURITY DEPOSITS	15,000.	28,948.
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	835,131.	911,207.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	915,682.	1,005,074.

CA 199	OTHER LIABILITIES	STATEMENT 8	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED RENT EXPENSE		56,270.	41,514.
PPP LOAN		0.	707,822.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		56,270.	749,336.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
NET UNREALIZED GAIN (LOSS) ON INVESTMENTS		31,453.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		31,453.

CA 199	FUND BALANCES	STATEMENT 10	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS		7,950,922.	7,288,290.
NET ASSETS WITH DONOR RESTRICTIONS		1,007,131.	1,341,207.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		8,958,053.	8,629,497.

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
MULTIPLE SCLEROSIS FOUNDATION, INC.	59-2792934

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	6,982,431
2 Total gross income (Form 199, line 8)	2	5,209,362
3 Total expenses and disbursements (Form 199, line 9)	3	5,569,371

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here Signature of officer _____ Date _____ Title **EXECUTIVE DIRECTOR**

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	CBIZ MHM OF FLORIDA, LLC				P01243324
	Firm's name (or yours if self-employed) and address				Firm's FEIN 34-1900735
	2255 GLADES ROAD SUITE 321A				ZIP code 33431
	BOCA RATON, FL				

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

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	_____			
	Firm's name (or yours if self-employed) and address			Firm's FEIN
	_____			_____
				ZIP code
