

# RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2019

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**PREPARED FOR:**

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

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**PREPARED BY:**

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

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**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

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**AMOUNT OF TAX:**

TOTAL TAX	\$	10
LESS: PAYMENTS AND CREDITS	\$	10
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	

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**OVERPAYMENT:**

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

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL 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.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

TAXABLE YEAR  
**2019**

# California Exempt Organization Annual Information Return

928941 12-04-19  
FORM  
**199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **MULTIPLE SCLEROSIS FOUNDATION, INC.** California corporation number: **1847416**

Additional information. See instructions. FEIN: **59-2792934**

Street address (suite or room): **6520 NORTH ANDREWS AVENUE** PMB no. \_\_\_\_\_

City: **FT. LAUDERDALE** State: **FL** ZIP code: **33309**

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No


**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** 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	2,069,983	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	8,593,724	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	10,663,707	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,947,168	00
	7	Total costs. Add line 5 and line 6	7	1,947,168	00
	8	Total gross income. Subtract line 7 from line 4	8	8,716,539	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7,354,387	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,362,152	00
Filing Fee	11	Total payments <b>AMT PAID WITH FM 3539:</b>	11	10	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	10	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		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:  Title: **EXECUTIVE DIRE** Date: **6/15/20** Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: **P01243324**  
 Firm's name (or yours, if self-employed) and address: **CBIZ MHM OF FLORIDA, LLC**  
**2255 GLADES ROAD SUITE 321A**  
**BOCA RATON, FL 33431** Firm's FEIN: **34-1900735**  
 Telephone: **561-994-5050**

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

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

928951 12-04-19

Receipts from Other Sources  Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	8,474	00
	3	Dividends	3	49,016	00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	6	2,012,493	00
	7	Other income	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,069,983	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	9	1,191,577	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	221,878	00
	12	Other salaries and wages	12	3,643,885	00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15	468,029	00
	16	Depreciation and depletion (See instructions)	16	66,972	00
	17	Other Expenses and Disbursements SEE STATEMENT 5	17	1,762,046	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,354,387	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		2,997,064		3,770,924
2	Net accounts receivable		526,997		1,277,554
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		3,072,371		3,214,880
10	a Depreciable assets	1,007,691		1,012,041	
	b Less accumulated depreciation	( 893,267 )	114,424	( 960,238 )	51,803
11	Land				
12	Other assets STMT 7		785,157		915,682
13	<b>Total assets</b>		<b>7,496,013</b>		<b>9,230,843</b>
<b>Liabilities and net worth</b>					
14	Accounts payable		164,213		216,520
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 8		71,027		56,270
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		7,260,773		8,958,053
22	<b>Total liabilities and net worth</b>		<b>7,496,013</b>		<b>9,230,843</b>

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	1,697,280	
2	Federal income tax		
3	Excess of capital losses over capital gains		
4	Income not recorded on books this year		
5	Expenses recorded on books this year not deducted in this return		
6	Total. Add line 1 through line 5	1,697,280	
7	Income recorded on books this year not included in this return STMT 9		335,128
8	Deductions in this return not charged against book income this year		
9	Total. Add line 7 and line 8		335,128
10	Net income per return. Subtract line 9 from line 6		1,362,152

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	C/O MULTIPLE SCLEROSIS FDN 6520 N ANDREWS AVENUE FT. LAUDERDALE, FL 33309	11/26/19	1,350,000.
TOTAL INCLUDED ON LINE 3			1,350,000.

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
	702,319.	0.	0.	731,542.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	111.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,244,849.	0.	0.	1,280,840.

TOTAL TO FORM 199, PAGE 2, LN 6	1,947,168.	0.	0.	2,012,493.
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CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS  
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: GRANTS AND ASSISTANCE TO INDIVIDUALS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SEE FEDERAL SCHEDULE I ATTACHED	6520 NORTH ANDREWS AVENUE - FT. LAUDERDALE, FL 33309	NONE	1,191,577.

TOTAL FOR THIS ACTIVITY 1,191,577.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,191,577.

CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ERIC SCHENCK 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	PRESIDENT - DIRECTOR 3.00	0.
CHARLES EADER 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	VP & TREASURER - DIRECTOR 3.00	0.
JOHN BLACKSTOCK 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	SECRETARY - DIRECTOR 3.00	0.
GREGORY STEIN 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
WILLIAM SHEEHAN 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
G. MARK SHALLOWAY 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
ELAINE LAFLAMME 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	DIRECTOR 3.00	0.
ALAN SEGALOFF 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	EXECUTIVE DIRECTOR 55.00	221,878.
TOTAL TO FORM 199, PART II, LINE 11		<u>221,878.</u>

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
PRINTING & POSTAGE		595,487.
AWARENESS AND EDUCATION		343,083.
MISCELLANEOUS		82,809.
REPAIRS AND MAINTENANCE		40,536.
BANK CHARGES		24,270.
FEDERAL & STATE FEES		5,171.
LEGAL FEES		32,333.
ACCOUNTING FEES		29,750.
PROFESSIONAL FUNDRAISING FEES		99,008.
OTHER PROFESSIONAL FEES		363,279.
ADVERTISING AND PROMOTION		3,463.
OFFICE EXPENSES		106,080.
TRAVEL		869.
INSURANCE		35,908.
TOTAL TO FORM 199, PART II, LINE 17		1,762,046.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LAND & DONATED TIME SHARE	4,805.	4,805.
EQUITY SECURITIES	1,181,869.	733,953.
BONDS	1,885,697.	2,476,122.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,072,371.	3,214,880.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	51,438.	65,551.
SECURITY DEPOSITS	15,000.	15,000.
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	718,719.	835,131.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	785,157.	915,682.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT EXPENSE	71,027.	56,270.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	71,027.	56,270.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
NET UNREALIZED GAIN (LOSS) ON INVESTMENTS		335,128.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		335,128.

CA 199	FUND BALANCES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	6,497,054.	7,950,922.
NET ASSETS WITH DONOR RESTRICTIONS	763,719.	1,007,131.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	7,260,773.	8,958,053.



TAXABLE YEAR  
**2019**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>MULTIPLE SCLEROSIS FOUNDATION, INC.</b>	<b>59-2792934</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>10,663,707</b>
2 Total gross income (Form 199, line 8)	2	<b>8,716,539</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>7,354,387</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

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 2019 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, 2019 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.

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

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.

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