

022  
Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR  
**2021**

### 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>7,378,593</b>
2 Total gross income (Form 199, line 8)	2	<b>5,647,701</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>5,035,161</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

**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 2021 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		9/19/2022	EXECUTIVE DIRECTOR
	Signature of officer	Date	Title

**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, 2021 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's signature	Date	Check if also paid preparer	Check if self-employed	ERO's PTIN
	9/8/2022	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P01243324
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code	
	CBIZ MHM OF FLORIDA, LLC 2255 GLADES ROAD SUITE 321A BOCA RATON, FL	34-1900735	33431	

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

FTB 8453-EO 2021

TAXABLE YEAR  
**2021**

# California Exempt Organization Annual Information Return

128941 12-29-21  
FORM  
**199**

Calendar Year 2021 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/country Foreign postal code

**A** First return  Yes  No  
**B** Amended return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)   
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name?  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$  
**L** Is the organization a limited liability company?  Yes  No  
**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,564,433	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	4,814,160	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B</b>	4	7,378,593	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,730,892	00
	7	Total costs. Add line 5 and line 6	7	1,730,892	00
	8	Total gross income. Subtract line 7 from line 4	8	5,647,701	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,035,161	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	612,540	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 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> 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 **EXECUTIVE DIRE** Title Date Telephone

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

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.

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	19,311	00
	3	Dividends	3	43,311	00
<b>Receipts from Other Sources</b>	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	6	1,785,947	00
	7	Other income SEE STATEMENT 3	7	715,864	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,564,433	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	9	613,193	00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	11	236,218	00
	12	Other salaries and wages	12	2,439,326	00
<b>Expenses and Disbursements</b>	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15	446,230	00
	16	Depreciation and depletion (See instructions)	16	24,840	00
	17	Other expenses and disbursements SEE STATEMENT 6	17	1,275,354	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	5,035,161	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		4,873,398		4,142,994
2 Net accounts receivable		109,570		292,728
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 7		3,506,295		3,259,848
10 a Depreciable assets	1,012,041		1,012,041	
b Less accumulated depreciation	( 976,510 )	35,531	( 1,001,350 )	10,691
11 Land				
12 Other assets STMT 8		1,005,074		1,806,327
13 <b>Total assets</b>		9,529,868		9,512,588
<b>Liabilities and net worth</b>				
14 Accounts payable		151,035		95,175
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 9		749,336		20,757
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		8,629,497		9,396,656
22 <b>Total liabilities and net worth</b>		9,529,868		9,512,588

**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	612,540	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule		Subtract line 9 from line 6	612,540
6 <b>Total.</b> Add line 1 through line 5	612,540		

CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
OSCAR FOLKES	C/O HOLLAND AND KNIGHT LLP, 50 NORTH LAURA STREET STE 3900 JACKSONVILLE, FL		100,899.
RICHARD ODOM	2201 E CAMELBACK ROAD STE 405B PHOENIX, AZ 85016		500,000.
TOTAL INCLUDED ON LINE 3			600,899.

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
	662,919.	0.	0.	671,192.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	1,257.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	1,067,973.	0.	0.	1,113,498.

TOTAL TO FORM 199, PAGE 2, LN 6	1,730,892.	0.	0.	1,785,947.
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CA 199	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
PPP LOAN FORGIVENESS		715,864.
TOTAL TO FORM 199, PART II, LINE 7		715,864.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 4	
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	613,193.
	TOTAL FOR THIS ACTIVITY		613,193.
	TOTAL INCLUDED ON FORM 199, PART II, LINE 9		613,193.

CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ALAN SEGALOFF 6520 NORTH ANDREWS AVENUE FT. LAUDERDALE, FL 33309	EXECUTIVE DIRECTOR 55.00	236,218.
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.
TOTAL TO FORM 199, PART II, LINE 11		236,218.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
PRINTING & POSTAGE		518,679.
AWARENESS AND EDUCATION		203,409.
REPAIRS AND MAINTENANCE		31,749.
MISCELLANEOUS		28,603.
BANK CHARGES		26,796.
FEDERAL & STATE FEES		3,677.
TRANSPORTATION		405.
LEGAL FEES		15,828.
ACCOUNTING FEES		33,869.
OTHER PROFESSIONAL FEES		298,508.
ADVERTISING AND PROMOTION		884.
OFFICE EXPENSES		71,396.
INSURANCE		41,551.
TOTAL TO FORM 199, PART II, LINE 17		1,275,354.

CA 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LAND & DONATED TIME SHARE	4,805.	4,805.
EQUITY SECURITIES	793,530.	1,249,154.
BONDS	2,307,960.	2,005,889.
TREASURY BILLS	400,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,506,295.	3,259,848.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	64,919.	78,817.
SECURITY DEPOSITS	28,948.	15,000.
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	911,207.	982,837.
EMPLOYEE RETENTION CREDIT RECEIVABLE	0.	729,673.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,005,074.	1,806,327.

CA 199	OTHER LIABILITIES	STATEMENT 9	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED RENT EXPENSE		41,514.	20,757.
PPP LOAN		707,822.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		749,336.	20,757.

CA 199	FUND BALANCES	STATEMENT 10	
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS		7,288,290.	8,258,819.
NET ASSETS WITH DONOR RESTRICTIONS		1,341,207.	1,137,837.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		8,629,497.	9,396,656.