

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2021, or fiscal year beginning ..... 2021, and ending ..... 20 .....  
**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**

Name of filer

**DEFEAT MSA ALLIANCE**

EIN or SSN

**46-0661655**

Name and title of officer or person subject to tax

**PHILIP M. FORTIER, MA  
EXEC. DIRECTOR/CHAIR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a Form 990</b> check here .....	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>259,476</b>
<b>2a Form 990-EZ</b> check here .....	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a Form 1120-POL</b> check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a Form 990-PF</b> check here .....	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a Form 8868</b> check here .....	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a Form 990-T</b> check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a Form 4720</b> check here .....	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a Form 5227</b> check here .....	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a Form 5330</b> check here .....	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a Form 8038-CP</b> check here .....	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize CARABELL, LESLIE & CO. to enter my PIN **10796** as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax }

Date } 05/06/22

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**38748648043**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } \_\_\_\_\_ Date } 05/06/22

**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A For the 2021 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_****B Check if applicable:**

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

**C Name of organization**

DEFEAT MSA ALLIANCE

**Doing business as**Number and street (or P.O. box if mail is not delivered to street address)  
29924 JEFFERSON AVE.**Room/suite**City or town, state or province, country, and ZIP or foreign postal code  
ST. CLAIR SHORES MI 48082**D Employer identification number**  
46-0661655**F Name and address of principal officer:**PHILIP M. FORTIER, MA  
29924 JEFFERSON AVE.  
ST. CLAIR SHORES MI 48082**E Telephone number**  
855-542-5672**G Gross receipts \$** 259,476**I Tax-exempt status:**  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527**H(a) Is this a group return for subordinates?**  Yes  No**H(b) Are all subordinates included?**  Yes  No

If "No," attach a list. See instructions

**J Website:**  WWW.DEFEATMSA.ORG**K Form of organization:**  Corporation  Trust  Association  Other **H(c) Group exemption number** **L Year of formation:** 2012 **M State of legal domicile:** MI**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	.....		
<b>Revenue</b>	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	9
	3 Number of voting members of the governing body (Part VI, line 1a)	4	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	6	50
	6 Total number of volunteers (estimate if necessary)	7a	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
<b>Expenses</b>		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	164,411	259,465
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,415	259,476
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,403	3,066
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/>	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	95,063	143,270
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	98,466	146,336
	19 Revenue less expenses. Subtract line 18 from line 12	65,949	113,140
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	115,725	228,865
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	115,725	228,865

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	PHILIP M. FORTIER, MA	EXEC. DIRECTOR/CHAIR
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name GREGORY A. FISCHER, CPA	Preparer's signature
	Firm's name } CARABELL, LESLIE & CO.	Date
	83 MACOMB PLACE	Check <input type="checkbox"/> if self-employed
	Firm's address } MT. CLEMENS, MI 48043	PTIN P00006463
		Firm's EIN } 38-1998967
		Phone no. 586-465-6285

May the IRS discuss this return with the preparer shown above? See instructions

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2021)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 146,336 including grants of \$ 3,066 ) (Revenue \$ )  
 DEFEAT MSA ALLIANCE IS AN INCLUSIVE U.S. BASED 501(C)(3) PUBLIC CHARITY  
 THAT ASPIRES TO BALANCE EFFORTS TO SUPPORT PATIENTS, EDUCATE MEDICAL  
 PROFESSIONALS, RAISE PUBLIC AWARENESS, NURTURE PROMISING RESEARCH AND  
 ADVOCATE FOR THE MSA COMMUNITY.

4b (Code: ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )  
 N/A

4c (Code: ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )  
 N/A

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

(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

4e Total program service expenses **146,336**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Individual trustee	Institutional trustee	Officer	Key employee			
(1) PHILIP M. FORTIER, MA EXEC. DIRECTOR/CHAIR	20.00 0.00	X		X			0	0	0
(2) PATRICIA BOYLAN BOARD MEMBER	5.00 0.00	X		X			0	0	0
(3) ELENA FRACASSA, MA BOARD MEMBER	5.00 0.00	X					0	0	0
(4) MARGARET MACLACHLAN, MA BOARD MEMBER	5.00 0.00	SLP					0	0	0
(5) MARY JANE SCHARFENKAMP BOARD MEMBER	5.00 0.00	X					0	0	0
(6) ARNETTA MICHELLE STEPTOE BOARD MEMBER	5.00 0.00	X					0	0	0
(7) COREY WHITTLESEY-SUTTON BOARD MEMBER	5.00 0.00	X					0	0	0
(8) KATELYN SCHNEIDER BOARD MEMBER	5.00 0.00	X					0	0	0
(9) SANDRA BETTENHAUSEN VICE-CHAIR	5.00 0.00	X		X			0	0	0
(10)									
(11)									

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>					
1a Federated campaigns .....	1a				
1b Membership dues .....	1b				
1c Fundraising events .....	1c				
1d Related organizations .....	1d				
1e Government grants (contributions) .....	1e				
1f All other contributions, gifts, grants, and similar amounts not included above .....	1f	259,465			
1g Noncash contributions included in lines 1a-1f .....	1g	\$			
<b>h Total. Add lines 1a-1f</b>	<b>u</b>	<b>259,465</b>			
<b>Program Service Revenue</b>		Business Code			
2a .....	2a				
b .....	b				
c .....	c				
d .....	d				
e .....	e				
f All other program service revenue .....	f				
<b>g Total. Add lines 2a-2f</b>	<b>u</b>				
3 Investment income (including dividends, interest, and other similar amounts) .....	u		11		11
4 Income from investment of tax-exempt bond proceeds .....	u				
5 Royalties .....	u				
6a Gross rents	(i) Real	(ii) Personal			
6a .....	6a				
b Less: rental expenses .....	6b				
c Rental inc. or (loss) .....	6c				
d Net rental income or (loss) .....	u				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7a .....	7a				
b Less: cost or other basis and sales exps. .....	7b				
c Gain or (loss) .....	7c				
d Net gain or (loss) .....	u				
8a Gross income from fundraising events (not including \$ .....	8a				
of contributions reported on line 1c). See Part IV, line 18 .....	8b				
b Less: direct expenses .....	8b				
c Net income or (loss) from fundraising events .....	u				
9a Gross income from gaming activities. See Part IV, line 19 .....	9a				
b Less: direct expenses .....	9b				
c Net income or (loss) from gaming activities .....	u				
10a Gross sales of inventory, less returns and allowances .....	10a				
b Less: cost of goods sold .....	10b				
c Net income or (loss) from sales of inventory .....	u				
<b>Miscellaneous Revenue</b>		Business Code			
11a .....	11a				
b .....	b				
c .....	c				
d All other revenue .....	d				
<b>e Total. Add lines 11a-11d</b>	<b>u</b>				
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>259,476</b>	<b>0</b>	<b>0</b>	<b>11</b>

**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  X

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	3,066	3,066		
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, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	22,920	22,920		
c Accounting .....	9,059	9,059		
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .....	22,916	22,916		
12 Advertising and promotion .....	14,539	14,539		
13 Office expenses .....	4,912	4,912		
14 Information technology .....	16,139	16,139		
15 Royalties .....				
16 Occupancy .....	1,479	1,479		
17 Travel .....	7,583	7,583		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	42,709	42,709		
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....	1,014	1,014		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a .....				
b .....				
c .....				
d .....				
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	146,336	146,336	0	0
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	41,599	1	50,268
	2 Savings and temporary cash investments .....	67,013	2	153,192
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	7,113	4	25,405
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a		
	b Less: accumulated depreciation .....	10b		10c
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	115,725	16	228,865
Liabilities	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. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	115,725	27	228,865
	28 Net assets with donor restrictions .....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	<b>32 Total net assets or fund balances</b> .....	115,725	32	228,865
	<b>33 Total liabilities and net assets/fund balances</b> .....	115,725	33	228,865

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or Form 990-EZ.**
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

DEFEAT MSA ALLIANCE

Employer identification number

46-0661655

**FORM 990 - ORGANIZATION'S MISSION**

DEFEAT MSA ALLIANCE IS AN INCLUSIVE U.S. BASED 501(C)(3) PUBLIC CHARITY THAT ASPIRES TO BALANCE EFFORTS TO SUPPORT PATIENTS, EDUCATE MEDICAL PROFESSIONALS, RAISE PUBLIC AWARENESS, NURTURE PROMISING RESEARCH AND ADVOCATE FOR THE MSA COMMUNITY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD MEMBERS WERE PROVIDED FORM 990 TO REVIEW PRIOR TO FILING OF THE RETURN.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICTS POLICY WAS DISCUSSED AND REVIEWED WITH BOARD MEMBERS DURING BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL IF COMPENSATION IS PROVIDED TO TOP OFFICIALS, IN THE FUTURE, THE BOARD MEMBERS WILL DETERMINE COMPENSATION FOLLOWING ALL OF THE APPLICABLE RULES AND BEST PRACTICES FOR A 501(C)(3) CHARITY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS IF COMPENSATION IS PROVIDED TO OFFICERS OR KEY EMPLOYEES, IN THE FUTURE, THE BOARD MEMBERS WILL DETERMINE COMPENSATION FOLLOWING ALL OF THE APPLICABLE RULES AND BEST PRACTICES FOR A 501(C)(3) CHARITY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

## Schedule O (Form 990) 2021

Page 2

Name of the organization

DEFEAT MSA ALLIANCE

Employer identification number

46-0661655

DOCUMENTS ARE AVAILABLE UPON REQUEST AT OFFICE OF THE ORGANIZATION.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

## DESCRIPTION

TOT/PROG SERVICE MGT &amp; GENERAL FUNDRAISING

## SUB-CONTRACTORS

\$ 22,876 \$ 0 \$ 0

## TAXES &amp; LICENSES

\$ 40 \$ 0 \$ 0

## TOTAL

\$ 22,916 \$ 0 \$ 0