# FOR TAX YEAR 2014

JOINT DEFENSE VETERANS AUDIOLOGY ASSOC

Dennis L Sisson CPA 2863 N Old Missouri Rd Ste 107C Fayetteville, AR 72703 (479)595-0464

# **Dennis L Sisson CPA**

2863 N Old Missouri Rd Ste 107C Fayetteville, AR 72703 dennis@sissoncpa.com Phone: (479)595-0464 | Fax: (479)316-6018

July 23, 2019

Joint Defense Veterans Audiology Assoc 4042 N Clarendon Avenue Olicago, IL 60613

Joint Defense Veterans Audiology Assoc:

Enclosed is the 2014 federal return for a tax-exempt organization, prepared for Joint Defense Veterans Audiology Assoc from the information provided. The original should be signed and dated, and mailed on or before October 15, 2015, to the following address:

Department of the Treasury Internal Revenue Service Ogden, UT 84201-0027

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (479)595-0464.

Sincerely,

Dennis L Sisson Dennis L Sisson CPA

# **Dennis L Sisson CPA**

2863 N Old Missouri Rd Ste 107C Fayetteville, AR 72703 dennis@sissoncpa.com Phone: (479)595-0464 | Fax: (479)316-6018

July 23, 2019

Joint Defense Veterans Audiology Assoc 4042 N Clarendon Avenue Chicago, IL 60613

Subject: Preparation of 2014 Tax Returns

Joint Defense Veterans Audiology Assoc:

I ank you for choosing Dennis L Sisson CPA to assist with the 2014 taxes for Joint Defense Veterans Audiology Assoc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2014 federal and state income tax returns for Joint Defense Veterans Audiology Assoc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to ind defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, r other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, f course, inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if there are any concerns about such penalties.

bould we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will utiline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Joint Defense Veterans Audiology Assoc, the alternative selected by management.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return the original records to management at the end of this engagement. These records, along with all upporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove ocuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement or seven years, after which these documents will be destroyed.

Our engagement to prepare the 2014 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return

decuments carefully before signing them.
To affirm that this letter correctly summarizes the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.
We appreciate your confidence in us. Please call if you have questions.
Sincerely,
Dennis L Sisson Dennis L Sisson CPA
Accepted By:
Officer
Date

	Federal Filing Instructions	2014				
Name(s) as shown on return		Your Social Security Number				
<u>Joint Defense</u>	e Veterans Audiology As	82-3320832				
Date to file	<b>by:</b> 10-15-2015					
Form to be filed: Form 990 and supplemental forms and schedules						
Sign and date	and date: An officer must sign and date Form 990 on page 1.					
Address to fi	ile: Department of the Treasury Internal Revenue Service Ogden, UT 84201-0027					
Refund:	Neither a refund nor a balance due					
Other Instruc	ctions: If the return is not filed by the (including any extension granted), statement giving the reason for no	attach a				

Form	99	90	Return	n of Organization Ex	empt From Incor	ne Tax		OMB No. 1545-0047
1 01111	•••			-	-			2014
				), 527, or 4947(a)(1) of the Interr		-	itions)	Open to Public
•		the Treasury ue Service		ter social security numbers on on about Form 990 and its inst		-		Inspection
			lar year, or tax year begin		06-01 , 2014, and e		05-31	
_		applicable:		t Defense Veterans Audio				Employer identification no.
	ddress o		Doing business as					2-3320832
<u></u> N	ame cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street address)	)	Room/suite	Е	Telephone number
In In	itial retu	ırn	4042 N Clarendon	Avenue			(3	312)371-4917
E Fi	nal retu	rn/terminated	City or town, state or province	, country, and ZIP or foreign postal code				213,450
L A	mended	return	Chicago, IL 6061				G	Gross receipts\$
ΔA	oplicatio	on pending	F Name and address of principa	l officer: Denise Goforth		H(a) Is this a	group return ates?	for 🗖 🖬
			Same as C above					
		npt status:	501(c)(3) 501(c) ( <b>6</b>	) (insert no.) 4947(a)(1) or	527	H(b) Are all su	ubordinates i No," attach a	ncluded? Yes No list. (see instructions) nber
	ebsite:	rganization:	Corporation Trust X Ass	ociation Other	L Year of formation: 2		te of legal do	
Par	_	Summar					të ti legal ut	
1 41	1		•	n or most significant activities:	Plan, organize and	d present th	e annua	l Joiint
	.		Audiology conference		<u>11an, organize an</u>		<u>e unnuu</u>	
Ce		Derenbe A	autorogy conterence	•				
nan								
Activities & Governance	2	Check this b	ox I if the organization	discontinued its operations or disp	osed of more than 25% of it	ts not assots		
ß	3		oting members of the govern			13 1101 233013.	3	10
Š	4		•	of the governing body (Part VI, line	••••••••••••••••••••••••••••••••••••••		4	10
tie	5			calendar year 2014 (Part V, line 2a	,	•••••	5	0
ži	6		r of volunteers (estimate if n		a)		6	0
Ac	0 7a		ed business revenue from P	• •			7a	0
			d business taxable income fi	In Form 000 T line 24	• • • • • • • • • • • • • •		7a 7b	0
				0111-0111-990-1, line 54				Current Year
	•	Contribution	and grants (Part \/III ling 1	b)		Prior Year		
e	8		s and grants (Part VIII, line 1	,				213,450
Revenue	9	•	vice revenue (Part VIII, line 2					0
Seve	10		ncome (Part VIII, column (A)	,				0
Ľ.	11			s 5, 6d, 8c, 9c, 10c, and 11e)				0
	12		- · ·	nust equal Part VIII, column (A), lin	le 12)			213,450
	14		similar amounts paid (Part IX					0
	14		to or for members (Part IX,	benefits (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·			0
ses			fundraising fees (Part IX, co					0
Expense	b		sing expenses (Part IX, colu	., ,				0
цх	17		sing expenses (Part IX, column (A), line					173,333
	18			equal Part IX, column (A), line 25)				173,333
	19		s expenses. Subtract line 18					40,117
- s	19	INEVENUE IES	s expenses. Subtract line to		• • • • • • • • • • • • •	Beginning of Curre	nt Voor	End of Year
ance	20	Total assets	(Part X, line 16)		-	<u> </u>	)9,808	149,925
Net Assets or Fund Balances	20		es (Part X, line 26)			10	,000	1+9,925
Net /	22		r fund balances. Subtract lir	• • • • • • • • • • • • • • • • • • •		1(	09,808	149,925
Par			ire Block			10	,000	110,723
				n, including accompanying schedules and	statements, and to the best of my	knowledge and belie	f, it is	
				cer) is based on all information of which pr		-	-	
Sigr		Signatu	ire of officer				Date	
Here		Chri	stine Ulinski, Treas	urer				
THOIC .	•	<b>D</b>	print name and title					
		<b>,</b>	eparer's name	Preparer's signature	Date	Check	X if PTI	N
Paid				i iopaici s siglidiule	07-23-2019			∾ ₽00849906
Paid     Dennis L Sisson     07-23-2019     self-employed       Preparer     Firm's name     Dennis L Sisson CPA     Firm's EIN							yeu	
Use			•	d Missouri Rd Ste 107C				
038	Sing	Firm's addres		lle AR 72703		Phone no.	179-595-	0464
Mayt		discuse this r	return with the preparer show					X Yes No
			on Act Notice, see the set		<u></u>		• • • •	
	abern							Form <b>990</b> (2014)

Form	n 990 (2014) Joint Defense Veterans Audiology Assoc	82-332083	2 Page <b>2</b>
Pa	rt 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:		
	Plan, organize and present the annual Joiint Defense Audiology conference.		
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	S X NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	🗌 Yes	s 🗴 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 \$ 173,333 including grants of \$ ) (Revenue	\$	213,450)
	Hosted annual convention of military audiologists.	•	<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
	·		
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe in Schedule O.)		
-10	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 173,333	,	
EEA		I	orm <b>990</b> (2014)

		332083	2	Р	age 3							
Pa	art 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)? If "Yes,"				Х							
	complete Schedule A											
2												
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				Х							
	candidates for public office? If "Yes," complete Schedule C, Part I											
4												
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4									
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,											
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,											
_			5		Х							
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors											
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If											
_	"Yes," complete Schedule D, Part I		6		Х							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				37							
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	••••	7		Х							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				v							
~	complete Schedule D, Part III	• • • •	8		Х							
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a											
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				v							
40	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		Х							
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		10		Х							
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	• • • •	10		<u> </u>							
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.											
a	a 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							
h	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	••••	11a		<u></u>							
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		Х							
c	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more				21							
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		Х							
h	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		110		21							
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		Х							
e		· · · ·	11e		X							
	F Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	• • • •	110									
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		11f		Х							
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		····									
	Schedule D, Parts XI and XII		12a		Х							
b												
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		Х							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		Х							
14a			14a		Х							
b												
	fundraising, business, 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		Х							
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 (see instructions)		17		Х							
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		Х							
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		Х							
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b									

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			37
o	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			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
~-	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			77
~~	entity 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):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			37
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		
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? Note. All Form 990 filers are required to complete Schedule O	38	Х	
EEA		Form	<b>990</b> (	2014)

Form **990** (2014)

		20832	F	Page 5	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>			
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<mark>1</mark> c			
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 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	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 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).				
а	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			
b	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			
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	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?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	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?				
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				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
-	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
u	<b>Note.</b> 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				
5	the organization is licensed to issue qualified health plans				
~	Enter the amount of reserves on hand				
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
14a b					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		<u> </u>	

Form	990 (2014) Joint Defense Veterans Audiology Assoc 82-332083	2	P	age 6						
Pa	rt 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 in 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 <b>1a</b> 10									
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10									
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		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct			37						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6 70	Did the organization have members or stockholders?	6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x						
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a								
b	stockholders, or persons other than the governing body?	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10								
Ū	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	X							
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 in Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
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	Х	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	Х	37						
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
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?	450		Х						
a b	The organization's CEO, Executive Director, or top management official	15a 15b		X						
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	155								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
IVa	with a taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tou								
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)									
	available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website I Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and									
	financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	Christine Ulinski (312)371-4917, 4042 N Clarendon Avenue, Chicago, IL 60613									

Form 990 (2014	) Joint Defense Veterans Audiology Assoc	82-3320832	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
	Independent Contractors		_
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
<b>1a</b> Complete the organization's ta	his table for all persons required to be listed. Report compensation for the calendar year ending with or ax year.	within the	
	the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	
<ul> <li>List all of</li> </ul>	the organization's current key employees, if any. See instructions for definition of "key employee."		

- эу ө mpioyees, i ну ₹y прюу
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box	, unle	ss pe d a di	rson	than one is both a pr/trustee	ın	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Denise Goforth		37		77						
President		Х		X				(	0	0
(2) Shannon Hunt		Х							_	-
Vice President		Λ		X				(	0	0
(3) Christine Ulinski Treasurer		Х		X					o o	0
		Л								0
(4) Elizabeth McKenna Secretary		х		x					0	o
(5) Hope Gillison		- 21		- 23					, <u> </u>	0
Director		Х							o o	0
(6) Amanda Boudreaux										
Director		Х							o o	0
(7) Erica Dombrowsky										
Director		Х							o o	0
(8) Jennifer Noetzel										
Director		Х							o o	0
(9) Catina Peoples										
Director	F	Х							o o	0
(10)Jillian Curry-Mathis										
Director		Х							o o	0
(11)										
<u>(13)</u>										
(14)										

	90 (2014) Joint Defense Veterar									82-332083	2	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and			t Con	nper	sated Employees	s (continued)			
					(C Posi								
	(A)	(B)	(do n	ot che			nan one		(D)	(E)	_	(F)	
	Name and title	Average hours per					both ar		Reportable compensation	Reportable compensation from		stimated mount of	
		week (list any		er and		ector	/trustee)	, T	from	related	a	other	
		hours for	Indi or d	Inst	Officer	Key	emp	Former	the	organizations	con	npensatio	วท
		related	vidu.	tutic	Cer	em	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the ganizatio	
		organizations below dotted	Individual trustee or director	Institutional trustee		Key employee	ië com		(1099-10130)			nd related	
		line)	Istee	trust		e	pen				org	anization	IS
			Ű	ee			Highest compensated employee						
<u>(15)</u>													
(16)													
(17)													
(18)													
(10)													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total			•••		•••							
C	Total from continuation sheets to Part VII, Section	onA	•••	••	••	•••	• • •						
d	Total (add lines 1b and 1c)			••		•••			0	0			0
2	Total number of individuals (including but not limited to	o those listed	above)	) who	o rec	eive	ed mor	e tha	an \$100,000 of				
	reportable compensation from the organization									0			
3	Did the organization list any former officer, directo	r or tructoo	kovor	nnla		orl	highog		monostod			Yes	No
3	employee on line 1a? If "Yes," complete Schedule J for		-				-				3		Х
4	For any individual listed on line 1a, is the sum of report								$\cdots$		5		
-	organization and related organizations greater than \$						•						
	individual			•							4		Х
5	Did any person listed on line 1a receive or accrue con										-		
Ŭ	for services rendered to the organization? If "Yes," co						-				5		Х
Secti	on B. Independent Contractors	•											
1	Complete this table for your five highest compensated	l independent	contra	ctor	s tha	at ree	ceived	mor	e than \$100,000 of				
	compensation from the organization. Report compens	sation for the	calenda	ar ye	ear e	ndin	g with	or w	ithin the organizatio	n's tax			
	year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	pensation	1
	Tetel success of index solutions of the first second	stand Products	- 41-		I	h	-)						
2	Total number of independent contractors (including burner than \$100,000 of compensation from the state of the			e liste	ed a	DOVe	e) who						

racaived more than \$100,000 c	of compensation from the organization

Form 99	90 (201	14) Joint Def	ense Vete	rans	Audiology Ass	OC		82-332083	2 Page S
Part \	VIII	Statement of Revenu	le						
		Check if Schedule O contains	s a response	or not	e to any line in this F	Part VIII			[
					,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សន	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
ΔĔ	c	Fundraising events		1c	213,450				
ifts, ar A	d	Related organizations		1d					
<u>n</u> ii Gi	e	Government grants (contributio		1e					
Sir	f	All other contributions, gifts, gra							
her		and similar amounts not include		1f					
ēđ	g	Noncash contributions included			I				
and		Total. Add lines 1a-1f		•	•	213,450			
0	<u> </u>		••••	• • •	Business Code	215,450			
an	2a				Busiliess Code				
Program Service Revenue	b								
e Re	c								
ervio	d								
u Se									
graı	e								
Pro		All other program service revenu							
		Total. Add lines 2a-2f							
	3	Investment income (including div	vidends, inter	est,	•				
		and other similar amounts) .							
		Income from investment of tax-e							
	5	Royalties							
			(i) Real		(ii) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
	d	Net rental income or (loss) .	· · · · · ·		<u></u> ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(ii) Other				
	b	Less: cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss)							
ne	8a	Gross income from fundraising							
ven		events (not including \$	213,4	50					
Re		of contributions reported on line	1c).						
Other Revenue		See Part IV, line 18		. а					
ŝ	b	Less: direct expenses		. b					
	c	Net income or (loss) from fundra	ising events						
		Gross income from gaming activ	-						
		See Part IV, line 19		. а					
	b	Less: direct expenses							
		Net income or (loss) from gamin							
		Gross sales of inventory, less	0						
	IVa	returns and allowances		. а					
	b	Less: cost of goods sold							
		Net income or (loss) from sales							
		Miscellaneous Revenue			Business Code				
	11a								
	b								
	c								
		All other revenue							
		Total. Add lines 11a-11d							
	1	Total revenue. See instruction				213,450	0	0	
			·- · · · ·			,,	<b>V</b>	•	i i

#### Form 990 (2014)

#### Joint Defense Veterans Audiology Assoc

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, 7b, Fundraising Total expenses Management and Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 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 . . . . . . . Benefits paid to or for members 4 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) . . Other employee benefits ..... 9 10 11 Fees for services (non-employees): а b С d Professional fundraising services. See Part IV, line 17 е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 173,333 173,333 12 Advertising and promotion . . . . . . . . . . . . . . 13 Information technology ..... 14 15 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization . . . . . . . 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b С d е All other expenses 173,333 173,333 25 Total functional expenses. Add lines 1 through 24e 0 0 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and lif fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

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Form 990 (	(2014	)		Joint	Defense	Veterans	Audiology	Assoc
		_	-					

EEA

Page 11	Page	1	1
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Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	109,808	1	149,925
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4			4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ase	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		-	
		other basis. Complete Part VI of Schedule D <b>10a</b>			
	b	Less: accumulated depreciation		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			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	109,808	16	149,925
	17	Accounts payable and accrued expenses	· · ·	17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		disqualified persons. Complete Part II of Schedule L		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	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
ance	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	
3 pr	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
ç		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	109,808	32	149,925
Z	33	Total net assets or fund balances	109,808	33	149,925
	34	Total liabilities and net assets/fund balances	109,808	34	149,925

Form 990 (2014)

Form	990 (2014) Joint Defense Veterans Audiology Assoc 83	2-3320832	2	Pa	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		213,	450
2	Total expenses (must equal Part IX, column (A), line 25)	2		173,	333
3	Revenue less expenses. Subtract line 2 from line 1	3		40,	117
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		109,	808
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		149,	925
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 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		Χ
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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 Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	1 <b>990</b> (	2014)

SCHEDULE G	Supplemer	ntal Informati	on Regar	ding Fun	draising or Gam	ing Act	ivities	OMB No. 1545-0047
Form 990 or 990-EZ)       Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.         Department of the Treasury       Attach to Form 990 or Form 990-EZ.         Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							2014 Open to Public Inspection	
Name of the organization							Employer ide	entification number
Joint Defense Veter							82-332	
Part	-	. Complete if the required to contract to	-		swered "Yes" to F	orm 990	0, Part IV,	line 17.
<ul> <li>Indicate whether the</li> <li>a Mail solicitations</li> <li>b Internet and email</li> <li>c Phone solicitation</li> <li>d In-person solicitat</li> </ul>	l solicitations s	d funds through a	e 🗌 f 🗌	Solicitation of Solicitation of	s. Check all that apply. of non-government grar of government grants lraising events	nts		
<ul><li>2a Did the organization or key employees lis</li><li>b If "Yes," list the ten h compensated at lease</li></ul>	ted in Form 990, F ighest paid individ	Part VII) or entity in uals or entities (fu	connection v	vith professio	nal fundraising service	s?		′es 🗌 No
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of utions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to etained by) ser listed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total	the organization is	s registered or lice		t contribution	s or has been notified i	t is exemp	t from	
	0							

Joint Defense Veterans Audiology Assoc

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Page **2** 

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5.000.

		gross receipts greater than	\$ <del>5,000.</del>			
			(a) Event #1 JDVAA	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
		_	(event type)	(event type)	(total number)	col. <b>(c)</b> )
one						
Revenue	1	Gross receipts	213,450			213,450
æ						
	2					
	3	Gross income (line 1 minus line 2)	213,450			212 450
			213,450			213,450
	4	Cash prizes				
		-				
	5	Noncash prizes				
ses	6	Rent/facility costs	119,804			119,804
pen	-	E				
Ť	7	Food and beverages				
Direct Expenses	8	Entertainment				
	•					
	9	Other direct expenses	53,529			53,529
	10	Direct expense summary. Add lines 4			-	173,333
	11	Net income summary. Subtract line 10		· · · · · · · · · · · · · · · · · · ·	<u> </u>	40,117
Pa	rt II	<b>Gaming.</b> Complete if the or than \$15,000 on Form 990-	-	Yes" to Form 990, Part I	v, line 19, or reported m	lore
one			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
~	1	Gross revenue				
ŝ	2	Cash prizes				
Direct Expenses						
, Å	3	Noncash prizes				
ect	4	Rent/facility costs				
Di	-					
	5	Other direct expenses				
		•	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	□ No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			
	•			(.))		
	8	Net gaming income summary. Subtra	cume 7 from line 1, column	(d)	· · · · · · · · · · · · · · · · · · ·	
9	En	ter the state(s) in which the organization	n conducts daming activities	5:		
a		the organization licensed to conduct ga				Yes No
b		No " ovoloin:	5			
10a		ere any of the organization's gaming lice	enses revoked, suspended	or terminated during the tax	year?	Yes 🔄 No
- F						
	) If "`	Yes," explain:				

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Employer identification number

82-3320832

Joint Defense Veterans Audiology Assoc

#### 01. Form 990 governing body review (Part VI, line 11)

The governing body is given access to all filings for review.

## 02. Conflict of interest policy compliance (Part VI, line 12c)

A conflict of interest policy is in place.

## 03. Governing documents, etc, available to public (Part VI, line 19)

All governing documents are available to the public upon request.

# 04. List of other fees for services expenses (Part IX, line 11g)

Fees paid to KIVA Consulting were \$19,848.

# 05. List of other expenses (Part IX, line 24e)

Miscellaneous expenses were \$22,935.

Name of the state of the st	990	Overflow Statement		2014 Page 1
DescriptionAmountMiscellaneous Expense\$ 10,374Speakers Expense4,974Venue Expense119,804KIVA Management Fee38,181	Name(s) as shown on return Joint Defense	Veterans Audiology Assoc		FEIN 82-3320832
Miscellaneous Expense\$ 10,374Speakers Expense4,974Venue Expense119,804KIVA Management Fee38,181		Other Expenses3		
Speakers Expense4,974Venue Expense119,804KIVA Management Fee38,181		Fypopgo		
KIVA Management Fee 38 181	<u>Speakers Exper</u>	nse		4,974
Total: <u>\$ 173,333</u>				38 181
		<u> </u>	Total:	\$ 173,333

990		Exempt ic Summary		2014
Name Joint Defense Vet	erans Audiology Ass	SOC		Employer Identification #
Demographics Mailing Address: 4042 N Clarendon Chicago, IL 60613		Phone:	(312)371-4917	
Resident State: IL				
<u>Diagnostics</u> Preparer: Dennis L S	Sisson Invoice:		<b>Date</b> : 07-23	-2019
Return Information				
Item on Return	_	014 deral		3 Federal Ivailable)
Total Revenue	213	3,450		
Total Expenses	173	3,333		
Net Excess (Deficit)	4(	),117		
Net Assets or Fund				
Balances	149	9,925	10	9,808

## State/City Information

State/City	Taxable	Total	Change Fund	UBIT	Total	Refund/
	Revenue	Expenses	Balance		<u>Tax</u>	(Balance Due)