## FOR TAX YEAR 2015

JOINT DEFENSE VETERANS AUDIOLOGY ASSOCIATION

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 Association 4042 N Clarendon Avenue Chicago, IL 60613

Joint Defense Veterans Audiology Association:

Enclosed is the 2015 federal return for a tax-exempt organization, prepared for Joint Defense Veterans Audiology Association from the information provided. The original should be signed and dated, and mailed on or before October 17, 2016, 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 Association 4042 N Clarendon Avenue Chicago, IL 60613

Subject: Preparation of 2015 Tax Returns

Joint Defense Veterans Audiology Association:

Thank you for choosing Dennis L Sisson CPA to assist with the 2015 taxes for Joint Defense Veterans Audiology Association. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2015 federal and state income tax returns for Joint Defense Veterans Audiology Association. 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 find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will, of 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.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Joint Defense Veterans Audiology Association, 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 supporting documents, canceled checks, etc., should be securely stored, as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of the records and our work papers for the engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2015 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 documents 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 (479)595-0464 if you have questions.

Sincerely,

Dennis L Sisson Dennis L Sisson CPA

Accepted By:

Officer

Date

	Federal Filing Instructions	2015		
Name(s) as shown on return Joint Defense Vete	~	Your Social Security Number 82-3320832		
Date to file by:	10-17-2016			
Form to be filed: Form 990 and supplemental forms and schedules				
<b>Sign and date:</b> An officer must sign and date Form 990 on page 1.				
Address to file:	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0027			
Refund:	Neither a refund nor a balance due			
Other Instructions	: If the return is not filed by the ( (including any extension granted), statement giving the reason for no	attach a		

Form	990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.

				-	
Information	n about Form 99	0 and its instru	uctions is at w	ww irs any	/for

		the Treasury	<ul> <li>Information about Form 990 and its instructions is at www.irs.gov/</li> </ul>	-			Inspection
			ar year, or tax year beginning 06-01, 2015, and end			)5-21	,2016
_		applicable:	C Name of organization Joint Defense Veterans Audiology Association				nployer identification no.
	Address			/11		-	-3320832
		-	Doing business as	Deem/auii			
	Name ch	-		Room/suit	e		lephone number
	Initial retu		4042 N Clarendon Avenue			(3)	2)371-4917
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				204,225
	Amendeo		Chicago, IL 60613			<b>G</b> Gr	oss receipts \$
	Applicatio	on pending	F Name and address of principal officer: Denise Goforth	H(a)	s this a group	return for	
			Same as C above	-	subordinates?		Yes X No
		npt status:	501(c)(3)  301(c) ( <b>6</b> )  ◀ (insert no.)  4947(a)(1) or  527		Are all subordi If "No," a	ttach a lis	t. (see instructions)
	Website		H(c) 06	Group exempt			
	Form of o	M State of I	egal domi	cile: IL			
Pa	rt I	Summar	•				
	1	-	ibe the organization's mission or most significant activities: <b>Plan, organize ar</b>	nd pro	esent t	he ar	nual Joiint
e		Defense	Audiology conference.				
anc							
ŝruŝ							
Š	2	Check this b	ox ► ☐ if the organization discontinued its operations or disposed of more than 25% of	its net a	assets.		
ڻ سر	3	Number of v	oting members of the governing body (Part VI, line 1a)		📘	3	10
ŝ	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)			4	10
vitie	5	Total numbe	r of individuals employed in calendar year 2015 (Part V, line 2a)			5	0
Activities & Governance	6	Total numbe	r of volunteers (estimate if necessary)			6	
٩	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7	7a	0
	b		d business taxable income from Form 990-T, line 34			7b	0
				Pri	or Year		Current Year
	8	Contributions	s and grants (Part VIII, line 1h)				204,225
ne	9		ogram service revenue (Part VIII, line 2g)				0
Revenue	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)				0
Re	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				204,225
	13		imilar amounts paid (Part IX, column (A), lines 1-3)				0
	14		to or for members (Part IX, column (A), line 4)				0
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)				0
ses			fundraising fees (Part IX, column (A), line 11e)				0
Expenses			sing expenses (Part IX, column (D), line 25) ► 0				
ă			ses (Part IX, column (A), lines 11a-11d, 11f-24e)				181,520
	18	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)				181,520
	19	•	s expenses. Subtract line 18 from line 12				22,705
- 6				ainnina	of Current Ye	ar	End of Year
Net Assets or	20	Total assets	(Part X, line 16)	. J	149,9		172,630
Asse	20         Fotal assets (Fatt X, line Fo)           21         Total liabilities (Part X, line 26)				11575		1/2/030
Net	22		r fund balances. Subtract line 21 from line 20		149,9	25	172,630
	rt II		re Block		119,5	23	172,030
			are that I have examined this return, including accompanying schedules and statements, and to the best of my know	vledge and	d belief. it is		
			aration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sig	n	Signatur	e of officer		r	Date	
He			stine Ulinski, Treasurer				
110	~		BCTHE ATTHOUT' ITEGORIET				

	Type or print name and tit	e					
	Print/Type preparer's name		Preparer's signature	Date		Check X if	PTIN
Paid	Dennis L Sisson			07-23-2019		self-employed	P00849906
Preparer	Firm's name	Dennis L	Sisson CPA		Firm's	EIN 🕨	
Use Only	Firm's address	2863 N O	ld Missouri Rd Ste 107C		Phone	no.	
		Fayettev	ille AR 72703			479-	595-0464
May the IRS	discuss this return with the	e preparer sh	own above? (see instructions)				Yes 🛛 No

Christine Ulinski, Treasurer

Form	990 (2015) Joint Defense Veterans Audiology Association	82-3320832	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.		
	Did the second state of the second state of the state second state of the second state state of the state of the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		T No
	If "Yes," describe these new services on Schedule O.	Tes	<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			V No
	If "Yes," describe these changes on Schedule O.	🗋 163	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	1 bv	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$181,520 including grants of \$) (Revenue	\$ 204	4,225)
	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.)		
4U	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  181,520	/	
EEA	· · · · · · · · · · · · · · · · · · ·	For	m <b>990</b> (2015)

	990 (2015) Joint Defense Veterans Audiology Association 82-3320	332	F	age 3
Pa	rt IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	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,			
	Part III	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
-	complete Schedule D, Part III	8		X
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			37
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		v
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	110		- 25
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if 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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		77	
40	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?	40		v
EEA	If "Yes," complete Schedule G, Part III		000 /	X 2015)

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Par	t IV Checklist of Required Schedules (continued)			Page /
			Yes	No
0a	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		
1	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		Х
2	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		Х
3	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			
	employees? If "Yes," complete Schedule J	23		Х
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			
	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	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	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,	20		- 23
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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,	21		
.0	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		Δ
b	Schedule L, Part IV	28b		x
_		200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
~	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
80	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
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
_	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
_	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1			X
5a	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			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	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		
<b>5</b> 7	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		Х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

		-3320832	F	Page 5
Par	t 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 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 returm 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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		Х
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		Х
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		Х
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		Х
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?	<b>7</b> C		
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?	7h		
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.			
а	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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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 12b			
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		
	Note. 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			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2015) Joint Defense Veterans Audiology Association 82-33208	32	P	age 6
Pa	t 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 10</b>			
	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			
	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
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
a 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	00	21	
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	
13	Did the organization have a written whistleblower policy?	13		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466		
<u>Soc</u>	organization's exempt status with respect to such arrangements?	16b		L
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website       Another's website       Image: These available. Check all that apply.			
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 (20	15) Joint Defense Veterans Audiology Association	82-3320832	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, 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 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.

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

					<u>с)</u>			,, 0.			
(A)	(B)			Pos	sition			(D)		(E)	(F)
Name and Title	Average hours per week (list any hours for	box, office	unless er and	spers	son is	nan one s both ar /trustee)		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	(W-2/1099-MISC)		(W-2/1099-MISC)	from the organization and related organizations
(1) Denise Goforth											
President		Х		Х					0	0	0
(2) Shannon Hunt											
Vice President		Х		Χ					0	0	0
(3) Christine Ulinski											
Treasurer		Х		Χ					0	0	0
(4) Elizabeth McKenna											
Secretary		Х		Χ					0	0	0
(5) Hope Gillison											
Director		Х							0	0	0
(6) Amanda Boudreaux											
Director		Х							0	0	0
(7) Erica Dombrowsky											
Director		Х							0	0	0
(8) Jennifer Noetzel											
Director		Х							0	0	0
(9) Catina Peoples	L										
Director		Х							0	0	0
(10)Jillian Curry-Mathis	L										
Director		Х							0	0	0
<u>(11)</u>											
(12)											
<u>(13)</u>											
<u>(14)</u>											
											<b>E</b> and <b>(0045</b> )

	90 (2015) Joint Defense Vete:									82-33	20832	F	'age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	vees,a	nd I	_		Comp	ensa	ated Employees (	continued)			
	(A) Name and title	(B) Average hours per week (list any	box, i	unless	s pers a dire	ition ore th on is ector/	han one both an /trustee)		(D) Reportable compensation from	(E) Reportable compensation fro related		<b>(F)</b> Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) o a	mpensati from the rganizatic Ind relate ganizatio	on d
(15)													
(16)													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							►					
C	Total from continuation sheets to Part VII, Sectio		•••					►					
d	Total (add lines 1b and 1c)										0		0
2	Total number of individuals (including but not limited reportable compensation from the organization		eu abc	ive)	who	rec	erveu	more	e than \$100,000 0		0		
											0	Yes	No
3	Did the organization list any former officer, director,	or trustee, ke	ev emp	olove	e, o	r hic	hest c	omp	ensated				
	employee on line 1a? If "Yes," complete Schedule J		• •								. 3		Х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	. comb	ensa	tion from the				
	organization and related organizations greater than	\$150,000? If	"Yes,	" coi	mple	te S	Schedu	ıle J	for such				
	individual							••			. 4		Х
5	Did any person listed on line 1a receive or accrue co						-	nizati	on or individual				
0	for services rendered to the organization? If "Yes," of	complete Sch	nedule	J fo	r suo	ch p	erson				. 5		Х
	on B. Independent Contractors	d in don on dor		ro ot		hot		- d - m	are then \$100,000	of			
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Con	npensatio	n

2	Total number of independent contractors (including but not limited to the	nose listed above) who
	received more than \$100,000 of compensation from the organization	▶

Form 99	90 (20			etera	ns Audiolog	y Association	ı	82-33208	32 Page 9
Part	VIII	Statement of Revenu	е						
		Check if Schedule O contain	s a respons	se or no	ote to any line in th				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
នុខ	1a	Federated campaigns		1a					
oun	b	Membership dues		1b					
Ū D Q	c	Fundraising events		1c	204,225				
ar ,	d	Related organizations		1d					
s, S	е	Government grants (contribution	ons)	1e		_			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gr							
Sthe		and similar amounts not includ	ed above	1f		-			
antri od O	g	Noncash contributions include				_			
<u> </u>	h	Total. Add lines 1a-1f			•	204,225			
0					Business Code	_			
Program Service Revenue	2a								
Rev	b								
rvice	C								
n Sei	d								
gran	e								
Pro		All other program service rever							
		Total. Add lines 2a-2f			•••••				
	3	Investment income (including diand other similar amounts) .							
	4	Income from investment of tax-e							
	5	Royalties	•	•					
	J		(i) Rea		(ii) Personal				
	63	Gross rents	(I) Rea	1	(II) Personal	-			
		Less: rental expenses				-			
		Rental income or (loss)				-			
		Net rental income or (loss)			•	-			
		Gross amount from sales of	(i) Securiti		(ii) Other				
		assets other than inventory				-			
		Less: cost or other basis and sales expenses				-			
	1	Gain or (loss)				-			
		Net gain or (loss)		•••					
Other Revenue	8a	Gross income from fundraising							
eve		events (not including \$		25					
Ŗ		of contributions reported on line							
the	Ι.	See Part IV, line 18				-			
0		Less: direct expenses				_			
		Net income or (loss) from fundr	-	ts.	· · · · · · · •				
	98	Gross income from gaming acti See Part IV, line 19		•					
	h	Less: direct expenses				-			
		Net income or (loss) from gami			L	-			
		( <i>)</i>	ig activities	•••	· · · · · · · · •				
	10a	Gross sales of inventory, less returns and allowances		а					
	b	Less: cost of goods sold				-			
		Net income or (loss) from sales			▶	-			
		Miscellaneous Revenue	51 11101	, • •	Business Code				
	11a								
	b								
	c								
		All other revenue							
		Total. Add lines 11a-11d .							
	12	Total revenue. See instructions				204,225	(	o c	0

Form 990 (2015)

Part IX

### Joint Defense Veterans Audiology Association Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co				
	Check if Schedule O contains a response or note to an	,			
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
U	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				
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10					
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
d					
е	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.)	181,520	181,520		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
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.)				
a					
b					
C L					
d					
e	All other expenses	101 -00	101 -00		-
25 26	Total functional expenses. Add lines 1 through 24e       .         Joint costs. Complete this line only if the       .	181,520	181,520	0	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here  F  if				
	following SOP 98-2 (ASC 958-720)				1

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
4	Cook non interest booring	Beginning of year		End of year
1	Cash - non-interest-bearing	149,925	1	172,630
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		4	
4	Loans and other receivables from current and former officers, directors,		4	
5	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disgualified persons (as defined under section		5	
0	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	
sets 8			8	
Assets 6 &	Prepaid expenses and deferred charges		9	
			9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
b	· · · · · · · · · · · · · · · · · · ·		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
12	Investments - program-related. See Part IV, line 11		13	
13			14	
14	Other assets. See Part IV, line 11		14	
15		149,925	16	172 620
10	Total assets. Add lines 1 through 15 (must equal line 34)            Accounts payable and accrued expenses	149,925	17	172,630
18	Grants payable		18	
10			19	
20	Tax-exempt bond liabilities		20	
20	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	Loans and other payables to current and former officers, directors,			
itie	trustees, key employees, highest compensated employees, and			
Liabilities	disqualified persons. Complete Part II of Schedule L		22	
<u> </u>	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			<b>v</b>
s	complete lines 27 through 29, and lines 33 and 34.			
9 27			27	
28	Temporarily restricted net assets		28	
й в 29	Permanently restricted net assets		29	
n -	Organizations that do not follow SFAS 117 (ASC 958), check here FX and			
Net Assets or Fund Balances 30 30 31 32	complete lines 30 through 34.			
sta 30	Capital stock or trust principal, or current funds		30	
31 S	Paid-in or capital surplus, or land, building, or equipment fund		31	
a 32	Retained earnings, endowment, accumulated income, or other funds	149,925	32	172,630
ž 33	Total net assets or fund balances	149,925	33	172,630
34	Total liabilities and net assets/fund balances	149,925	34	172,630
EEA				Form <b>990</b> (2015)

Form	990 (2015) Joint Defense Veterans Audiology Association 82	2-3320	832	Pa	age <b>12</b>
Pa	rt 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	:	204,	225
2	Total expenses (must equal Part IX, column (A), line 25)	2		L81,	520
3	Revenue less expenses. Subtract line 2 from line 1	3		22,	705
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		L49,	925
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		L72,	630
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				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		Х
	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		Х
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	<b>990</b> (	2015)

SCHEDULE G	Supplemer	ntal Informatio	on Regar	ding Fun	draising or Gam	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, lines 17, 1		r if the	2015
Department of the Treasury		► At	tach to Form	990 or Forn				Open to Public
Internal Revenue Service	Information	about Schedule G	(Form 990 o	r 990-EZ) an	d its instructions is at	www.irs.go		Inspection entification number
Joint Defense Vet	orang Audia		ation					20832
Fundrais				zation an	swered "Yes" on	Form 99		
Parti	-	required to con	-				oo, r arere	
					vities. Check all that a	pply.		
a 🗌 Mail solicitations					of non-government gr	ants		
<b>b</b> 🗌 Internet and ema			_		of government grants			
c Phone solicitation			g 🗌	Special fund	draising events			
<b>d</b> In-person solicita			:	internal (in all of	ling officers disectors	4		
2a Did the organization		-	-		ssional fundraising se			es 🗌 No
<b>b</b> If "Yes," list the ten l		, ,		•	0			
compensated at lea	0 1	•						
	· · · ·	0						
(i) Name and address or entity (fundr		(ii) Activity	custody or	draiser have 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	h the organization	is registered or lic			itions or has been not	ified it is e	xempt from	

Schedule G (Form 990 or 990-EZ) 2015	Joint	Defense	Veterans	Audiology	Association

82-3320832 Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" to F
	then \$15,000 of fundraising event contributions and successions on F

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.

		groce receipte groater than	φ0,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			JDVAA		None	col. (c)
a)			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	204,225			204,225
Re	_					
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	204,225			204,225
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs	113,462			113,462
Direct Expenses						
Хр	7	Food and beverages				
ŭ		-				
Dire	8	Entertainment				
	9	Other direct expenses	68,058			68,058
	•		007050			
	10	Direct expense summary. Add lines	4 through 9 in column (d)		•	181,520
	11	Net income summary. Subtract line				22,705
Pa	rt II					
10		than \$15,000 on Form 990			iv, line 13, or reported i	nore
						(NT)
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				biligo/progreeoive bilige		
Re						
	1	Gross revenue				
	•	Cosh arizon				
es	2	Cash prizes				
Direct Expenses	-					
ğ	3	Noncash prizes				
ы т						
lire	4	Rent/facility costs				
	5					
	5	Other direct expenses				
	5	Other direct expenses	<b>Yes</b> %	☐ Yes %	<b>Yes</b> %	
	6	Other direct expenses	☐ Yes% ☐ No	□ Yes% □ No	Yes         %           No         No	
		·				
		·	No	No		
	6	Volunteer labor	No	No		
	6	Volunteer labor	S 2 through 5 in column (d)	□ No	□ No	
	6 7	Volunteer labor	S 2 through 5 in column (d)	□ No	□ No	
9	6 7 8	Volunteer labor	No	mn (d)	□ No	
9 a	6 7 8 En	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No           mn (d)	□ No	Yes No
	6 7 8 En	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi gaming activities in each of	No           mn (d)	□ No	Yes 🗌 No
a	6 7 8 En	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi	No           mn (d)	□ No	Yes 🗌 No
a	6 7 8 En	Volunteer labor	No 2 through 5 in column (d) tract line 7 from line 1, colu tion conducts gaming activi gaming activities in each of	No           mn (d)	□ No	Yes 🗌 No
a b	6 7 8 En 1 Is 1 9 If "	Volunteer labor Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat the organization licensed to conduct of 'No," explain:	No 2 through 5 in column (d) tract line 7 from line 1, colur tion conducts gaming activi gaming activities in each of	No           mn (d)           ties:           ithese states?	□ No	
a b 10a	6 7 8 9 If "	Volunteer labor Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat the organization licensed to conduct of 'No," explain:	No 2 through 5 in column (d) tract line 7 from line 1, colur tion conducts gaming activi gaming activities in each of	No           mn (d)           ties:           ithese states?	□ No	Yes No
a b 10a	6 7 8 9 If "	Volunteer labor Direct expense summary. Add lines Net gaming income summary. Sub- nter the state(s) in which the organizat the organization licensed to conduct of 'No," explain:	No 2 through 5 in column (d) tract line 7 from line 1, colur tion conducts gaming activi gaming activities in each of	No           mn (d)	□ No	

SCHEDULE O (Form 990 or 990-EZ)

### 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.

 Department of the Treasury

 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.
 Name of the organization
 Attach to Form 990 or 990-EZ.
 Attach

s.gov/form990. Inspection

Employer identification number

OMB No. 1545-0047

**Open to Public** 

5

82-3320832

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

Joint Defense Veterans Audiology Association

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 \$43,463.

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

Miscellaneous expenses were \$19,534.

990	Overflow Statement		<b>2015</b> Page 1
lame(s) as shown on return Joint Defense Ve	terans Audiology Association	1	EIN 82-3320832
		·	
	Other Expenses		
Description			Amount
<u> Miscellaneous Ex</u> Speakers Expense			\$ <u>19,534</u> 5,060
Jenue Expense			113,462
<u>(IVA Management</u>	Fee		43,464
		Total:	\$ 181,520

# 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 Association 4042 N Clarendon Avenue Chicago, IL 60613

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Dennis L Sisson Dennis L Sisson CPA

990	-	2015		
	Diagnostic Summary			
<sub>Name</sub> Joint Defense V	eterans Audiology	Association		Employer Identification # 82-3320832
<u>Demographics</u> Mailing Address: 4042 N Clarendo Chicago, IL 606		Phone:	(312)371-4917	
Resident State: IL				
<u>Diagnostics</u> Preparer: Dennis L	Sisson Invoice:		Date: 07-2	3-2019
Return Information				
Item on Return 2015 Federal			2014 Federal (If available)	
Total Revenue	204,225			
Total Expenses	181,520			
Net Excess (Deficit)		22,705		
Net Assets or Fund				
Balances		172,630	1	49,925

### State/City Information

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