

Dennis L Sisson CPA

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

July 25, 2019

Joint Defense Veterans Audiology Assotiation 4042 N Clarendon Ave Chicago, IL 60613

Subject: Preparation of 2018 Tax Returns

Joint Defense Veterans Audiology Assotiation:

Thank you for choosing Dennis L Sisson CPA to assist with the 2018 taxes for Joint Defense Veterans Audiology Assotiation. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2018 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 inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. 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 is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2018 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, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (479) 595-0464.
Sincerely,
Dennis L Sisson CPA Dennis L Sisson CPA
Accepted By:
Officer
Date

Dennis L Sisson CPA

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

July 25, 2019

Joint Defense Veterans Audiology Assotiation 4042 N Clarendon Ave Chicago, IL 60613

Joint Defense Veterans Audiology Assotiation:

Enclosed is the 2018 federal return for a tax-exempt organization, prepared for Joint Defense Veterans Audiology Assotiation from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

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, contact our office at (479) 595-0464.

Sincerely,

Dennis L Sisson CPA Dennis L Sisson CPA

990EF		2018			
Name(s) as shown on return	 Veterans Audiolo	(Keep for your records)	nn		EIN number 82-3320832
POTHE DETENDE	vecerans Audioio	gy Abbullatit	/11		04 3340034
The following will be transi	mitted to the IRS.	☒ 990 □ 8868	Amended	FinCEN 1	14
The following state returns	will be transmitted:				
		·			
	·				
The following returns have	been suppressed or are not eli	gible and will NOT be tra	nsmitted.		
EF Notes					

	1
Federal Filing Instructions	2018
Name as shown on return	Tax ID Number
Joint Defense Veterans Audiology As	82-3320832

Date to file by: 10-15-2019

Form to be filed: Form 990 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990

on page 1.

Address to file: If you are not e-filing, mail to:

Department of the Treasury
Internal Revenue Service Center

Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other instructions: If the return is not filed by the due date

(including any extension granted), attach a

statement giving the reason for not filing on time.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For	the 2	2018 calend	lar year, or ta	ax year begin	ning	06	-01	, 2018, and e	ending		05	5-31 ,2019			
В	Checl	k if ap	plicable:	C Name of orga	anization Join	t Defense Ve	terans Audio	log	y Assotiat	ion			D Employer identification no.			
	Addre	ess ch	ange	Doing busine	ess as							82-3320832				
	Name	e chan	nge	Number and	street (or P.O. bo	x if mail is not delivered to	street address)			Room	n/suite		E Telephone number			
	Initial	returr	1	4042 N	Clarendo	on Ave							(312)371-4917			
	Final	return	/terminated		G Gross receipts											
$\overline{\sqcap}$	Amen	nded r	eturn		o, IL 60	country, and ZIP or foreig							\$ 252,325			
$\overline{\sqcap}$	Applio	cation	pending		ddress of principal		Goforth			H(a	a) Is this a group	return f				
_	•				s C above						b) Are all subor					
ī .	Tax-e	exemp	t status:) ◀ (insert no.)	4947(a)(1) or	52	7	┤ `			a list. (see instructions)			
J			► N/A	(-)(-)	<u> </u>	, (22 2 7)				H(c) Group exer					
K			ganization:	Corporation	Trust X Ass	ociation Other ►		1.	Year of formation:				al domicile: DC			
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	-	_		•	ization's miss	ion or most significa	nt activities: P1	lan.	organize	and	present	the	e annual Joint			
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Activities & Governance		-														
Ver		2	Check this h	ox ▶ ☐ if the	e organization	discontinued its op	erations or dispose	ed of	more than 25%	of its n	et assets					
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ties				•	•	calendar year 201	• ,	-			1	5	0			
Έ						necessary)					1	6				
ĕ						Part VIII, column (C					1	7a	0			
						from Form 990-T, li						7b	<u> </u>			
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ø				Current Year												
				•	•	1h)							252,325			
ž			-			e 2g)							0			
Revenue						A), lines 3, 4, and 7d							0			
œ						nes 5, 6d, 8c, 9c, 10							0			
						must equal Part VIII							252,325			
					. ,	X, column (A), lines	*						0			
						K, column (A), line 4							0			
S						benefits (Part IX, o							0			
Expenses	1			•	•	column (A), line 11e	,						0			
×				• .	•	lumn (D), line 25)	-		0							
Ш				•	, ,	nes 11a-11d, 11f-24	•						195,567			
						equal Part IX, colur							195,567			
		9	Revenue les	s expenses.	Subtract line	18 from line 12							56,758			
sor	<u> </u>			(5)						Beginn	ing of Current		End of Year			
sset					,						202	,96				
Net Assets or	2			•	•								0			
		_			es. Subtract	line 21 from line 20					202	<u>,96</u>	5 259,723			
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					_	ille AR 7270						79-5	595-0464			
May	the	IRS	discuss this	retum with th	e preparer sh	own above? (see ir	nstructions)						🔀 Yes 🗌 No			

Form 990 (2018) Joint Defense Veterans Audiology Assotiation

82-3320832

Page 2

Part 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,"			
	complete Schedule A	1		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		X
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		X
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		X
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	_		v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	,		Λ
0	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	0		Λ
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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			-21
	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,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		Χ
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		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4		7.7
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	טדי		21
	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		X
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		X
20 a	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		
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		Χ

Form 990 (2018) Page 4 82-3320832 Part IV **Checklist of Required Schedules** (continued) Yes No 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 Χ 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 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 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 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? 25b 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 26 Χ 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 Χ 27 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): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Χ 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I...... 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V..............

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b (
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Х	

18) Joint Defense Veterans Audiology Assotiation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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?	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		Χ
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		Χ
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?	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			
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 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			
C	Enter the amount of reserves on hand	4.4		77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	, -		77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.			

Part 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			
	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			
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		Χ
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		Χ
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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	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,			
	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:		3.7	
a	The governing body?	8a	X	
р	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			v
S00	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Jec	TION D. PONCIES (This Section B requests information about policies not required by the internal Revenue Code.)		.,	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		21
J	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	X	
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	X	
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		Х
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		X
	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			
	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	4.5.		
0	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6404 requires an experimental make its Forms 4003 (4004 or 4004 A if applicable), 900, and 900 T (Section F04(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Upon request Other (explain in Schedule O)			
19	Upon request Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
ıJ	financial statements available to the public during the tax year.			
	indicial caterioria available to the public duling the tax year.			

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 Ave, Chicago, IL 60613

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orm	990	(201	Q)
UIIII	330	1201	O

Joint Defense Veterans Audiology Assotiation

82-3320832

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Fon Higi emmi		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
					a.				
(1) Denise Goforth		_							
Preesident		X		X			(0	0
(2) Shannon Hunt									
Vice President		Х		X			(0	0
(3) Christine Ulinski									
Treasurer		Х		X			(0	0
(4) Elizabeth McKenna									
Secretary		Х		X			(0	0
(5) Hope Gillison									
Director		Х					(0	0
(6) Amanda Boudreaux									
Director		X					(0	0
(7) Erica Dombrowsky									
Director		Х					(0	0
(8) Jennifer Noetzel									
Director		X					(0	0
(9) Catina Peoples		3.5							
Director		X					(0	0
(10)Jillian Curry-Mathis								_	_
Director		X					(0	0
(11)									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
	1							<u> </u>	— •••• (22.42)

Part	VII Section A. Officers, Directors, Trustees,	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)					(F) Estimated amount of other compensation from the organization and related organizations						
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
<u>(24)</u>													
(25)													
1b	Sub-total							>					
c d	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)		 				 	>	(0			0
2	Total number of individuals (including but not limited reportable compensation from the organization	d to those list	ed abo	ve) v	who	rece	eived	more	e than \$100,000 of	f 0			
	·											Yes	No
3	Did the organization list any former officer, directo employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i>		-				-				3		Х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on ar	nd ot	her	comp	ensa	tion from the				
	organization and related organizations greater than individual				mpl	ete	Sched	dule	J for such		4		X
5	Did any person listed on line 1a receive or accrue co				rela	ted	orgar	 nizati	on or individual				21
Soction	for services rendered to the organization? If "Yes,"	complete So	chedul	e J fo	or su	ıch į	perso	n .			5		X
1	on B. Independent Contractors Complete this table for your five highest compensate	d independer	nt conti	racto	rs th	at re	eceive	ed me	ore than \$100,000	of			
	compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of			(C) pensation	
									,				
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose I ▶	istec	ab	ove) v	who					

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or no	te to any line in thi	s Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a			10101100		3.2 3.1
ants	b	Membership dues	1b					
ية ق	C	Fundraising events	1c	252,325				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	202,025				
	e	Government grants (contributions)	1e					
Sign	f	All other contributions, gifts, grants,	10					
but	'	and similar amounts not included above	1f					
d	g	Noncash contributions included in lines 1a						
ပို့ န	h	Total. Add lines 1a-1f			252,325			
	- "	Total. Add lines fa ii	• • •	Business Code	232,323			
e	2a			Busiliess Code				
ven	b							
e Re	C							
Program Service Revenue	d							
Š	e							
ogra	_	All other program service revenue						
F.		Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest and other similar amounts)	erest,	•				
	4	Income from investment of tax-exempt bone		1				
	5	Royalties	•	i i				
	•	(i) Rea		(ii) Personal				
	62	Gross rents	u	(II) F elsolial				
		Lagar rantal avagaga						
		Destalling and (lane)						
		Net rental income or (loss)		.				
				(ii) Other				
	7a	Gross amount from sales of assets other than inventory	ies	(ii) Otriei				
	_	,						
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	l	Net gain or (loss)						
e		Gross income from fundraising						
enne		events (not including \$\$ 252,3	25					
Se√		of contributions reported on line 1c).	==					
Other Rev		See Part IV, line 18	. а					
₹	b	Less: direct expenses						
		Net income or (loss) from fundraising even						
		Gross income from gaming activities.						
		See Part IV, line 19	. а					
	b	Less: direct expenses						
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	104	returns and allowances	. а					
	b	Less: cost of goods sold	. b					
		Net income or (loss) from sales of inventor						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			252,325	0	0	0

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga			
	Check if Schedule O contains a response or note to	any line in this Part IX			<u> X</u>
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	·				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
 а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
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.)	195,567	195,567		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates				
23	Insurance				
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				
25	Total functional expenses. Add lines 1 through 24e .	195,567	195,567	0	0
26	Joint costs. Complete this line only if the			·	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	202,965	1	259,723
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	202,965	16	259,723
	17	Accounts payable and accrued expenses	202,505	17	255,725
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		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	<u> </u>		-
w		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
alar	28	Temporarily restricted net assets		28	
Ä	29	Permanently restricted net assets		29	
ڇَ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and			
or F		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss(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	202,965	32	259,723
Z	33	Total net assets or fund balances	202,965	33	259,723
	34	Total liabilities and net assets/fund balances	202,965	34	259,723

EEA Form **990** (2018)

2c

3a

3b

Χ

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain in

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2018

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Joint Defense Veterans Audi					82-33	
Part I Fundraising Activities	s. Complete if	the organi	zation and	swered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	t required to co	mplete this	part.			
1 Indicate whether the organization rais	sed funds through		-			
a Mail solicitations				of non-government gra	ants	
b Internet and email solicitations		f 🗌	Solicitation	of government grants		
c Phone solicitations		g 🗌	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written o	r oral agreement	with any indiv	ridual (includ	ing officers, directors,	trustees,	
or key employees listed in Form 990,	Part VII) or entity	in connectio	n with profes	ssional fundraising se	rvices?	es 🗌 No
b If "Yes," list the 10 highest paid indivi	duals or entities (fundraisers) p	oursuant to a	greements under which	ch the fundraiser is to be	Э
compensated at least \$5,000 by the						
•						
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retained by)	(or retained by)
or entity (tunuraiser)		contrib	outions?	nom activity	fundraiser listed in col. (i)	organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			►			
3 List all states in which the organization	n is registered or I	icensed to so	olicit contribu	tions or has been not	fied it is exempt from	
registration or licensing.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

82-3320832

Part II

		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000. (a) Event #1 JDVAA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts			,	
	2	Less: Contributions				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dir	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines			1	
Pa	rt II	Net income summary. Subtract line Gaming. Complete if the o				more
		than \$15,000 on Form 990			,,, -	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
	•	Gloss revenue				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines				
	8	Net gaming income summary. Subtr	ract line 7 from line 1, colu	mn (d)		
9 a k	ls i	ter the state(s) in which the organizati the organization licensed to conduct g No," explain:	aming activities in each o			Yes No
		ere any of the organization's gaming li				Yes No

SCHEDULE 0 (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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

82-3320832 Joint Defense Veterans Audiology Assotiation 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 \$37,395. 05. List of other expenses (Part IX, line 24e) Miscellaneous expenses were \$16,378.

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 06-01-2018 , and ending **05-31-2019**

▶ Do not send to the IRS. Keep for your records.

2018

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

Joint Defense Veterans Audiology Assotiation		82-3320832	
Name and title of officer		,	
Christine Ulinski, Treasurer			
Part I Type of Return and Return Information (Whole	Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that I leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not ente the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ ☑ b Total revenue, if any (Form 990, Pa 2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990 3a Form 1120-POL check here ▶ ☐ b Total tax (Form 1120-POL, 4a Form 990-PF check here ▶ ☐ b Tax based on investment incomplete.	ine for the return being filed r -0-). But, if you entered -0 art VIII, column (A), line 12) 0-EZ, line 9)	d with this form was blank, then be on the return, then enter -0- on	252,325
5a Form 8868 check here ► ☐ b Balance Due (Form 8868, line 3c)		· · · · · · · · · · · · · · · · · · ·	
Part II Declaration and Signature Authorization of Of	ficer		
organization's 2018 electronic return and accompanying schedules and state are true, correct, and complete. I further declare that the amount in Part I abordanization's electronic return. I consent to allow my intermediate service properties and the organization's return to the IRS and to receive from the IRS (a) the transmission, (b) the reason for any delay in processing the return or reauthorize the U.S. Treasury and its designated Financial Agent to initiate an infinancial institution account indicated in the tax preparation software for paymerturn, and the financial institution to debit the entry to this account. To revoke Agent at 1-888-353-4537 no later than 2 business days prior to the payment involved in the processing of the electronic payment of taxes to receive confiresolve issues related to the payment. I have selected a personal identificatic electronic return and, if applicable, the organization's consent to electronic fu Officer's PIN: check one box only	ove is the amount shown on rovider, transmitter, or elect an acknowledgement of refund, and (c) the date of ar electronic funds withdrawal nent of the organization's fee a payment, I must contact (settlement) date. I also au dential information necessa on number (PIN) as my sign	the copy of the ronic return originator (ERO) ceipt or reason for rejection of ry refund. If applicable, I (direct debit) entry to the deral taxes owed on this the U.S. Treasury Financial thorize the financial institutions ry to answer inquiries and	
	DIN		
I authorize ERO firm name	to enter my PIN Enter five nu	•	
on the organization's tax year 2018 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen. X As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fod/State program. I will enter my PIN on the return disclosure.	e IRS Fed/State program, I on the organization's tax ye	n that a copy of the return is also authorize the aforementioned ear 2018 electronically filed return.	
the IRS Fed/State program, I will enter my PIN on the return's disclo	sure consent screen.		
Officer's signature		Date ▶ 08-15-2019	
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification			
number (EFIN) followed by your five-digit self-selected PIN.		714512 79166 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the indicated above. I confirm that I am submitting this return in accordance wit Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	-	<u> </u>	
ERO's signature Dennis L Sisson CPA		Date > 07-25-2019	
ERO Must Retain This I	orm - See Instruction	ons	

Do Not Submit This Form to the IRS Unless Requested To Do So

990 Overflow Statement	2018 Page 1
Name(s) as shown on return	FEIN
Joint Defense Veterans Audiology Assotiation	82-3320832

Other Expenses

Description		Amount
Miscellaneuos Expense	_\$	16,378
Speakers Expense		9,820
Venue Expense		131,974
KIVA Management Fee		37,395
Total:	\$	195,567

Dennis L Sisson CPA

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

July 25, 2019

Joint Defense Veterans Audiology Assotiation 4042 N Clarendon Ave Chicago, IL 60613

Your privacy is important to us. 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, contact our office at (479)595-0464.

Sincerely,

Dennis L Sisson CPA Dennis L Sisson CPA

990 Tax Exempt Diagnostic Summary Name Joint Defense Veterans Audiology Assotiation Tax Exempt Diagnostic Summary Employer Identification # 82-3320832

Demographics

Mailing Address: Phone: (312)371-4917

4042 N Clarendon Ave Chicago, IL 60613

Resident State: DC

Diagnostics

Preparer: Dennis L Sisson C Invoice: Date: 07-25-2019

Return Information

Managar Datuma	2018	2017 Federal
Item on Return	Federal	(If available)
Total Revenue	252,325	
Total Expenses	195,567	
Net Excess (Deficit)	56,758	
Net Assets or Fund		
Balances	259,723	202,965

State/City Information

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