

FOR TAX YEAR 2010

JOINT DEFENSE VETERANS AUDIOLOGY ASSOC

Dennis L Sisson CPA

2863 N Old Missouri Rd Suite 107C

Fayetteville, AR 72703

(479)595-0464

July 23, 2019

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

Joint Defense Veterans Audiology Assoc:

Enclosed is the 2010 federal return for a tax-exempt organization, prepared for Joint Defense Veterans Audiology Assoc from the information provided. The original should be signed and dated, and mailed on or before October 17, 2011, 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

July 23, 2019

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

Subject: Preparation of 2010 Tax Returns

Joint Defense Veterans Audiology Assoc:

Thank you for choosing Dennis L Sisson CPA to assist with the 2010 taxes for Joint Defense Veterans Audiology Assoc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2010 federal and state income tax returns for Joint Defense Veterans Audiology Assoc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to 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 Assoc, the alternative selected by management.

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

We will return the original records to management at the end of this engagement. These records, along with all 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 2010 tax returns will conclude with the delivery of the completed returns to management (if paper filing) or the signing by the tax matters partner, and the 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 if you have questions.

Sincerely,

Dennis L Sisson
Dennis L Sisson CPA

Accepted By:

Officer

Date

990EF

EF Transmission Status

2010

(Keep for your records)

Name(s) as shown on return

Your EIN

Joint Defense Veterans Audiology Assoc

82-3320832

The following will be transmitted to the IRS.

990 8868 Amended

The following State(s) will be transmitted.

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Fed return has MESSAGE PAGE.

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 06-01, 2010, and ending 05-31, 2011

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: Joint Defense Veterans Audiology Assoc
Number and street (or P.O. box, if mail is not delivered to street address): 4042 N Clarendon Avenue
Room/suite:
City or town, state or country, and ZIP + 4: Chicago, IL 60613

D Employer identification number: 82-3320832
E Telephone number: (312) 371-4917
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify):

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: None

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(6) (insert no.) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 179,230

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I []

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue; 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	50,016	22 91,560
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	50,016	25 91,560
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,016	27 91,560

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Military Audiologist Conference

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Annual conference		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	137,685
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	137,685

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
Denise Goforth 4042 N Clarendon Avenue, Chicago IL 60613	President 0	0	0	0
Shannon Hunt 4042 N Clarendon Avenue, Chicago IL 60613	Vice President 0	0	0	0
Christine Ulinski 4042 N Clarendon Avenue, Chicago IL 60613	Treasurer 0	0	0	0
Elizabeth McKenna 4042 N Clarendon Avenue, Chicago IL 60613	Secretary 0	0	0	0
Hope Gillison 4042 N Clarendon Avenue, Chicago IL 60613	Director 0	0	0	0
Amanda Boudreaux 4042 N Clarendon Avenue, Chicago IL 60613	Director 0	0	0	0
Erica Dombrowsky 4042 N Clarendon Avenue, Chicago IL 60613	Director 0	0	0	0
Jennifer Noetzel 4042 N Clarendon Avenue, Chicago IL 60613	Director 0	0	0	0
Catina Peoples 4042 N Clarendon Avenue, Chicago IL 60613	Director 0	0	0	0
Jillian Curry-Mathis 4042 N Clarendon Avenue, Chicago IL 60613	Director 0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed.
42 a The organization's books are in care of Christine Ulinski Telephone no. 312-371-4917 Located at 4042 N Clarendon Avenue Chicago, IL ZIP + 4 60613
b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here

Signature of officer _____ Date _____
Christine Ulinski, Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Dennis L Sisson** Preparer's signature: _____ Date: **07-23-2019** Check if self-employed PTIN: _____
 Firm's name: **Dennis L Sisson CPA** Firm's EIN: _____
 Firm's address: **2863 N Old Missouri Rd Suite 107C Fayetteville AR 72703** Phone no. **479-595-0464**

May the IRS discuss this return with the preparer shown above? See Instructions Yes No

990

Overflow Statement

2010
Page 1

Name(s) as shown on return

FEIN

Joint Defense Veterans Audiology Assoc

82-3320832

Revenue

<u>Description</u>	<u>Amount</u>
Registrations Income	\$ 61,230
Exhibitors Income	118,000
Total:	<u>\$ 179,230</u>

Expenses

<u>Description</u>	<u>Amount</u>
Miscellaneous Expense	\$ 14,724
Speakers Expense	19,456
Venue Expense	103,506
Total:	<u>\$ 137,686</u>

July 23, 2019

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

We value you as our client, and your privacy is important to us. Please read our privacy policy below.

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

- * Information we receive from interviews regarding your tax situation;
- * Information we receive on applications, organizers, or by other means, such as your name, address, telephone number, social security number, dependents, income, and other tax-related data; and
- * Information from tax-related documents you provide that are required to process tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions, etc.

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 nonpublic personal information concerning you, except to employees who need access to 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 nonpublic personal information.

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

Sincerely,

Dennis L Sisson
Dennis L Sisson CPA

990

Tax Exempt
Diagnostic Summary

2010

Name Joint Defense Veterans Audiology Assoc	Employer Identification # 82-3320832
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Demographics

Mailing Address:

4042 N Clarendon Avenue
Chicago, IL 60613

Phone: (312)371-4917

Resident State: IL

Diagnostics

Preparer: Dennis L Sisson

Invoice:

Date: 07-23-2019

Return Information

Item on Return	2010 Federal	2009 Federal (If available)
Total Revenue	41,544	
Total Expenses		
Net Excess (Deficit)	41,544	
Net Assets or Fund Balances	91,560	50,016

State/City Information

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