

**FOR TAX YEAR 2009**

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 2009 federal return for a tax-exempt organization, prepared for Joint Defense Veterans Audiology Assoc from the information provided. The original should be signed, dated, and mailed on or before October 15, 2010, 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 do not hesitate to contact this office at (479)595-0464.

Sincerely,

Dennis L Sisson

July 23, 2019

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

Subject: Preparation of 2009 Tax Returns

Joint Defense Veterans Audiology Assoc:

Thank you for choosing Dennis L Sisson CPA to assist with the 2009 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 2009 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 2009 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

Accepted By:

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Officer

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Date

<b>990EF</b>	<b>EF Transmission Status</b> (Keep for your records)	<b>2009</b>
Name(s) as shown on return <b>Joint Defense Veterans Audiology Assoc</b>		Your EIN <b>82-3320832</b>

The following will be transmitted to the IRS.

☐ 990    ☐ 8868

The following State(s) will be transmitted.

\_\_\_\_\_

\*\*\*\*\*  
Fed return has MESSAGE PAGE.

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 06-01, 2009, and ending 05-31, 2010

## B Check if applicable:

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

Please  
use IRS  
label or  
print or  
type. See  
Specific  
Instruc-  
tions.

## C Name of organization

Joint Defense Veterans Audiology Assoc

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

4042 N Clarendon Avenue

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 ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach  
a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶H Check ☒ 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) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A  
Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 156,498

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	156,498
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	108,933	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(108,933)	
E x p e n s e s	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ )	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	47,565
A s s e t s	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ )	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	47,565
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,451
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	50,016

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,451	50,016
23 Land and buildings		
24 Other assets (describe ▶ )		
25 <b>Total assets</b>	2,451	50,016
26 <b>Total liabilities</b> (describe ▶ )		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	2,451	50,016

## Expenses

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, or other relevant information for each program title.

(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 . . . . . ☐

28a	108,934
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29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

29a

30

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

30a

**31** Other program services (attach schedule) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

31a

**32 Total program service expenses** (add lines 28a through 31a)

32	108,934
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<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV.)
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[illegible]

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining 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 subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
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 . . . . .	36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
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 is it 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 . . . . .	40b	
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 . . . . .	40e	X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ <b>Christine Ulinski</b> Telephone no. ▶ <b>312-371-4917</b> Located at ▶ <b>4042 N Clarendon Avenue Chicago, IL</b> ZIP + 4 ▶ <b>60613</b>		
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)? . . . . .	42b	X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	X



**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 46-49b

and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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 . . . . .	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 . . . ► \_\_\_\_\_

<b>Sign Here</b>	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.			
	Signature of officer <b>Christine Ulinski, Treasurer</b>		Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature _____		Date <b>07-23-2019</b>	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Dennis L Sisson CPA</b> <b>2863 N Old Missouri Rd Suite 10</b> <b>Fayetteville, AR 72703</b>		EIN _____	Preparer's Identifying No. (See inst.) _____
	Phone no. _____		_____	
	May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

990

## Overflow Statement

2009  
Page 1

Name(s) as shown on return

FEIN

Joint Defense Veterans Audiology Assoc

82-3320832

Revenue

Description	Amount
Registrations Income	\$ 45,998
Exhibitors Income	110,500
Total:	<u>\$ 156,498</u>

Expenses

Description	Amount
Miscellaneous Expense	\$ 12,745
Speakers Expense	6,570
Venue Expense	89,618
Total:	<u>\$ 108,933</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**

2009

Name

Joint Defense Veterans Audiology Assoc

Employer Identification #

82-3320832

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	2009 Federal	2008 Federal (If available)
Total Revenue	47,565	
Total Expenses		
Net Excess (Deficit)	47,565	
Net Assets or Fund Balances	50,016	2,451

State/City Information

State/City

Taxable  
Revenue

Total  
Expenses

Change Fund  
Balance

UBIT

Total  
Tax

Refund/  
(Balance Due)