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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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 org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 9/30 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C
Association of Defense Communities, Inc
734 15th Street, NW #900
Washington, DC 20005

D Employer identification number
58-1483433

E Telephone number
202-223-7800

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) ►

I Website: ► N/A

J Organization type (check only one) — ☒ 501(c) (6) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K 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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ . . . . ► $ 938,222.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	830,953.
	3	Membership dues and assessments	3	99,572.
	4	Investment income	4	7,697.
	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 ln 5b from ln 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	938,222.
EXPENSES	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	564,084.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	37,023.
	16	Other expenses (describe ► See Statement 1)	16	371,189.
	17	**Total expenses** (add lines 10 through 16) ►	17	972,296.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-34,074.
	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	628,261.
	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	594,187.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 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	527,219.	22	670,150.
23	Land and buildings		23	
24	Other assets (describe ► See Statement 2)	197,355.	24	17,042.
25	**Total assets**	724,574.	25	687,192.
26	**Total liabilities** (describe ► See Statement 3)	96,313.	26	93,005.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	628,261.	27	594,187.

23

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

What is the organization's primary exempt purpose? See Statement 4

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.

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

28 (Grants $) If this amount includes foreign grants, check here ► ☐ 28a

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 5		0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. See Statement 6			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 unpaid at the start of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ► 0.			
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 ► None			

42a The books are in care of ► Dante Williams Telephone no. ► 202-223-4735

Located at ► 734 15th St., NW, Suite 900 Washington DC ZIP + 4 ► 20005

			Yes	No
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. ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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: ►	42c		X

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A			
			Yes	No
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 only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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

50 Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

51 Complete this table for the 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
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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 — Date: 7/30/10

► Type or print name and title: Jeffrey A. Pinkle, CEO

Paid Preparer's Use Only

Preparer's signature ►	Mary E. Johnson, CPA	Date 7/13/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) P00220070
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	AHLBERG & COMPANY P.C. 3959 PENDER DR STE 112 FAIRFAX, VA 22030-6041		EIN ► 54-1358893 Phone no ► (703) 934-6650	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ Yes ☐ No

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising	$ 2,496.
Bad debt	6,346.
Bank charges	27,590.
Board of Directors meetings	13,922.
Conferences, Conventions, and Meetings	256,616.
Design	43,839.
Insurance	5,438.
Marketing	1,390.
Miscelleneous	727.
Subscription and dues	590.
Supplies	133.
Telephone	1,246.
Temporary help	880.
Travel	9,976.
Total	$ 371,189.

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Accounts Receivable	$ 164,169.	$ 13,734.
Prepaid Expenses and Deferred Charges	33,186.	3,308.
Total	$ 197,355.	$ 17,042.

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Accounts Payable and Accrued Expenses	$ 38,319.	$ 47,533.
Deferred Revenue	57,994.	45,472.
Total	$ 96,313.	$ 93,005.

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

PROVIDE INFOMRATION ON MILITARY BASE CLOSURES

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Fred Meurer MONTERAY, CA 93940	Past President 5.00	$ 0.	$ 0.	$ 0.
Michael A. Houlemard, Jr. 100 12th Street, Bldg 2880 Marina, CA 93933	President 5.00	0.	0.	0.
Michelle Beckman 1601 Blake Street, Ste. 200 Denver, CO 80202	Vice President 5.00	0.	0.	0.
Paul Dordal P.O. Box 70999 Fort Bragg, NC 28310	Director 5.00	0.	0.	0.
Jack Sylvan 1 Dr. Carlton B. Goodlet Place San Francisco, CA 94102	Director 5.00	0.	0.	0.
James Shane 1090 Newton Way Summerville, SC 29483	Treasurer 5.00	0.	0.	0.
John Armbrust 501 Poyntz Avenue Manhattan, KS 66502	Vice President 5.00	0.	0.	0.
Diana Gonzalez 8235 SW, 60th Court Miami, FL 33143	Director 5.00	0.	0.	0.
Duane Lavery 1469 South Main Street Covington, TN 38019	Director 5.00	0.	0.	0.
Steve Levesque 5450 Fitch Avenue Brunswick, ME 04011	Director 5.00	0.	0.	0.
Bob Murdock P.O. Box 839966 San Antonio, TX 78283	Director 5.00	0.	0.	0.
Kristie Reimer 1900 Powell Street, Ste. 1200 Emeryville, CA 94608	Director 5.00	0.	0.	0.

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
Tom Swoyer 70 NE Loop 410, Ste. 600 San Antonio, TX 78216	Director 5.00	$ 0.	$ 0.	$ 0.
	Total	$ 0.	$ 0.	$ 0.

Statement 6
Form 990-EZ , Part V, Line 35
Reason for Income Not Reported on Form 990-T

The Association does not engage in any activities that produces unrelated business income