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Form 990-EZ

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, 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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2010 calendar year, or tax year beginning 01-01-2010****, and ending 12-31-2010****B Check if applicable**

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization
CHARLESTON DEFENSE CONTRACTORS
ASSOCIATIONNumber and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 61089City or town, state or country, and ZIP + 4
NORTH CHARLESTON, SC 29419**D Employer identification number**

02-0654518

E Telephone number

(843) 852-3787

**F Group Exemption
Number****G Accounting method** Cash Accrual Other (specify) ► _____**I Website:** ► www.charlestondca.org**J Tax-Exempt status** (check only one) — 501(c)(3) 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 \$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.****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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1				
	2 Program service revenue including government fees and contracts	2				
	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 0				
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . .	5c				
	6 Gaming and fundraising events <ul style="list-style-type: none"> a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . <table border="1" style="margin-left: 10px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6a</td></tr> </table> b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) . . . <table border="1" style="margin-left: 10px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6b</td></tr> </table> c Less direct expenses from gaming and fundraising events . . . <table border="1" style="margin-left: 10px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6c 0</td></tr> </table> d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . <table border="1" style="margin-left: 10px; border-collapse: collapse;"> <tr><td style="padding: 2px;">6d 0</td></tr> </table> 	6a	6b	6c 0	6d 0	6d 0
6a						
6b						
6c 0						
6d 0						
	7a Gross sales of inventory, less returns and allowances . . .	7a				
	b Less cost of goods sold . . .	7b 0				
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . .	7c				
	8 Other revenue (describe in Schedule O) . . .	8				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . .	9 0				
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . .	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 in Schedule O) . . .	16 270				
	17 Total expenses. Add lines 10 through 16 . . .	17 270				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . .	18 -270				
	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) . . .	19 188,322				
	20 Other changes in net assets or fund balances (explain in Schedule O) . . .	20				
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . .	21 188,052				

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	187,649	22
		23
24 Other assets (describe in Schedule O)	673	24
		403
25 Total assets	188,322	25
		403
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	188,322	27
		0

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

The association is a not for profit organization formed to address issues and opportunities facing the Charleston, South Carolina defense community

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 Advocating, and protecting the real, capital, and economic interests of the companies and clients of the defense industry of Charleston metro area and surrounding areas(Grants \$) If this amount includes foreign grants, check here **28a****29 Internships**(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 (describe in Schedule O)**(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 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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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)	34	No
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?	35a	No
b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
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 outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a 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	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	No
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Patrick J Keaveny	Telephone no ► (843) 614-5606	
42b Located at ► 4355 BRIDGE VIEW ROAD NORTH CHARLESTON, SC	ZIP + 4 ► 29405	
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	No
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.?	42c	No
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 ►	43	
44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	44d	No

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	<input type="checkbox"/> 45	<input type="checkbox"/> No
45a 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 must be completed instead of Form 990-EZ	<input type="checkbox"/> 45a	<input type="checkbox"/> No
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	<input type="checkbox"/> 46	<input type="checkbox"/> No

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.

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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
NONE				

50(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
NONE		

51(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 Patrick J Keaveny Treasurer Type or print name and title	2011-05-10 Date
	Preparer's signature  Herbert B McGuire Jr	Date
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4  MCGUIRE & CO LLC 171 CHURCH STREET SUITE 360 CHARLESTON, SC 29401	Check if self-employed <input type="checkbox"/> EIN <input type="checkbox"/> Phone no <input type="checkbox"/> (843) 577-5533

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**CHARLESTON DEFENSE CONTRACTORS
ASSOCIATION**Employer identification number**

02-0654518

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$673 Furniture and Fixtures - Ending \$403

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$270

Additional Data

Software ID: 10000105
Software Version: 2010v3.2
EIN: 02-0654518
Name: CHARLESTON DEFENSE CONTRACTORS
ASSOCIATION

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

(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 & deferred compensation	(E) Expense account and other allowances
PATRICK KEAVENY 1 POSTON RD STE 235 CHARLESTON, SC 29407	Treasurer 0	0		
ROBERT RISH 1007 BANKTON CR HANAHAN, SC 29406	Director 0	0		
CHARLIE TEMPLETON 2457 AVIATION AVE SUITE 200 NORTH CHARLESTON, SC 29406	Director 0	0		
FRED MCCARTHY 4340 CORPORATE ROAD NORTH CHARLESTON, SC 29406	Director 0	0		
BOB HAYES 5965 CORE RD STE 624 NORTH CHARLESTON, SC 29406	DIRECTOR 0	0		
REBECCA UFKES 5918 HOWARD ST HANAHAN, SC 29410	DIRECTOR 0	0		
MIKE RESLER 1101 Remount Road STE 500 North Charleston, SC 29405	President 0	0		
BETH WAUGH 4975 LACROSS ROAD STE 350 NORTH CHARLESTON, SC 29406	DIRECTOR 0	0		
DAVE DORBY 5965 CORE ROAD STE 612 NORTH CHARLESTON, SC 29406	DIRECTOR 0	0		
NOAH LEASK 496 BRAMSON COURT MT PLEASANT, SC 29464	DIRECTOR 0	0		
BRIAN ALDERSON 4206 SWEET GUM CROSSING NORTH CHARLESTON, SC 29406	Secretary 0	0		
MARK GADOMSKI 5617 N RHETT AVE NORTH CHARLESTON, SC 29406	DIRECTOR 0	0		
DAVE HAMBURGER 2547 WEST AVIATION AVE STE 400 NORTH CHARLESTON, SC 29406	DIRECTOR 0	0		
RON BUSKE 2442 REMOUNT ROAD SUITE 100 NORTH CHARLESTON, SC 29406	DIRECTOR 0	0		
JACK MOORE ODYSSEY CONSULTING MT PLEASANT, SC 29464	Vice President 0	0		