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▶ 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 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

J Tax-Exempt status(check only one)—☐ 501(c)(3) ☒ 501(c)(7) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

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

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,023
	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	291,674
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	318,697

Part II

Balance Sheets

Check 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	291,674	22	318,697
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	291,674	25	318,697
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) .	291,674	27	318,697

Part III

Statement of Program Service Accomplishments

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

☐

What is the organization's primary exempt purpose?
PROTECT THE DACHSUND & HOLD DOG SHOWS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 HELD DOG SHOWS, FUTURITY & REGIONAL SHOWS, HELPED IN THE RESCUE OF DACHSHUNDS, WORKED ON HEALTH OF DACHSHUNDS, EDUCATED MEMBERS AND JUDGES ABOUT DACHSHUNDS (Grants \$ 0) If this amount includes foreign grants, check here ☐		28a	0
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 (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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ☐ 37a 0		
37b	Did the organization file Form 1120-POL for this year?		
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	0	
39b	Gross receipts, included on line 9, for public use of club facilities	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 ☐ _____		
40b	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		
40c	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 ☐ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ☐ _____		
40e	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		No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ KENNETH H LEVISON Telephone no ☐ (585) 226-6254 360 NORTH AVENUE Located at ☐ AVON, NY ZIP + 4 ☐ 144149576		
42b	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 .	Yes	No
42c	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 ☐ _____		No
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.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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)		

		Yes	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		
46			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

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

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	2012-04-13 Date			
	KENNETH H LEVISON TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	M ELIZABETH MCMANUS	Date	Check if self-employed	
	Firm's name (or yours if self-employed), address, and ZIP + 4	BONADIO & CO LLP 171 SULLYS TRAIL SUITE 201 PITTSFORD, NY 14534		Preparer's taxpayer identification number (See instructions) P00117768	
			EIN	16-1131146	
				Phone no	(585) 381-1000
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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization DACHSHUND CLUB OF AMERICA INC	Employer identification number 31-6050506
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 2,342
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION SPECIALTY SHOW, AWARDS & RELATED EXPENSES AMOUNT 48,930 DESCRIPTION EDUCATION AND PUBLICATIONS AMOUNT 5,892 DESCRIPTION NEWSLETTER AND ADMINISTRATION AMOUNT 26,009 DESCRIPTION NYS TAXES AMOUNT 160 TOTAL TO FORM 990-EZ, LINE 16 80,991

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: DACHSHUND CLUB OF AMERICA INC

EIN: 31-6050506

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 31-6050506

Name: DACHSHUND CLUB OF AMERICA INC

Form 990-EZ, Special Condition Description:

Special Condition Description

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
CARL HOLDER 1130 REDOAK DRIVE LUBERTON,TX 77675	PRESIDENT 6 00	0	0	0
NEAL HAMLITON RD 1 59 CLOVERDALE RD FLEMINGTON,NJ 088229801	1ST VICE PRESIDENT 4 00	0	0	0
FRAN COLONNA 700 MAPLE LANE LANSING,KS 66043	2ND VICE PRESIDENT 2 00	0	0	0
JEAN DIEDEN 3535 EAST SWEEDE HILL RD CLINTON,WA 98236	RECORDING SECRETARY 2 00	0	0	0
KENNETH H LEVISON 360 NORTH AVE AVON,NY 144149576	TREASURER 6 00	0	0	0
LAWRENCE SORENSON 112 TWO DOES LANE CLAYTON,NC 27520	DIRECTOR/AKC DELEGATE 2 00	0	0	0
MARCI FORRESTER 17100 OYSTER RAY RD A GULF SHORES,AL 365422944	DIRECTOR 2 00	0	0	0
CHERYL SHULTZ 3817 SEVEN OAKS DR CORONA,CA 92881	CORRESPONDING SECRETARY 6 00	0	0	0
CATHY SORENSON 852 SKYLARK PLACE OAK HARBOR,WA 98277	DIRECTOR 2 00	0	0	0
ELIZABETH HEYWOOD 30 STARBARRACK RD RED HOOK,NY 12571	DIRECTOR 2 00	0	0	0
PAUL MARTIN 7417 LOST CREEK CT MARSHALL,VA 20115	DIRECTOR 2 00	0	0	0
ROBERT WLODKOWSKI 2710 VALLEY FARM RD WAXHAW,NC 28173	DIRECTOR 2 00	0	0	0