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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2011

Open to Public
Inspection

► 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. 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

and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

DETACHABLE CONTAINER ASSOCIATION

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

Room/suite

PO BOX 758

City or town, state or country, and ZIP + 4

KESWICK, VA 22947

D Employer identification number

54-1764967

E Telephone number

434-244-3522

F Group Exemption
Number ►G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ◀(insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 170,333.

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

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	167,284.
4	Investment income	4	2,929.
5a	Gross amount from sale of assets other than inventory	5a	120.
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	120.
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
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 in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	170,333.
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	30,565.
14	Occupancy, rent, utilities, and maintenance	14	6,435.
15	Printing, publications, postage, and shipping	15	1,233.
16	Other expenses (describe in Schedule O)	16	210,042.
17	Total expenses. Add lines 10 through 16	17	248,275.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-77,942.
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	96,876.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	161,964.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	180,898.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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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	185,629.	223,117.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	10,430.	47,681.
25	Total assets	196,059.	270,798.
26	Total liabilities (describe in Schedule O)	99,183.	89,900.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,876.	180,898.

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? See Schedule O

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

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

28 See Schedule O

(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	278,275.
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)		<input type="checkbox"/>	32	278,275.

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLIE APPLEBY, 7915 BAYMEADOWS WAY, STE 300, JACKSONVILLE, FL 32256	2ND VICE PRESIDENT 0.00	0.	0.	0.
ED VOGEL 121 BRICKYARD RD, MARS, PA 16046	DIRECTOR 0.00	0.	0.	0.
EMMETT MOORE 1384 INGLESIDE RD, NORFOLK, VA 23502	FIRST VP 0.00	0.	0.	0.
GERALDINE WYER 3220 MELROSE LN, KESWICK, VA 22947	EXEC SEC 40.00	0.	0.	0.
H THOMAS CUSICK 640 KEYSTONE RD, GREENVILLE, PA 16125	DIRECTOR 0.00	0.	0.	0.
JAMES O'CONNER, 92 ROYAL PALM DR, FT LAUDERDALE, FL 33301	PRESIDENT 0.00	0.	0.	0.
JIM PERRY, 3301 BENSON DR, STE 601, RALEIGH, NC 27609	DIRECTOR 0.00	0.	0.	0.
MICKEY FLOOD, 2301 EAGLE PKWY, STE 200, FORT WORTH, TX 76177	IMMEDIATE PAST PRESIDENT 0.00	0.	0.	0.
RONALD BERTASI, 17 MAPLE AVE SOUTH, WESTPORT, CT 06880	DIRECTOR 0.00	0.	0.	0.
SCOTT DOLS 1039 SOUTH 50TH ST, TAMPA, FL 33619	DIRECTOR 0.00	0.	0.	0.
VEN POOLE, 3301 BENSON DR, STE 601, RALEIGH, NC 27609	SEC/TREAS -0.00	0.	0.	0.
MICHAEL CAMARA PO BOX 50540, NEW BEDFORD, MA 02045	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

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 33

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

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)?
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35a

c 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 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

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

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

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

40a Section 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 40a

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 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

41 List the states with which a copy of this return is filed. ► None

42a The organization's books are in care of ► THE ASSOCIATION Telephone no. ► 434-244-3593
 Located at ► 3220 MELROSE LN, KESWICK, VA ZIP + 4 ► 22947

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
 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: ► 42c

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 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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) 45b

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

Yes	No
46	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 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as 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?

b 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."

47	
48	
49a	
49b	

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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." N/A

(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

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	► <i>Geraldine Myer</i>		Date <i>5/7/2012</i>
	Signature of officer		
	► <i>Geraldine Myer, Executive Secretary</i>		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name GERMAN P CULVER, JR., CPA	Preparer's signature <i>German P. Culver</i>	Date <i>4/23/12</i>
	Firm's name ► GERMAN P CULVER, JR., CPA, PC		Check <input type="checkbox"/> if self-employed
	Firm's address ► 154 NORTH MAIN STREET CULPEPER, VA 22701		PTIN P00648677
		Firm's EIN ► 54-1568964	Phone no. 540-825-6670

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2011)

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 990-EZ 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

DETACHABLE CONTAINER ASSOCIATION

Employer identification number
54-1764967

Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
<u>DIVIDEND INCOME</u>	<u>2,929.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>OFFICE EXPENSE</u>	<u>3,283.</u>
<u>STATE CORPORATION REGISTRATION FEE</u>	<u>25.</u>
<u>TRAVEL EXPENSES</u>	<u>6,038.</u>
<u>MEETING EXPENSE</u>	<u>199,165.</u>
<u>INVESTMENT ADVISORY FEES</u>	<u>1,531.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>210,042.</u>

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

<u>Changes in Net Assets or Fund Balances:</u>	<u>Amount:</u>
<u>TO CORRECT BEGINNING BALANCE</u>	<u>161,964.</u>

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>PREPAID EXPENSES</u>	<u>10,430.</u>	<u>47,681.</u>

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>MEMBER ADVANCE CONVENTION DEPOSITS</u>	<u>99,183.</u>	<u>89,900.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - TO PROVIDE A FORUM TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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Name of the organization

DETACHABLE CONTAINER ASSOCIATION

Employer identification number
54-1764967

EXPRESS & SUPPORT NEW IDEAS THAT PROMOTE ENVIRONMENTAL EFFICIENCY &
PROTECTION.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

TO PROVIDE A FORUM TO EXPRESS & SUPPORT NEW IDEAS ON
METHODOLOGY THAT PROMOTES EFFICIENCY & PROTECTION
ENVIRONMENT. TO RESEARCH & DESIMINATE INFORMATION FOR THAT
PURPOSE, TO ENCOURAGE ADOPTION BY THE MEMBERSHIP FOR THE GOOD OF THE
ENVIRONMENT.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

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.

Name of the organization

Employer identification number

54-1764967

DETACHABLE CONTAINER ASSOCIATION

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES COWHEY, JR, 123 N NORTHWEST	DIRECTOR	0.00	0.	0.