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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, 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)

OMB No 1545-1150 2011

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

**Open to Public** Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For the	2011 calendar year, or tax year beginning January 1 , 2011, and ending		g Dec	December 31 , 20			
В	Check if ap				D Employer identification number			
	Address c	s change Flexible Intermediate Bulk Container Association, Inc.				75-2374070		
$\sqcup$	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address)	Room/suit	e E Teler	hone number		
님	Initial retu		C/O Corporation Service Co , 40 Technology Pkwy S.	300		952-412	-8867	
H	Terminate Amended		City or town, state or country, and ZIP + 4		F Gro	up Exemption		
Ħ		n pending	Norcross, GA 30092			nber >	N/A	
G		ting Method	☐ Cash		H Check	▶ ✓ If the c	rganization is not	
	Websit	•	fibca.com			to attach So	•	
			ck only one) — ☐ 501(c)(3) 📝 501(c) ( 6 ) ◀ (insert no ) ☐ 4947(	a)(1) or 527	•	90, 990-EZ, (		
_	Check •		organization is not a section 509(a)(3) supporting organization or a s				<del></del>	
		e than \$50.00	A Form 990-EZ or Form 990 return is not required though Form 990.	90-N (e-postcard)	may he rec	is gross recei iriired (see in	pts are normally	
			ses to file a return, be sure to file a complete return	, (o postou.u)	may be rec	juncu (Jee III	otractions, but if	
	_		o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total as	sets (Part II.			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> ¢		
_	art I		e, Expenses, and Changes in Net Assets or Fund B	alances (see t	he instru	rtions for i	Part I \	
_	al C		the organization used Schedule O to respond to any que					
_	1		ns, gifts, grants, and similar amounts received	Suon III ulis Fa		1	<u> 📉 </u>	
	2		rvice revenue including government fees and contracts		• •	<del></del>		
	3		p dues and assessments		•	3	145050	
	4	Investment	•		•	<del></del>	145250	
	5a		and the second set of the set of	15-1		4	29	
	b		· · · · · · · · · · · · · · · · · · ·	5a				
	1		or other basis and sales expenses	[5b]				
	6 6		s) from sale of assets other than inventory (Subtract line 5b d fundraising events		5c			
	-		ome from gaming (attach Schedule G if greater than		- 🔆			
<u>a</u>	a	\$15,000) .	the from gaining (attach Schedule G it greater than	ا ما				
Revenue	_	•	ma from fundacione escute (met metudice d	[6a]		~ ,		
ě	b		me from fundraising events (not including \$ using events reported on line 1) (attach Schedule G if the	of contribut	lions			
Œ			n gross income and contributions exceeds \$15,000).	اما		1		
			,	6b		*, *		
	C		expenses from gaming and fundraising events	6c		1 % " 6		
	d	line 6c)	or (loss) from gaming and fundraising events (add lines (	sa and 6b and	Subtract			
	<b>-</b> -	•	of inventory less returns and allowances REC	EIVED	1	6d		
	7a		of inventory, less returns and allowances .	-/.a< ===	0	, ,,		
	b	Cross profi	of goods sold	7b   %	0		_	
	C	Other rever	t or (loss) from sales of inventory (Subtract line in from line		Σ	7c		
	8		nue (describe in Schedule O)	8				
	10		similar amounts paid (list in Schedule O)	FN UT		9	145279	
	11			the land	. د.	10		
10	12	•	her compensation, and employee benefits			11	<del></del>	
Expenses	13		If the sand other payments to independent contractors			12		
ē				13	94481			
盗	14		, rent, utilities, and maintenance	14				
للب	15		blications, postage, and shipping	15	348			
	16		nses (describe in Schedule O)	16	48602			
	17		nses. Add lines 10 through 16			17	143431	
ţ	18		18	1848				
SSe	19		or fund balances at beginning of year (from line 27, column figure reported on prior year's return)					
Ä			figure reported on prior year's return)			19	41374	
Net Assets	20		ges in net assets or fund balances (explain in Schedule O) .			20		
	21	•	or fund balances at end of year. Combine lines 18 through 2		<u> ▶</u>	21	43222	
For	Paperv	work Reducti	on Act Notice, see the separate instructions.	Cat No 10642I		Form	990-EZ (2011)	



Form	990-EZ	(2011)

Page 2

Pa	rt II Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to a	ny question in this			<u></u> 🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			22447	22	39375
23	Land and buildings			N/A	23	N/A
24	Other assets (describe in Schedule O) .		[	18927	24	3847
25	Total assets		[	41374	25	43222
26	Total liabilities (describe in Schedule O)		[	0	26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	h line 21)	41374	27	43222
Par	t III Statement of Program Service Accom	plishments (see th	ne instructions for	Part III.)		Function
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Re	Expenses aured for section
Wha	t is the organization's primary exempt purpose?	Trade Assoc. to Pro	mote & Educate the	FIBC Industry		(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each o	f its three largest r	rogram services		anizations and section
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provide	d, the number of		I7(a)(1) trusts, optional others)
28	National Meetings / Conferences - The flexible interr	nedrate bulk containe	er association (FIBC	A) holds		
	two national meetings a year which bring together F	IBC manufacturers, c	listributors and sup	oliers		
	of services to the FIBC industry. FIBCA has 68 mem	ber companies locate	ed around the world			
	(Grants \$ ) If this amount	includes foreign gra	ants, check here	<u>.</u> ▶ 🗆	28a	a N/A
29	The national meetings consist of informative speake					
	committee work sessions where members and staff	address issues to en	hance safety			
	and the welfare of the FIBC industry.					
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	<b>&gt;</b> 🗆	298	a N/A
30	Publications and Videos - Materials are developed to	educate members a	nd end users on the			
	benefits of FIBCs, safe handling posters, terminolog	y, correct customs ta	riff classification, s	afe handling		
	label formats, recycling and educational bulletins or	regulatory and indu	stry developments.			
		ıncludes foreign gra		. ▶ □	308	a N/A
31	Other program services (describe in Schedule O)				1	
	·	includes foreign gra	ints, check here	. ▶ □	318	a N/A
32	Total program service expenses (add lines 28a			•	32	<del></del>
Par			ch one even if not cor	npensated, (see the i		
	Check if the organization used Schedule	O to respond to a	nv auestion in this	Part IV		
		(b) Title and average	(c) Reportable	(d) Health benefits,	<u> </u>	<u></u>
	(a) Name and address	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			) Estimated amount of other compensation
Lewi	is Anderson	Executive Director	_			
4525	Xerxes Avenue South, Minneapolis, MN 55410	(40 Hrs)	8720	o	0	0
Stev	e Russell	President				
1590	Weatherstone Lane, Suite #2, Elgin, IL 60123	(3 Hrs)			0	0
Don	Mackrill	Vice President				
1815	Meyerside Drive, Mississauga, Ontario L5T 1G3	(3 Hrs)		o	o	0
Cind	y Finley	Treasurer			$\top$	· · · · · · · · · · · · · · · · · · ·
1151	0 Data Drive, Dallas, TX 75218	(3 Hrs)			o	0
Mary	Ellen Henry	Secretary			$\top$	
	Hwy 90 West, Crowley, LA 70527	(3 Hrs)		o <sup> </sup>	0	0
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				1	- 1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	NO
	detailed description of each activity in Schedule O	33		1
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_		✓
35 <sub>a</sub>	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)?	35a		<b>✓</b>
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	35b		✓
С	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	35c		<b>√</b>
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	٠. ١	~	<u>``</u> ]
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	·		<u></u> i
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved		。 5.基例	
а	Initiation fees and capital contributions included on line 9	*	-53	
b	Gross receipts, included on line 9, for public use of club facilities	*	.u.r	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	33 W.	<b>%</b> .
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	* :	OR.	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	3.0	بنشد	
	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		
С	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,	1.0	7.5 7.5 7.5	1
	4955, and 4958	- 4		,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	2,3		
	reimbursed by the organization		· · × <sup>×</sup>	
е	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	Si di salah da salah	1
41	List the states with which a copy of this return is filed ▶ Georgia, Minnesota			
42a		52-41	2-886	7
_	Located at ► 4525 Xerxes Ave S, Minneapolis, MN ZIP + 4 ►	55410	_	
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)?	405	Yes	No
	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	% 1 €. 2	_	
	and Financial Accounts.			~
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
	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	٠	١	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43		<b>V</b> - 1	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	ننيا		
45	explanation in Schedule O	44d		
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>/</b>
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	<b> </b>		
	Form 990-EZ (see instructions)	45b		1

Form 99	90-EŽ (2	011)						F	age 4
								Yes	No
46		he organization engage, directly or in			on behalf of	or in opposit	ļ		
		andidates for public office? If "Yes," of			· · ·	<u> </u>	46	<u> </u>	
Part	VI	Section 501(c)(3) organizations							
		501(c)(3) organizations and sections			trusts must	answer que	estions 4	7–49	b
		and 52, and complete the tables			n thin Dort V	n .			П
		Check if the organization used Sch	redule O to respond	to any question i	n this Part v	<u> </u>	<u> </u>	14	
47	Did t	he organization engage in lobbying	activities or have a	section 501/h) elec	tion in effec	t during the	tav [	Yes	No
71		If "Yes," complete Schedule C, Part		section so i(ii) elec	LION IN CITED	t during the	. 47		/
48	•	e organization a school as described in		u\2 If "Ves " comple	te Schedule I	 E	48	<del> </del>	<del>                                     </del>
49a		he organization make any transfers to					. 49a	-	<del></del>
b		es," was the related organization a se					. 49b	<del>                                     </del>	<b></b>
50		plete this table for the organization's			other than o	fficers, directi		es an	d kev
		oyees) who each received more than							
			(b) Title and average	(c) Reportable		Ith benefits,			
	(a) N	lame and address of each employee paid more than \$100,000	hours per week	compensation	benefit plan	ns to employee   ns, and deferred	(e) Estimate other con		
	_		devoted to position	(Forms W-2/1099-MIS		pensation	J		
None									
,									
,					1	ļ			
,									
			<del></del>						
,									
f	Tota	number of other employees paid over	er \$100 000	<b>—</b>					
51		plete this table for the organization's		ensated independe	ent contracto	rs who each	received	more	than
•		,000 of compensation from the orga					1000.100		
(a)	Name a	and address of each independent contractor pai	d more than \$100 000	(b) Type of	service	(6)	Compensati		
				(2) 1)		(0)			
None				1					
		•••		_					
				<u> </u>					
				4		j			
				<del> </del>					
				+					
				<del>                                     </del>		+			
				†					
d	Total	number of other independent contra	ctors each receiving	over \$100 000	_	!			
52		he organization complete Schedule A	<u> </u>		ons and 4947	7(a)(1)			
<b>U</b> L		exempt charitable trusts must attach a					► ☐ Yes		No
Under p	enalties	of perjury, I declare that I have examined this re	eturn, including accompan	lying schedules and stat	ements, and to t	the best of my kn			. it is
true, co	rrect, ar	nd complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepare	rer has any knov	vledge			•
		1 de la		_					
Sign		eignature of officer	Date						
Here		Lewis Anderson, Executive Direct			7//	<u> 1/12</u>			
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check 🗌	ıf PTIN		
Prep	arer					self-emplo	yed		
Use		Firm's name ▶			Firm's EIN ▶				
		Firm's address >	- h 0 C		F	hone no			
May th	ne IRS	discuss this return with the preparer	snown above? See	instructions	· · ·		Yes L	<u>. Ll</u>	<u>No</u>

## SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number

Flexible Intermediate Bulk Container Association, Inc	75-2374070				
Part I, Line 16, Other Expenses					
Bank Fees \$1,074 26					
Communication Costs \$3,694 26					
Dues, Subscriptions & Fees \$1,500 30					
Insurance (Commercial Umbrella and Liability) \$2,237 50					
Meeting Expenses \$28,426 01	••••••				
Office Supplies, Equipment & Software \$1,356 86					
Travel Expenses \$9,132 60					
Web Site Hosting & Domain Name Registrations \$479 95					
Other Expenses / Donations: \$700 00					
Total Other Expenses \$48,601 74					
Part II, Line 24, Other Assets					
Accounts Receivable \$350 00					
Inventory Assets \$3,197 48					
Prepaid Expenses (Hotel Deposits) \$300 00					
Total Other Assets \$3,847 48					

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
Flexible Intermediate Bulk Container Association, Inc	75-2374070
Part V, Line 35, Why the organization did not need to report the income on Form 990-T	
7a Gross sales of inventory, less returns and allowances \$0	
7b Less: cost of goods sold S0	
	••••••
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). \$0	
The gross profit from the sale of inventory (brochures) was \$0 which is less that the \$1000 threshold required to file	form 990-T
	*
•	