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# FORM 990-EZ

Department of the Treasury

# 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)

OMB No 1545-1150 20**12** 

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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. December 31 . 20 A For the 2012 calendar year, or tax year beginning January 1 , 2012, and ending B Check if applicable C Name of organization D Employer identification number Address change 75-2374070 Flexible Intermediate Bulk Container Association, Inc. Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return C/O Corporation Service Co., 40 Technology Pkwy S. 300 952-412-8867 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > Norcross, GA 30092 N/A Application pending H Check ▶ If the organization is not ☐ Cash ✓ Accrual G Accounting Method<sup>1</sup> Other (specify) ▶ I Website: ► www.fibca.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 527 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) (nay 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I .  $\square$ Contributions, gifts, grants, and similar amounts received . . . . . 1 1 2 Program service revenue including-government fees and contracts 2 Membership, dues and assessments . . . 3 3 179125 Investment income = .- !-4 4 63 Gross amount from sale of assets other than inventory 5a 5a 5b b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gamingland fundraising events Gross income from gaming (attach Schedule G if greater than # OSIMMADS \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less; direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a Less: cost of goods sold . . . . . . . . . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 Other revenue (describe in Schedule O) . . . . . . . . . 8 Я ঞ Q Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 179188 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 117641 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . 14 15 Printing, publications, postage, and shipping . . . . . . 15 858 16 Other expenses (describe in Schedule O) . . . . . . . . . 16 62652 17 Total expenses. Add lines 10 through 16. 17 181151 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 -1963 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 TÁ. end-of-year figure reported on prior year's return) . . . . 19 43222 20 Other changes in net assets or fund balances (explain in Schedule O) . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

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21

orm 9:	90-EZ (2	2012)						Page <b>2</b>
Par		Balance Sheets (see the instructions f	or Part II)			_		
		Check if the organization used Schedule	•	ny question in this	Part II			🗆
					(A) Beginning of year		(B)	End of year
22	Casi	h, savings, and investments		[	39375	22	2	35953
23	Land	d and buildings		[	N/A			N/A
24	Othe	er assets (describe in Schedule O)			3847			5307
25	Tota	al assets		[	43222			41260
26	Tota	al liabilities (describe in Schedule O)		[		26		
27	Net	assets or fund balances (line 27 of column	(B) must agree with	ı lıne 21)	43222	27	'	41260
Part	Ш	Statement of Program Service Accomp	plishments (see th	e instructions for I				Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III	∐ (R		ed for section
Vhat	ıs the	organization's primary exempt purpose?	Trade Assoc. to Pron	note & Educate the I	FIBC Industry	50	)1(c)(3)	) and 501(c)(4)
is me	easure	ne organization's program service accomplised by expenses. In a clear and concise manefited, and other relevant information for ea	anner, describe the			49		ations and section 1) trusts, optional rs)
29	two na of serv (Grant The na	nal Meetings / Conferences - The flexible intermational meetings a year which bring together Flexices to the FIBC industry FIBCA has 74 members \$ ) If this amount ational meetings consist of informative speaker ittee work sessions where members and staff a	BC manufacturers, di er companies locate includes foreign gra s, educational forum	stributors and supp d around the world ints, check here s and	liers	28	Ba	N/A
		e welfare of the FIBC industry.			····		ı	
	(Grant	ts\$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	29	3a	N/A
	benefi label f (Grant	ations and Videos - Materials are developed to ts of FIBCs, safe handling posters, terminology ormats, recycling and educational bulletins on ts \$ ) If this amount program services (describe in Schedule O)	, correct customs ta	riff classification, sa try developments.	·····	30	Da	N/A
	(Grant	• •	includes foreign gra	ints, check here	• 🗇	31	1a	N/A
		program service expenses (add lines 28a t				_	2	N/A
Part		List of Officers, Directors, Trustees, and Key		one even if not corr	pensated (see the in	nstr	uction	
		Check if the organization used Schedule			•			
		(a) Name and title	(b) 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 employ benefit plans, and			imated amount of compensation
ewis	Ande	rson	Executive Director					
885	139th 5	Street West, Saint Paul, MN 55124	(40 Hrs)	112500	)	0		
teve	Russe	ell	President					
590	<b>Veath</b>	erstone Lane, Suite #2, Elgin, IL 60123	(3 Hrs)			0		
	/lackril		Vice President			- 1		
815 I	Meyers	side Drive, Mississauga, Ontario L5T 1G3	(3 Hrs)		)	0		
indy	Finley	X	Treasurer		İ	- {		
1510	Data	Drive, Dallas, TX 75218	(3 Hrs)		ol	0		
	Ellen l		Secretary		i	-		,
860	Hwy. 9	0 West, Crowley, LA 70527	(3 Hrs)		)	0		
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E and	Other Information (Nets the Cabadula A and personal bands and set to entract at the capture materials	: 4b		-90 0
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	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	-		<b>✓</b>
<b></b>	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	<del></del>		
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
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		1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	333		Ť
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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	SI	10 A	
b	Did the organization file Form 1120-POL for this year?	37b		<b>1</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	(*±		1-4-1-2
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	# T		
39	Section 501(c)(7) organizations. Enter:			176
а	Initiation fees and capital contributions included on line 9	*		- 444.
b	Gross receipts, included on line 9, for public use of club facilities			
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	JAK.	1,7	1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ii k	<u> 4545 4</u>	
	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	401		İ
	·	40b	Macella - 1	(200005.1
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,	- 11 m		
	4055 and 4059	位在		¥#
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	法法		4.31
_	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	75 E		5). E
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Georgia, Minnesota			
42a	The organization's books are in care of ▶ Lewis Anderson, Executive Director Telephone no. ▶ \$	352-41	2-886	7
	Located at ► 5885 139th Street West, Saint Paul, MN ZIP + 4 ►	551		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>✓</b>
	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	32		
	and Financial Accounts.	¢ itt	1:31	) FF
_	At any time during the calendar year, did the organization maintain an office outside the U.S.?	420	· Carall	
С	If "Yes," enter the name of the foreign country:	42c	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• '	N/A
			Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	* <u>*</u>		4 8
	completed instead of Form 990-EZ	44a	7803	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	ž ,	<u> </u>	<u> </u>
	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	$\Box$	✓
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	<u> </u>	1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	40	ol ,	,
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	, #x	<u> </u>	<b> </b>
	Form 990-EZ (see instructions)	45b	I	<b> </b>

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Form 990	-EZ (2012)						F	Page 4		
	Did the organization engage, directly or in						Yes	No		
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization	only					or lin	L_ <b>√</b> _ es		
	50 and 51 Check if the organization used Sc	hedule O to respond	to any question in	this Part VI	<u> </u>	<u> </u>				
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		• •		during the	tax 47	Yes	No ✓		
49a	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a se	o an exempt non-cha	aritable related organ			. 48 . 49a . 49b		1		
50	Complete this table for the organization's employees) who each received more than	five highest compen	nsated employees (d			ors, truste	es an			
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans	h benefits, s to employee , and deferred ensation		Estimated amount of other compensation			
None										
				<del>                                     </del>				<u> </u>		
			<del> </del>	<del> </del>			-			
	Total number of other employees paid ov Complete this table for the organization			nt contractor	s who each	received	more	than		
	\$100,000 of compensation from the orga- lame and address of each independent contractor pa	anization. If there is no				Compensat				
Lewis Anderson 5885 139th Street West, Saint Paul, MN 55124			Executive Director (	112500						
			-							
			-				_			
			<del> </del>							
	Total number of other independent contra	-		. •		1				
	Did the organization complete Schedule nonexempt charitable trusts must attach	a completed Schedu	le A	<u> </u>	<u> </u>	► □ Ye		No		
	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that					owledge an	d belief	, it is		
Sign Here	Lewis Anderson, Executive Direct	tor		Da	atte .		_			
	Type or print name and title				<del>-</del> ,					
Paid Prepa		Preparer's signature		Date	Check Self-emplo	of PTIN				
Use C	Only Firm's name ►	/				Firm's EIN ▶ Phone no				
May th	e IRS discuss this return with the prepare	r shown above? See	instructions			Ye:	s 🔲	No		

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

### 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. Inspection

20**12** Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number Flexible Intermediate Bulk Container Association, Inc 75-2374070 Part I, Line 16, Other Expenses: Bank Fees: \$2,283.73 Communication Costs: \$3,794.28 Dues, Subscriptions & Fees: \$1,401.25 Insurance (Commercial Umbrella and Liability): \$2,324.50 Meeting Expenses: \$38,683.71 Office Supplies, Equipment & Software: \$3,743.49 Travel Expenses: \$10,047.73 Web Site Hosting & Domain Name Registrations: \$373.31 Total Other Expenses: \$62,652 03 Part II, Line 24, Other Assets: Accounts Receivable (2013 dues prepayments): \$-5,390.00 Inventory Assets: \$3,197.48 Prepaid Expenses (Hotel Deposits): \$7,500.00 Total Other Assets: \$5,307.48