

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 2	2016 cale	ndar year, or tax year	beginning	January 1	, 2016, a	nd endir	g Dece	mber 31	, 20 <u>16</u>	
В	Check if a	applicable	C Name of organization F	lexible Inte	rmediate Bulk Cont	ainer Associat	tion, Inc.		D Employ	er identification	number
	Address o	change	Doing business as						Ì	75-2374070	
$\Box$	Name cha	ange	Number and street (or F	O box if ma	il is not delivered to stre	et address)	Room/su	ııte	E Telepho	ne number	
$\Box$	Initial retu		C/O Corporation Serv	rice Co., 40	Technology Pkwy S	:	ì	300	1	952-412-8867	ı
$\exists$		n/terminated			ry, and ZIP or foreign po					<u> </u>	
H					,, =				<b>G</b> Gross re	voainte \$	220.261
吕	Amended		Norcross, GA 30092					Tarri			330,361
لــا	Applicatio	on pending	F Name and address of p					1	group return for	_	es 🗸 No
			PO Box 241894, Sain					<b>─</b> ' '		s included? 🔲 Y	
<u></u>	Tax-exem	npt status	501(c)(3)	▼ 501(c) (	6 ) <b>◄</b> (insert no ) L	4947(a)(1) or	<u> 527</u>	""	No," attach a	llist (see instruc	tions)
J	Website:	► www	w.fibca.org					H(c) Group	exemption	number 🕨	
K	Form of or	rganization	Corporation Trust	Associat	on   Other ►	L Yea	r of forma	tion _ 1984	M State	of legal domicile	GA
P	art I	Summ	nary								
	1 1	Briefly de	escribe the organizat	ion's missi	on or most signific	ant activities:	To edu	cate the FIE	C / Bulk B	ag industry a	nd
ė	١ .	end users	s about regulations, in	dustry star	dards, safe handlin	a and benefits	of use				
Ē	] -					<b></b>					
Activities & Governance	2	Check th	ns box ▶□ If the org	anization o	iscontinued its op	erations or dis	sposed	of more tha	n 25% of	its net assets	3.
Š			of voting members o				0,0000		.   3		9
<u>ص</u>	1		of independent votin	-			line 1h				<u>~</u>
S	]		mber of individuals e	_					5		
Ę					•	•	•		. 6	-	0
ŧ	1		mber of volunteers (e								9
⋖	· ·		related business reve		•				. <u>7a</u>		0
_	b	Net unre	lated business taxab	le income	from Form 990-1, 1	ine 34	<del></del> -	· · · · ·	.   7b	ļ <u>-</u>	0
	1.						-	Prior Y		Current	Tear
ē	1		tions and grants (Par		•		)		0		
Ę	9	Program	service revenue (Pai	t VIII, line 2	2g)				234,958		330,331
Revenue	10	Investme	ent income (Part VIII,	column (A)	, lines 3, 4, and 7d	)	[		23		30
Œ	11 (	Other rev	venue (Part VIII, colur	nn (A), line	s 5, 6d, 8c, 9c, 10d	c, and 11e) .	[		0		0
	12	Total rev	enue—add lines 8 thr	ough 11 (m	ust equal Part VIII,	column (A), lir	ne 12)		234,981	-	330,361
	13	Grants a	nd similar amounts p	aid (Part I)	(, column (A), lines	1–3)			0.		0
	1		paid to or for member			•			0		0
t/S	. جدا		other compensation,	-			5–10)		131,325	164 J	131,865
Expenses	16a		onal fundraising fees		-		· · · /		0	101	0
Je.	b		draising expenses (F	-	• •	,			ina	22 10sh -	70 7
Ä	17		penses (Part IX, colu					A. C.	(4 7 6 .	10.1	
			•				-' .  /.	1 APR	9, 96,868	13	170,895
			penses. Add lines 13-		-	nn (A), iine 25	" ·	3/ 1/2 /	-	W 11	302,760
_		Revenue	less expenses. Sub	ract line 1	s from line 12 .	· · · · ·	<u> </u>		6,758	<del></del>	<u>27,601</u>
200	20 21 22						i	Bealming of	Aurentsear	End of	
SSet	20		sets (Part X, line 16)				\	1 9	66,112		175,606
¥ E	21		oilities (Part X, line 26	•					0		81,892
Z	22		ets or fund balances.	Subtract li	ne 21 from line 20	<u> </u>			66,112	<u> </u>	93,714
P	art II	Signa	ture Block			<del></del>		·			
			ury, I declare that I have ex							my knowledge a	and belief, it is
tru	ie, correct,	, and comp	olete Declaration of prepare	er (other than	officer) is based on all ii	nformation of whi	ch prepare	er has any knov	wledge		
			Mile lo	11					4/3	32/17	
Si	gn	7 250	nature of officer						Date /		-
He	ere	L L	ewis Anderson, Ex	ecutive Di	rector						
			e or print name and title	<u> </u>							
		Print/Ty	ype preparer's name		Preparer's signature		- [	ate	Chart	PTIN	
	aid	_					Ì		Check self-em		
	epare		name b							. :71	
U	se Only	y ———							rm's EIN ▶	<del></del>	
M	v the ID		address ► ss this return with the	nrenarer s	shown above? (coo	instructions)		Pl	none no		/os 🗆 No
_						manuchons)			<del>· · ·</del>		res <u>No</u> m <b>990</b> (2016)
FO	r Paperw	vork Kedl	uction Act Notice, see	the separa	te instructions.		Cat	No 11282Y		For	m <b>33U</b> (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

orm 99	(2016)		Page 2									
art												
	Check if Schedule O contains a response or note to any line in this Part III	· · · · ·	. 🗆									
1	Briefly describe the organization's mission.											
	FIBCA's Mission Is To:											
	Motivate customers to use FIBCs to maximize their profitability, safety, and sustainability; and,     Educate its members about regulations and standards, promote the use of their products, and to be a strong voice for the											
	- Educate its members about regulations and standards, promote the use of their products, and to be a strong voice for the FIBC industry with regulatory agencies around the world.											
2	Did the organization undertake any significant program services during the year which were not listed on the											
	prior Form 990 or 990-EZ?	☐ Yes	✓ No									
	f "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_									
	services?	☐ Yes	<b>☑</b> No									
	f "Yes," describe these changes on Schedule O.											
4	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed to the total expenses, and revenue, if any, for each program service reported.											
4a	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		<u> </u>									
	National Meetings / Conferences - The flexible intermediate bulk container association (FIBCA) holds											
	wo national meetings a year which bring together FIBC manufacturers, distributors and suppliers											
	of services to the FIBC industry FIBCA has 103 member companies located around the world											
	***************************************											
			<del></del>									
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)									
	The national meetings consist of informative speakers, educational forums and	·										
	committee work sessions where members and staff address issues to enhance safety		<b>-</b>									
	and the welfare of the FIBC industry.											
		·										
		·										
		·										
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$		)									
	Publications and Videos - Materials are developed to educate members and end users on the benefits of FIBCs, safe handling guidelines, terminology, correct customs tariff classification, safe handling,											
	label formats, buyers guide, recycling and educational bulletins on regulatory and industry developments.											
	aber formats, buyers guide, recycling and educational bulletins of regulatory and industry developments.											
		·										
		·										
			<b>-</b> -									
4d	Other program services (Describe in Schedule O.)											
70	(Expenses \$ including grants of \$ ) (Revenue \$ )											
4e	Total program service expenses ►	<del></del>										

art I	Checklist of Required Schedules	—-,		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		<u>√</u> _
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>✓</b>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5 6	_	<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art. historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	}	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b> _
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>V</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			m 990	(2016

Part	Checklist of Required Schedules (continued)		<b>V</b> 1	<u></u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	J.S		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		
		For	m 990	<b>)</b> (2016

'arˌt	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Officer if defined the officer of th	ĖТ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   4	. //	× × × × ×	n dik
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	*** .	. 8-85	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	3		4967
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	š.,		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u></u>		·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
<b>4a</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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶		104	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Zir an		
	(FBAR).		?;	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b				
_	gifts were not tax deductible?	6b	8 Y 26	2 1980
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		
а	and services provided to the payor?	7a	U.	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		· ~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			,
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	1_	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u></u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1000	4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1.4		-A0
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		¥.	١.,
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)		*	1,1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
 b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	7.07	>	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ì,	· '
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	1
	Note. See the instructions for additional information the organization must report on Schedule O.	<b>*</b>		
b	Enter the amount of reserves the organization is required to maintain by the states in which	i		
	the organization is licensed to issue qualified health plans	] .	*;	7.7
C	Enter the amount of reserves on hand	,	<u> </u>	<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Section	on A. Governing Body and Management	• •	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			***************************************
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<u></u>	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<u> </u>
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	4 5 6	<b>√</b>	<b>√</b> ✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<b>√</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8 a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	8a		
ь 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode l	✓
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	ue C	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>/</b>	N 8 8
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13	2 k	<b>V</b>
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	<b>/</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Ŀì	<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		<u>; : : : : : : : : : : : : : : : : : : :</u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Georgia, Minnesota Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3):	only)
19	Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Flexible Intermediate Bulk Container Association, PO Box 241894, Saint Paul, MN 55124, 952-412-8867	cord	s: <b>&gt;</b>	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
(4)	(5)				c) ition			6		<b>(</b> D
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	neck s pe d a d	more rson	than one than one that the state of the stat	an ee)	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lewis Anderson	40.0									
Executive Director				✓	L			131,865	0	0
(2) James Foster	3.0	ļ		ļ		,	ļ			
President		✓		1				0	0	0
(3) Cindy Finley	3.0									
Vice President	<u> </u>	✓		✓	L_			0	0	0
(4) Douglas Savoy	3.0									
Treasurer	<u> </u>	✓	<u> </u>	✓			<u> </u>	0	0	0
(5) Gerardo Ruiz	3.0									
Secretary	<u> </u>	✓		✓	L_		L	0	0	0
(6) Hari Kumar	3.0	]	]				1			
Board Member		✓	L.					0	0	0
(7) Justin Murphy	3.0	}		İ	1	1	1	İ		
Board Member	<u> </u>	✓	<u>L</u> _		L.		L	0	0	0
(8) Jay Todd	3.0	Į							İ	
Board Member		✓			L		<u> </u>	0	0	0
(9) Steve Russell	3.0									
Board Member	<u> </u>	✓		L	L		_		0	0
(10) Michael Owens	3.0									
Board Member		1			L	<u> </u>	_	0	0	0
(11)										_
(12)			-				$\vdash$			
(13)			<u> </u>		<u> </u>					
(14)		<del></del>		-	T		T	<del>                                     </del>		

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	<b>mployees</b> (co	ntinued)	
		(C)										
	(A)	(B)	(do n	ot ob		ition	than c		(D)	(E)		(F)
	Name and title	Average	ı '				ıs both		Reportable	Reportable	Es	stimated
		hours per					or/trust		compensation	compensation f		nount of
		week (list any hours for	익물	ij	Q	Key	en H	77	from the	related organizations		other pensation
		related	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	organization	(W-2/1099-MIS		om the
		organizations	e dia	ğ	4	employee	st c	1 12	(W-2/1099-MISC)			anization
		below dotted	~ ₹	<u>a</u>		Q.	<u> </u>					d related
		line)	ste	S		ď	ĕ				l orga	anızatıons
		1		ê		1	sate		}		1	
					<u> </u>	<u> </u>	ă	<u> </u>	ļ			
(15)					•			ĺ				
(16)												
(17)												
3		†	1									
(18)		<del>                                     </del>	$\vdash$	t	<del> </del> -	$\vdash$		$\vdash$				
1.2/		<del> </del>	1									
(19)	<del></del>	<del></del>		<del> </del>	<del>                                     </del>		-	$\vdash$	<del></del>			
(19)		<del> </del>	Į.		ļ	ļ	ļ	ļ		ļ		
(00)		<del> </del>	ļ	┝	ļ.	├─	<del>                                     </del>		<del> </del>			
(20)		ļ	ł	1								
			<u> </u>	ļ	<u> </u>	ļ.—		_				
(21)					}							
	<u></u>					L			<u></u>			
(22)		1	}	1			}	1				
(23)												
3		†	1		1			1	1	}		
(24)			<u> </u>	ſ	†	t-	<u> </u>	T				
37.22		<del> </del>	1									
(25)		<del> </del>	<del> </del>	+	<u> </u>	+-		+				
(20)			1									
1b	Sub-total		i		<u> </u>	L_			424.005		_	
_		 ./// Cantin		•		•	•		131,865		0	0
C	Total from continuation sheets to Part	•		•		•	•		0		0	0
d	Total (add lines 1b and 1c)					<u>.                                    </u>	<u>· ·</u>	_	131,865		0	0
2	Total number of individuals (including bu		d to ti	nose	e lis	ted	abov	e) v	vho received m	ore than \$10	0,000 of	
	reportable compensation from the organ	izatıon ►										
											·	Yes No
3	Did the organization list any former of									nest compen	sated	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	lvid	ual				3	1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	cor	npe	nsatio	on a	and other comp	pensation fro	m the	
	organization and related organizations	greater th	an \$	150	,000	)? [	f "Ye	s, "	complete Sch	nedule J for	such 🖏	
	ındıvidual										. 4	
5	Did any person listed on line 1a receive of	or accrue c	ompe	ensa	tion	fro	m an	y ur	nrelated organi	zation or indi	vidual	· 4(,1 87)
	for services rendered to the organization										. 5	
Section	on B. Independent Contractors											<del></del>
1	Complete this table for your five highest	compensat	ted in	den	enc	ent	conti	ract	tors that receive	ed more than	\$100,000	of
•	compensation from the organization. Re											
	year	port compe	, loui	O., .			<i>-</i>	24,	your origing w		io organiza	tion o tax
_	<u> </u>							1		<del></del>		
	(A) Name and business add	iress							(B) Description of s	services		C) ensation
								┼				
Lewis	Anderson, PO Box 240514, Saint Paul, MN 5	5124						_	xecutive Directo			<u>131,865</u>
								<u>(A</u>	ssociation Man	agement)		
								1				
								1_				
2	Total number of independent contraction							o t	hose listed ab	ove) who	1,	
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	<b>&gt;</b>		1		ž	Š.,

Form 990 (2016) Page									
Part.	VIII	Statement of Revenue							
1	<u> </u>	Check if Schedule O contains a resp	onse or note to				(D)		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514		
nts	1a	Federated campaigns 1a		7.7		3 pgs ( to 3c			
s, Grants Amounts	b	Membership dues 1b		î î					
	С	Fundraising events 1c							
Gifts, ilar Ar	d	Related organizations 1d							
ons, Giff Similar	е	Government grants (contributions) 1e							
er S	f	All other contributions, gifts, grants,							
년 <b>동</b>		and similar amounts not included above 1f	<del></del>						
Contributions, and Other Sim	g h	Noncash contributions included in lines 1a-1f: \$ <b>Total.</b> Add lines 1a-1f		.1.53					
		Total. Add lines 1a-11	Business Code			2 400 1774			
en l	2a	Membership Dues & Intiation Fees	900099	250,167	250,167	0	0		
Pe	b	Program Fees & Sponsorship	900099	78,613	78,613	0			
9	c	Program CVB Incentive	900099	1,551	1,551	0	0		
ξ	d			1,001		<del></del>			
Program Service Revenue	е								
ogra	f	All other program service revenue.							
4	g	Total. Add lines 2a-2f	<u></u> . ▶	330,331		\$ '\$ · · · · · · · · · · · · · · · · · ·			
	3	Investment income (including divide							
		and other similar amounts)		30	0	0	30		
	4	Income from investment of tax-exempt bo	•				ļ <del></del>		
	5	Royalties	(II) Personal		1 8 8	181 20 4 40	**		
	6a	Gross rents	(ii) i ciscilai						
	b	Less: rental expenses			fr Sa				
	C	Rental income or (loss)							
	d	Net rental income or (loss)	•		, dicition	and the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of th	there is a serie of the second and the second as a		
	7a	Gross amount from sales of (i) Securities	(II) Other	11000		. 37			
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses .			; ÿ				
	С	Gain or (loss) .	L		\$				
	d	Net gain or (loss)	<u> </u>		( ), ·	PS 4888. ( 888)	* * * / ·		
venue	8a	Gross income from fundraising events (not including \$							
Other Reven		of contributions reported on line 1c). See Part IV, line 18 a							
₹	b	Less: direct expenses <b>b</b>	L						
	C	Net income or (loss) from fundraising	events . ►			( 180 v ( 1888)	1088		
	9a	Gross income from gaming activities.  See Part IV, line 19 a							
	<b>L</b>	Less. direct expenses b							
	b	Net income or (loss) from gaming acti					<u> </u>		
	10a			   (1)   (2)   (3)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4)   (4	. 788				
		returns and allowances a							
	ь	Less: cost of goods sold b			" \$1 X4				
	c	Net income or (loss) from sales of inve	entory ►						
		Miscellaneous Revenue	Business Code	<u> </u>	42 357	400			
	11a								
	b						ļ		
	C		<u> </u>	<u> </u>	ļ	ļ			
	d	All other revenue	L			***			
	e	Total Add lines 11a-11d	🟲			<u> </u>	<u> </u>		
	12	Total revenue. See instructions	<u> ▶</u>	330,361	330,331	<u> </u>	N3		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic			99.0	
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors, trustees, and key employees	131,865			3000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
^	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				<del> </del>
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		(48% ) T (8 %)		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	6,750			
12	Advertising and promotion	0,730			
13	Office expenses	17,545			
14	Information technology	2,162			
15	Royalties				
16	Occupancy				
17	Travel	18,329			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	106,159			
20 21	Interest				
22	Depreciation, depletion, and amortization .				
23	Insurance	2,204			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)			· · · · · · · · · · · · · · · · · · ·	
a b	Charitable Donations  Dues, Subscriptions & Conference Fees	350			
C	Committee Project Expenses - Testing	5,164 12,232			<del>                                     </del>
d		12,232			<del></del>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	302,760			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	<u> </u>	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	86,823	1_	89,647
	2	Savings and temporary cash investments	13,670	2	73,700
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net	(-55,093)	4	900
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,712	9	11,359
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	66,112	16	175,606
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	81,892
	20 21	Tax-exempt bond liabilities		20	
<b>,</b> 0	22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	, , , , , , , , , , , , , , , , , , ,	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	81,892
ses		complete lines 27 through 29, and lines 33 and 34.		, , , , , , , , , , , , , , , , , , ,	
<u>la</u>	27	Unrestricted net assets	66,112	27	93,714
Ö	28	Temporarily restricted net assets	ļ	28	
ī	29	Permanently restricted net assets		29	V, V.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ř	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	66,112	33	93,714
	34	Total liabilities and net assets/fund balances	66,112	34	175,606
					Form <b>990</b> (2016)

_	4	^
Page	1	_

	<u></u>				-9
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			330,361
2	Total expenses (must equal Part IX, column (A), line 25)	2			302,760
3	Revenue less expenses. Subtract line 2 from line 1	3	L		27,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			66,112
5	Net unrealized gains (losses) on investments	_5_			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7	ļ		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	ļ		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	}			
	33, column (B))	10	<u></u>		93,714
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u>· · · · </u>		<u></u>
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			4	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain	in is		
٥-			P		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com			a	<del>                                     </del>
	reviewed on a separate basis, consolidated basis, or both:	piled	U   "		
	Separate basis Consolidated basis Both consolidated and separate basis			1.7	
<b>.</b>	Were the organization's financial statements audited by an independent accountant?		• .	b	
U	If "Yes," check a box below to indicate whether the financial statements for the year were audit	 ed or		<u>, , , , , , , , , , , , , , , , , , , </u>	<del>-   * -</del>
	separate basis, consolidated basis, or both:	<i>,</i> 01	' <b>"</b>	:1:	
	Separate basis Consolidated basis Both consolidated and separate basis			11	,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versio	aht		
·	of the audit, review, or compilation of its financial statements and selection of an independent account		[_	c	
	If the organization changed either its oversight process or selection process during the tax year, ex-				
	Schedule O.		13		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth		COLLEGE CO	
_	the Single Audit Act and OMB Circular A-133?			а	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo t		_	† <u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			ь	
		-		Form <b>9</b> 9	(2016)

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

## **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (s	ee separate instructions), the	nen			
• <u>S</u> e	ection 501(c)(4), (5), or (6) orga	ınızations. Complete Part III.			
Name	of organization			Employer iden	tification number
	e Intermediate Bulk Contair				75-2374070
Part		e organization is exempt unde			
1	Provide a description of definition of "political can	the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .		\$	
3		cal campaign activities (see instruc		<u> <u>.</u> . <u>.</u> . <u>.</u></u>	
Part		e organization is exempt unde			
1	-	excise tax incurred by the organiza			
2		excise tax incurred by organization			
3	•	ed a section 4955 tax, did it file For	•	ear?	Yes No
4a					Yes No
b	If "Yes," describe in Part				/ \/0\
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contrib		· · · · · · · · · · · · · · · · · · ·	
2		vities	-		
3	•	expenditures. Add lines 1 and 2.		· · · · · · · · · · · · · · · · · · ·	
•					
4		n file Form 1120-POL for this year		· · · · · · · · · · · · · · · · · · ·	. Yes No
5		ses and employer identification nur			<b>—</b> —
•		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)	_				_
(3)					
(4)					
(5)					
(6)					

	_
Daga	-9

SCHEUL	ile C (Form aan of aan-EV) 5019	_				Page ∠
	II-A Complete if the organizati section 501(h)).					
	heck $ ightharpoonup$ if the filing organization be name, address, EIN, expense.	enses, and shar	e of excess lobb	ying expenditu	res).	oup member's
<u>в</u> С	heck 🕨 🗌 if the filing organization c			rol" provisions a	apply.	
		bying Expenditu			(a) Filing	(b) Affiliated
	(The term "expenditures" i				organization's totals	group totals
1a	Total lobbying expenditures to influence					
b	Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	1)		
C	Total lobbying expenditures (add lines	1a and 1b) .				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (a		•			
f	Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	is:	14. 44. million	1.36°
	Not over \$500,000	20% of the am	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.	4	
	Over \$17,000,000	\$1,000,000		l	2.00	
g	Grassroots nontaxable amount (enter					
h	Subtract line 1g from line 1a. If zero or					
i	Subtract line 1f from line 1c If zero or		4		- 61- É 4700	
J	If there is an amount other than zer reporting section 4911 tax for this year		•			☐ Yes ☐ No
	<del></del>		Period Under sec		<del>· · · · · · </del>	
	(Some organizations that made a s	ection 501(h) ele		e to complete al	l of the five colum	ns below.
	Lobbyii	ng Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total
2a	Lobbying nontaxable amount	_				
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part,	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Form	5768
For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
descr	ption of the lobbying activity.	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	1	
а	Volunteers?		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
C	Media advertisements?	+	
d	Mailings to members, legislators, or the public?	┿	
e	Publications, or published or broadcast statements?	-	
f	Grants to other organizations for lobbying purposes?	+	
<b>9</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	+	
h ;		+-	
i			
z 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
b	If "Yes," enter the amount of any tax incurred under section 4912	30.5	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	.4	
Part		or se	ection
	501(c)(6).	0	
			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1 🗸
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2 /
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior		3 1
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (transvered "Yes."		
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	86c, 6	
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Par			
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group linestructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıst); Pa	rt II-A, lines 1 and

Schedule C (For	n 990 or 990-EZ) 2016	Page <b>4</b>
Part IV .	Supplemental Information (continued)	
•		
	^	
	^	
	,	
	·····	
	·····	
	<u></u>	
• • • • • • • • • • • • • • • • • • • •	^	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	·	
	·	
	,	
••		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

### 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.

OMB No 1545-0047 2016

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Flexible Intermediate Bulk Container Association, Inc. 75-2374070 FORM 990, PART VI, SECTION A, LINE 6 The Flexible Intermediate Bulk Container Association has three classes of membership as follows: Regular Members: Companies with a representative in North America that manufacture, sell new or used or recondition flexible intermediate bulk containers. Affiliate Members: Companies without a representative in North America that manufacture, sell new or used or recondition flexible intermediate bulk containers Associate Members: Companies that provide a product or service relating to the manufacture, marketing or use of flexible intermediate bulk containers. FORM 990, PART VI, SECTION A, LINE 7A The members of the Flexible Intermediate Bulk Container Association present at the annual and semi-annual conferences elect the board of directors. FORM 990, PART VI, SECTION B, LINE 11B The executive director carefully reviews the federal form 990 prior to filing and copies are electronically distributed to the board of directors for review FORM 990, PART VI, SECTION B, LINE15A The executive director's compensation is reviewed and approved by the board of directors during winter board of directors meeting each year FORM 990, PART VI, SECTION C, LINE 18 The Flexible Intermediate Bulk Container Association's tax documents are available to the public upon request and they are also available on the GuideStar website (www2.guidestar org)

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization	Employer identification number
Flexible Intermediate Bulk Container Association, Inc.	75-2374070
······	
FORM 990, PART VI, SECTION C, LINE 19	
The Flexible Intermediate Bulk Container Association's governing documents, conflict of interest policy	
and financial statements are such black the members on the FIDCA website and to the nublic upon regular	
and financial statements are available to the members on the FIBCA website and to the public upon reque	:St.
······	
	·
	***************************************