Department of the

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Do not enter social security numbers on this form as it may be made public.

DLN: 93493307016760 OMB No. 1545-0047

Open to Public

Interna	l Reve	nue Service									
A F	or th	e <b>2019</b> c	alendar year, or tax year beginning 07-01-2019 $$ , and ending 06-30	)-2020							
<b>B</b> Che	ck if a	pplicable:	C Name of organization Association of Independent Corrugated Converters		D Employer	identif	ication number				
		change	Association of Independent confugated converters		36-28123	76					
□Na		-	Doing business as								
☐ Ini		turn n/terminated	-								
☐ Amended return			Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephone	number					
□ Ар	plicati	on pending	PO Box 25708								
			City or town, state or province, country, and ZIP or foreign postal code								
			Alexandria, VA 22313		<b>G</b> Gross rece	ipts \$ 3,	.987,673				
			F Name and address of principal officer:	H(a) I	s this a group retu	rn for					
			Michael DAngelo		subordinates?		□Yes <b>☑</b> No				
				H(b) A	Are all subordinates	5	☐ Yes ☐No				
[ Tax	k-exe	mpt status:	☐ 501(c)(3) ☑ 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		ncluded? if "No," attach a lis	t (coo					
1 147	a b a i	ha			Group exemption n						
, 44	ebsi	te:► ww	w.aiccbox.org		Broup exemption in	arriber					
V Earn	o of o	rannization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	<b>L</b> Year of	formation: 1974	<b>1</b> State	of legal domicile: VA				
r FOIII	11 01 0	rganization	Corporation in this in Association in Other	ı							
Pa	ırt I	Sum	mary								
	1	Briefly des	scribe the organization's mission or most significant activities:								
eu U		Uniting an	d celebrating the success of inspired, independent packaging companies.								
<u>⊇</u>											
Ĕ											
Governance	2	Check th	is box $lacktriangle$ if the organization discontinued its operations or disposed of m	ore than	25% of its net ass	ets.					
			of voting members of the governing body (Part VI, line 1a)			3	17				
Activities &	4	Number (	of independent voting members of the governing body (Part VI, line 1b) $$ .			4	17				
ie E	5	Total nur	I number of individuals employed in calendar year 2019 (Part V, line 2a)								
ጅ	6	Total nur	otal number of volunteers (estimate if necessary)								
AC	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	305,662				
	b	Net unrel	ated business taxable income from Form 990-T, line 39			7b	0				
					Prior Year		Current Year				
_	8	Contribut	ions and grants (Part VIII, line 1h)		16,11	0	0				
Ravenue	l		service revenue (Part VIII, line 2g)		3,830,79		3,176,435				
ōΛċ	l	-	6								
Œ	l		ent income (Part VIII, column (A), lines 3, 4, and 7d)		59,56	+	59,544				
	l		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,007,47	_	3,333,313				
	_		nd similar amounts paid (Part IX, column (A), lines 1–3)	_	70,01		49,851				
	l		1	0							
۰,	l	,	paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,227,92	7	1,300,507				
Ş	l	·	anal fundraising fees (Part IX, column (A), line 11e)		1,227,32	1	1,300,307				
<u>&amp;</u>	l		raising expenses (Part IX, column (D), line 25) ▶0	<u> </u>							
Expenses	l		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	-	2 462 12	1	2 072 494				
-	l		penses (Part IX, column (A), lines 11a-11a, 111-24e)	<u> </u>	2,463,13	+	2,072,484				
	l			-	3,761,07	-	3,422,842				
. 00	19	Kevenue	less expenses. Subtract line 18 from line 12	i-	246,39		-89,529				
2 0 0 2 0 0 2 0 0				Begin	nning of Current Yea	"	End of Year				
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		5,304,36	8	5,567,302				
d B	l		ilities (Part X, line 26)		1,488,54	-	1,882,845				
ž E	l		s or fund balances. Subtract line 21 from line 20		3,815,82	+	3,684,457				
	ri II		ature Block		3,013,02	-	3,004,437				
			erjury, I declare that I have examined this return, including accompanying	schedule	s and statements,	and to	the best of my				
			f, it is true, correct, and complete. Declaration of preparer (other than offic	er) is bas	sed on all informat	ion of v	vhich preparer has				
any k	nowl	eage.									
		****	*		2020-10-23						
Sign		Signat	ure of officer		Date						
Here		Michae	l DAngelo President								
			r print name and title								
		P		ate	Charle D if PT.						
Paid	ł		20	020-11-02	Check L if PO self-employed	1429307	7				
Pre		er 📴	ïrm's name ► Mullins PC		Firm's EIN ► 47-43	306215					
Use		⊢	irm's address ► 7625 Wisconsin Avenue		Phone 77 (202) 77	0 6271					
		,	IIII 3 GUGICOS F 7023 WISCOTISTI AVEITUE		Phone no. (202) 77	U-03/1					

Bethesda, MD 20814

May the IRS discuss this return with the preparer shown above? (see instructions) .

☑ Yes ☐ No

Form	990 (2019)				Page <b>2</b>
Pa	rt III Statement	of Program Service Acc	complishments		
	Check if Sche	edule O contains a response o	note to any line in this Part III		🗆
1		organization's mission:	<u> </u>		
Uniti	ng and celebrating the	e success of inspired, independ	dent packaging companies.		
2	Did the organization				
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Schedule	0.		
3	Did the organization				
	services?	🗌 Yes 🗹 No			
	If "Yes," describe the	ese changes on Schedule O.			
4	Section 501(c)(3) ar		required to report the amount of	largest program services, as meast of grants and allocations to others, t	
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d	Other program servi	ices (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4e	Total program ser	vice expenses ▶			
					Form <b>990</b> (2019)

Pai	rt IV	Checklist of Required Schedules			
		•		Yes	No
1		e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete dule A	1		No
2	Is the	e organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3		ne organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates ublic office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Secti</b> election	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) on in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, sments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	Yes	
6	to pro	ne organization maintain any donor advised funds or any similar funds or accounts for which donors have the right ovide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete dule D,</i> Part	6		No
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		No
8		ne organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," lete Schedule D, Part III	8		No
9	for an	ne organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian mounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation cas? If "Yes," complete Schedule D, Part IV	9		No
10		ne organization, directly or through a related organization, hold assets in temporarily restricted endowments, anent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, as applicable.			
а		ne organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete dule D,</i> Part VI.	11a	Yes	
b		ne organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total s reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	total a	ne organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	in Par	ne organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported at X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did th	ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did th	ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
	Sched	ne organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete dule D, Parts XI and XII</i>	12a	Yes	
	If "Ye	the organization included in consolidated, independent audited financial statements for the tax year?  Is," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the	e organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did th	ne organization maintain an office, employees, or agents outside of the United States?	14a		No
b	busin	ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ess, investment, and program service activities outside the United States, or aggregate foreign investments d at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15		ne organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any in organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16		ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	colum	ne organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, nn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	lines	ne organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19		ne organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>	19		No

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Νo

20a

20b

21

Yes

orm	990 (2019)			Page 4	
Par	Checklist of Required Schedules (continued)				
			Yes	No	
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		No	
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? <i>If "Yes," complete Schedule J</i>	23	Yes		
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		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	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	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? <i>If "Yes," complete Schedule L, Part I</i>	25b			
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III				
8	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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		N <sub>a</sub>	
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No	
3	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		No	
4	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		No	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line $2$	35b			
6	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36			
7	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		No	
8	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	Yes		
Pai	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	. ;			
			Yes	No	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23				
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			I	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

**1**c

	Statements Bernding Other IDC Filings and Top Compliance (sections)			Page 5		
	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
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	Yes			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No		
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		N.a.		
ъа b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No		
		5b				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	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		No		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
	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 and services provided to the payor?					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year					
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				
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
Б	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "In 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	·	onse to	lines <b>V</b>
Se	ection A. Governing Body and Management		• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	7		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	7		
2	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		No
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?	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	<u>.</u>		
	members of the governing body?	7a 7b	Yes Yes	
_	persons other than the governing body?		163	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written winsdeblower policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	163	
_	The organization's CEO, Executive Director, or top management official	15a	Yes	
		$\vdash$		
D	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		No
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		
	List the states with which a copy of this Form 990 is required to be filed			
17				
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  The Organization PO Box 25708 Alexandria, VA 22313 (877) 836-2422		OO	• /==:

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 nor any related organization and any related organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee)</li> <li>Position (do not check more than one box, unless person is both an officer and a director/trustee)</li> <li>Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line)</li> </ul>	Form 990 (2019)											Page <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's tax
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, or 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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no												
■ 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. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of ot compensation from the organization related	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '		ted
	See Additional Data Table											

Part VII

3650 W Market St York, PA 17404 Working Well,

PO Box 578097 Modesto, CA 95357 Packaging School,

3620 Pelham Road Greenville, SC 29615

compensation from the organization ▶ 3

112,973

103,298

Form **990** (2019)

Consulting

Consulting

		,	,,		, ,	,						(		
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	ne bo oth a	(C) n (do not check more ne box, unless person that an officer and a irector/trustee)  (D) Reportable compensation from the organization organization  (E) Reportable compensatio organization organization			compensation from the						
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		!/1099- ISC)	(W-2/1099- MISC)		organizat relat organiza	ed
See	Additional Data Table													
												$\top$		
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												+		
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												_		
												$\perp$		
	Sub-Total	 art VII, Section	 A				<b>▶</b>  -							
	Total (add lines 1b and 1c)	•					▶		+	668,936		0		160,904
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eived mo	re than \$1	00,000			
	or reportable compensation from the	organization P											Yes	No
3	Did the organization list any <b>former</b>	officer, director	or trust	ee, ke	ey e	mplo	oyee, c	r hi	ghest cor	mpensated	employee on		res	NO
	line 1a? If "Yes," complete Schedule			·	•	•			· .	·	• •	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a receiservices rendered to the organization									tion or indi	vidual for	5	163	No
Se	ection B. Independent Contract	ors											•	
1	Complete this table for your five high from the organization. Report compe											mpens	sation	
		(A) and business addre		,							(B)		(C Comper	
	Group, W Market St	babiness addre								Editorial	.p.nom or oct vices		Compe	191,009
2020	W Marker St													

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

orm 9 Part		(2019) Statement	of F	Revenue						Page <b>9</b>
		Check if Scheo	dule	O contains a	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a	Federated campa	aigns	s	<b>1</b> a		I	revenue		512 - 514
ants	Ŀ	<b>b</b> Membership due	s.	· į	<b>1</b> b					
, Gr.	(	c Fundraising ever	nts .	[	1c					
ifts, ar A		d Related organiza		ļ	1d					
is, G imil		Government grants	•	, l	1e					
tion er S	"	<ul> <li>All other contribution</li> <li>and similar amount</li> <li>above</li> </ul>	s not	included	<b>1</b> f					
ribu Office	ç	Noncash contribution	ns in	cluded in						
Contributions, Gifts, Grants and Other Similar Amounts	١,	h Total. Add lines	1 = - 1	f	<b>1</b> g					
O e		II Total. Add lilles	Ia-I		•	Business Code				
	2a	ConventionsExhibitor	าร			900099	817,052	817,052		
ще						900099	1,608,191	1,608,191		
ever	b	Membership Dues				900099	1,000,131	1,000,131		
se R	С	Training Programs				900099	445,530	445,530		
er vi	d	Advertising				900099	305,662		305,662	
Program Service Revenue		Desired Astron				300033				
rogra	е	Regional Activity				900099				
₫.	f	All other program	serv	rice revenue						
	g	Total. Add lines 2	2a-2	f	. •	3,176,435	I	l		
		Investment income		luding divid		nterest, and other		7		106,367
		Income from invest								,
	<b>5</b> F	Royalties				•	•			
				(i) Rea	al	(ii) Personal	_			
		Gross rents	6a		34,973	3				
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c		34,973					
		Net rental income			34,973			34,973		
				(i) Secur	ities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	t	645,327	7				
	b	Less: cost or other basis and sales expenses	7b	· ·	653,673	68	37			
	c	Gain or (loss)	7c		-8,346	-68	<b>_</b>			
		Net gain or (loss) Gross income from fu		ising events		· · · •	-9,033	3		-9,033
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	d on	of	8a					
r Re	b	Less: direct expen	ses		8b					
the	С	Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨				
		Gross income from See <b>Part</b> IV, line 19	•		9a					
		Less: direct expen Net income or (los			9b activit	ies •				
		Gross sales of investigation in a graph of the returns and allowant of good bearings and the return of good in	ances	s	10a 10b	13,400	0			
		Net income or (los	ss) fr	om sales of	invent	ory ►	13,400	13,400		
	- 1 1	Miscellaneo	us R	evenue		Business Code 90009	11 17	11 171		
	11	<b>a</b> Other				90009	9 11,17:	1 11,171		
	b	)								
	C									
	d	All other revenue								
	е	Total. Add lines 1	1a-:	11d		•	11,171	1		
	12	Total revenue. S	ee ir	nstructions			3,333,313		305,662	97,334
							2,303,310	_,,		Form <b>990</b> (2019)

	Chatemant of Franchismal Franchisma				rage 10
P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,851			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign 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	668,936			
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	Other salaries and wages	386,956			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	57,275			
9	Other employee benefits	114,512			
	Payroll taxes	72,828			
	Fees for services (non-employees):				
	Management				
	Degal	61,663			
	Accounting	61,865			
	-	01,003			
	Lobbying				
	Professional fundraising services. See Part IV, line 17	20.276			
	Investment management fees	30,376			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	231,660			
12	Advertising and promotion	57,961			
13	Office expenses	213,693			
14	Information technology	35,916			
15	Royalties				
16	Occupancy	91,069			
17	Travel	102,580			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,032,475			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,129			
23	Insurance	8,204			
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 Dues and Subscriptions	37,326	37,326		
	<b>b</b> Membership	66	66		
	c BoxScore Advertising	44,049	44,049		
	<b>d</b> Other	21,452	21,452		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,422,842	0	0	0
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).				

Cash-non-interest-bearing .

Intangible assets . . . . .

Deferred revenue . . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . . .

Grants payable .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2019)

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32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

Check if Schedule O contains a response or note to any line in this Part IX .		 🗆
	(A) Beginning of year	( <b>B)</b> End of year

Page **11** 

770,977

157,337

88,288

5,567,302

1.336.355

188,100

270,102

1.882.845

3,682,491

3,684,457

5,567,302

Form 990 (2019)

1,966

498,454 **1** 

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22 23

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30

31

32

33

113,408

90,353

5,304,368

1.153.202

244,992

1.488.547

3,799,711

3,815,821

5,304,368

16,110

2	Savings and temporary cash investments	395,176	2	368,557
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	75,149	4	50,360
5	Loans and other payables to any current or former officer, director, trustee,			

key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

7 Notes and loans receivable, net . . . . 8 Inventories for sale or use . . . .

Assets Prepaid expenses and deferred charges . 153,534 9 158,026 10a Land, buildings, and equipment: cost or other 10a 1.285,674 basis. Complete Part VI of Schedule D 10b 823,093 486,505 10c 462,581 b Less: accumulated depreciation

11 Investments—publicly traded securities . 3,582,142 11 3,599,464 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11

Form	990 (2019)				Page <b>12</b>
Pa	Reconcilliation 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			,333,313
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,422,842
3	Revenue less expenses. Subtract line 2 from line 1	3			-89,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,815,821
5	Net unrealized gains (losses) on investments	5			-41,835
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	,684,457
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\checkmark$
				Yes	No
1	Accounting method used to prepare the Form 990:				_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	ı
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

#### Additional Data

Software ID:

**Software Version: EIN:** 36-2812376

Name: Association of Independent Corrugated Converters

Form 990 (2019)

Form 990 Part III Line

Form 990, Part III, Line 4a:

Training and education - enhancement of market position of its independent members through corrugated, folding carton and rigid box training programs designed to improve plant productivity and profitability.

#### Form 990, Part III, Line 4b: Local and regional meetings - meetings offering an opportunity for independents and their suppliers to learn from industry experts and peers within their own region.

Form 990, Part III, Line 4c: National meetings - semiannual meetings to discuss and bring together hundreds of independents and their suppliers throughout north America and the world for workshops, general sessions, and informative seminars.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related		a dir	ecto	r/tr	ustee)	)	organization	organizations	from the		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Jay Carman	5.00											
		X		Х				0	0	0		
Chairman	0.00											
G Marino	5.00											
		Х		Х				0	0	0		
First Vice Chairman	0.00											
Jana Harris	5.00											
		Х		Х				0	0	0		
Vice Chairman	0.00											
M Davis	5.00											

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Vice Chairman	
M Davis	
Vice Chairman	
G Brewer	ĺ

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Vice Chairman

Joseph Palmeri

Greg Tucker

Jerry Frisch

Terri-Lynn Leves

David DeLine

Immediate Past Chairman

Advisor to the Chairman

Advisor to the Chairman

Regional Director - Canada

Regional Director - West

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organizations from the any hours organization

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Regional Director - Overseas

Regional Director - Northeast

Advisor Chairman Associate

Chairmens CouncilAdvisor

......

Stuart Fenkel

A Steven Young

Michael DAngelo

President

P Szany

Al Hoodwin

Ambassador-At-Large

any nours	and	a dir	ecto	or/tr	ustee,	)	organization	organizations	Trom the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
	Х						0	0	0
	Х						0	0	0
0.00	Х						0	0	0
	for related organizations below dotted line)  2.00  0.00  2.00  0.00  2.00	for related organizations below dotted line)  2.00 2.00 2.00 2.00 2.00 X 0.00 2.00 X 0.00 2.00 X	for related organizations below dotted line)  2.00 2.00 2.00 2.00 X 0.00 2.00 X 0.00 X 0.00 X 0.00 X 0.00 X 0.00	for related organizations below dotted line)  2.00 2.00 2.00 2.00 2.00 X 0.00 2.00 X 0.00 2.00 X 0.00	for related organizations below dotted line)    Institutional Trustee   Institutional Trustee   X   X   X   X   X   X   X   X   X	for related organizations below dotted line)    Continue	for related organizations below dotted line)    Institutional Trustee   Compensated	for related organizations below dotted line)  Individual trustee  Cofficer  Cofficer  Cofficer  Cofficer  Cofficer  Cofficer  X  Compensated  Cofficer  X  Compensated  Cofficer  Cofficer	The formulation   Formulation   Companies   Formulation   Formulation

Regional Director - Southeast	0.00						Ĺ
C Shaw	2.00						
		X			0	0	ĺ
Regional Director - Midwest	0.00						
Mike Schaefer	2.00						Γ
		X			0	o	ı
Regional Director - Great Lak	0.00						
Kim Nelson	2.00						Γ

0.00 2.00

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181,762

239,327

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0

26,940

49,701

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Director at Large

Director at Large

Director at Large

David Burgess

Secretary Associates

Vice Chairman Associates

Immediate Past Chair Assocs

K Ausburn

N Walz

J Morelli

G Jones

	week (list any hours					office ustee)		from the organization	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
D Goch SecretaryGeneral Counsel	2.00	Х		х				0	0	0	
P Vishny Counsel Emeritus	2.00	Х						0	0	0	
P Aguirre Regional Director - Mexico	0.00	Х						0	0	0	

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Counsel Emeritus	0.00						
P Aguirre	2.00	v				0	
Regional Director - Mexico	0.00	^				0	
F MacDonald	2.00	V					
Director at Large	0.00	^				0	
Guy Ockerlund	2.00						
		Y	l	l	l	l n	

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and Independent Contractors (A) Name and Title

R Annis

Maria Frustaci

Tarvn Pvle

Administrator AICC Canada

Executive Director AICC Mexi

Director of Training Educati

Average hours per week (list any hours for related organization below dotted line)
2.0
0.0
40.0
0.0
40.0

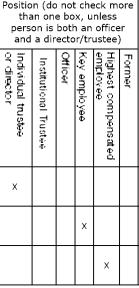
(B)

0.00

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutiona

(C)



П	compensation from the organization (W- 2/1099- MISC)
	95,21
	152,62

(D)

Reportable

sation the ation 099- C)	compensation from related organizations (W- 2/1099- MISC)
0	
95,218	
152,629	

organizations (W- 2/1099- MISC)		
	0	
	0	

(E)

Reportable

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

58,449

25,814

Χ

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

EZ)

2

5

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**DLN: 93493307016760**OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

For instructions and the latest information.

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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Association of Independent Corrugated Converters 36-2812376 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Return Reference

or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
ctiv	, , , , , , , , , , , , , , , , , , , ,	Yes	No	/	Amoun	t
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
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			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	r sect	ion		
	501(c)(6).				Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	163	N
_	• • •					N
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		 			
	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 expenditures from the prior year?			2	01(c)	١
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  tiii-B  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	(5), c	r sect	2 3 ion 5	501(c)	١
3 Par	Did the organization agree to carry over lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	r sect	2 3 ion 5	501(c)	١
3 Par 1	Did the organization agree to carry over lobbying and political expenditures from the prior year?  tiii-B  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), c III-A	r sect	2 3 ion 5	501(c)	١
3 Par 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members.  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), c III-A	r sect	2 3 ion 5	5 <b>01(</b> c)	١
3 Par 1 2	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), c III-A 1 2a 2b	r sect	2 3 ion 5	501(c)	١
Par 1 2 a b	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	(5), c III-A 1 2a 2b 2c	r sect	2 3 ion 5	501(c)	١
3 2a 1 2 a b c	Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), c III-A 1 2a 2b	r sect	2 3 ion 5	501(c)	١
3 Pal 1 2 a b c	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  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	1 2a 2b 2c 3	r sect	2 3 ion 5	501(c)	١
3 Par 1 2 a b c 3 4	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), c III-A 1 2a 2b 2c	r sect	2 3 ion 5	501(c)	١
1 2 a b c 3 4	Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  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?	(5), c III-A 2a 2b 2c 3	r sect	2 3 ion 5	501(c)	١

Explanation

**SCHEDULE D** 

DLN: 93493307016760

OMB No. 1545-0047

2019

### **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

Interi	nal Revenue Service	<u>1990</u> for instructions and the latest infor	mation. Inspection
	me of the organization ociation of Independent Corrugated Converters		Employer identification number
Đ	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	36-2812376
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements.	all an Faura 200 Part IV line 7	
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ		
-			bistories III disconnection bis disconn
	Preservation of land for public use (e.g., recreation		historically important land area
	☐ Protection of natural habitat	☐ Preservation of a co	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	L	2b
c	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservation	n easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,  Yes No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and
Pa	the organization's accounting for conservation easement III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Ye		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	•	<b>▶</b> \$
b			

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Histor	rical T	reası	ıres, o	r Othe	r Similar As	ssets (cont	inued)
3	Usir item	ng the organization's acqu ns (check all that apply):	uisition, accessio	n, and other r	ecords, check	any of	the fo	llowing	that are	a significant ι	use of its col	lection
а		Public exhibition			d		Loan	or exch	ange pro	ograms		
b		Scholarly research			е		Othe	r				
С		Preservation for future	generations									
4		vide a description of the c	organization's col	lections and e	xplain how th	ney furt	her the	e organi	zation's	exempt purpo	se in	
5		ing the year, did the orga ets to be sold to raise fun									☐ Yes	□ No
Pai	rt IV	Escrow and Custo Complete if the org X, line 21.			on Form 99	0, Part	: IV, li	ine 9, o	r repor	ted an amou	unt on Forr	n 990, Part
1a		ne organization an agent, uded on Form 990, Part X									☐ Yes	□ No
b	If "\	res," explain the arrange	ment in Part XIII	and complete	e the followin	g table:				А	mount	
c	Beg	inning balance							1c			
d	Add	itions during the year							<b>1</b> d			
е	Dist	ributions during the year							1e			
f	End	ing balance							1f			
2a	Did	the organization include	an amount on Fo	rm 990, Part	X, line 21, fo	r escrov	v or cu	ıstodial a	account	liability?	☐ Yes	□ No
b		es," explain the arranger										
	rt V	Endowment Fund		· check here i	. one explains			provide			_	
		Complete if the ord										
4_	Di			(a) Current	year (b)	Prior yea	ar	<b>(c)</b> Two y	years bac	(d) Three ye	ars back (e)	Four years back
	_	ning of year balance .										
		ibutions										
		nvestment earnings, gain	•									
		s or scholarships										
	and p	expenditures for facilitie										
		nistrative expenses .										
g		of year balance										
2		vide the estimated percer	-	ent year end b	alance (line :	1g, colu	mn (a	)) held a	as:			
а		rd designated or quasi-er										
b	Perr	manent endowment 🟲										
C		porarily restricted endow	***************************************									
<b>-</b>		percentages on lines 2a,	· ·	•		_ 6 1-	-14	d - do-to-	taka anala			
3а		there endowment funds anization by:	not in the posses	sion of the or	ganization th	at are r	ieid an	ia aamin	iisterea i	or the		Yes No
	(i)	unrelated organizations									3a(i)	
	(ii)	related organizations .									3a(ii)	
b		res" on 3a(ii), are the rela	=		-		l? .				3b	
4		cribe in Part XIII the inte			s endowment	funds.						
Pa	rt VI	Land, Buildings, a Complete if the ord			on Form OO	0 Bar	· T\/  :	ina 11-	S00 F	orm 000 Po	rt V lino 1	0
	Desc	ription of property	(a) Cost or oth (investme	ner basis (	(b) Cost or other					depreciation		ook value
_	1 - 1						02 200					202.202
	Land	- H					83,300	-		FF0 246		283,300
		ings				7	22,197			559,346		162,851
c	Lease	ehold improvements					11 267			0F 210		15.057

168,910

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

168,437

473

462,581

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990, F	Dart TV !!	ne 114	See Form 000	Part Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	ile III	(c) Metho	d of valuation: -year market value
(1) Financia	l derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(G) (H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F		ne 110		Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets.	. 77 ( ):			
	Complete if the organization answered 'Yes' on Form 990, P  (a) Description	art IV, III	1e 11a	. See Form 990, Pa	(b) Book value
(1)Sec 457 (2)Deposit	Plan				156,373 964
(3)					304
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	omn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, P	 art IV. lir	 ne 11e	or 11f.See Form	990. Part X. line 25.
1.	(a) Description of liability		110		(b) Book value
(1) Federal (4)	income taxes				
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)	- 5 - 11		<b>.</b>	270,102
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check l				

2e -41,835 e Subtract line **2e** from line **1** . . . . . . . . 3 3 3,302,937 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 30,376

4b b Add lines **4a** and **4b** . . . . . . . . 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a 2b Prior year adjustments . . . . .

2c

2d

Other (Describe in Part XIII.) . . . Add lines 2a through 2d .

C d е Subtract line 2e from line 1 . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 Investment expenses not included on Form 990, Part VIII, line 7b . . .

4

b

Schedule D (Form 990) 2019

1

2

5

Return Reference

See Additional Data Table

Add lines **4a** and **4b** . . . . . . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4a

4b

Explanation

4c

30.376

2e

3

5

Page 4

3,261,102

30,376

3,333,313

3,392,466

3,392,466

30,376

3.422.842

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### **Additional Data**

#### Software ID:

Software Version:

**EIN:** 36-2812376

Name: Association of Independent Corrugated Converters

**Supplemental Information** 

Supplemental Information	
Return Reference	Explanation
Footnote for uncertain tax position under FIN 48 (Part X)	The accounting standard on accounting for uncertainty in income taxes addresses the determ ination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, AICC may recognize the tax be nefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of AICC and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There were no unrecognized tax benefits identified or recorded as liabilities for the year then ended.AICCs policy would be to recognize interest and penalties, if any, on tax positions related toits unrecognized tax benefits in income tax expense in the financial statements. No interest and penalties were assessed or recorded during the fiscal year then ended.AICCs Forms 990, Return of Organization Exempt from Income Tax, a re subject to examination by the Internal Revenue Service, generally for three years after they were filed.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 934933070	16760
Note: To capture the full c	ontent of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	en printing.				
Schedule I (Form 990)	4		nts and Other Assistance to Organizations,						
Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Pattach to Form 990.  Attach to Form 990.  Go to www.irs.qov/Form990 for the latest information.								2019 Open to Public Inspection	
Name of the organization Association of Independent Corru	gated Converters						Employer identific	ation number	
Part I General Inform	ation on Grants	and Assistance					36-2812376		
	to award the grants anization's procedur Assistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.			m 990, Part IV, line	✓ Yes 21, for any recip	□ <b>No</b>
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose of or assistance	grant
(1) International Corrugated Packaging 113 South West St Alexandria, VA 22314	54-1366696	501c3	28,495						
(2) American Forest & Paper Association 1101 K St NW Washington, DC 20005	52-1802251	501c3	20,856						
2 Enter total number of secti	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				•		
3 Enter total number of othe	r organizations listed	in the line 1 table	<u> </u>	<u> </u>			<b>&gt;</b>		
For Panerwork Reduction Act Notic	e see the Instruction	s for Form 990		Cat No. 50055	5P		Sch	edule I (Form 990	) 2019

Schedule I (Form 990) 2019  Part III  Grants and Other Assistance to Part III can be duplicated if additional and the second sec		anization answered "Ye	s" on For	m 990, Part IV, line 22.	Page <b>2</b>
(a) Type of grant or assistance	<b>(b)</b> Number of recipients			(e) Method of valuation FMV, appraisal, other	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Schedule I (Form 990) 2019

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**Return Reference** 

Explanation

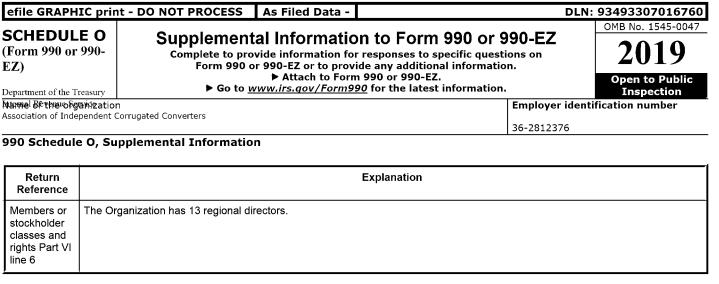
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	nedule J	С	ompensat	ion Information	О	MB No.	1545-(	0047
(Fori	m 990)	For certain Offic		2019				
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for	n to Form 990. r instructions and the latest infor	mation.	Open i	to Pul ectio	
	ne of the organiz	Iation			Employer identifica			
Asso	ociation of Independ	ent Corrugated Converters			36-2812376			
Pa	rt I Questi	ons Regarding Compens	ation		[			
	<del>-</del>						Yes	No
1a				f the following to or for a person liste ny relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
	_	nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	rreur, cher)			
b				follow a written policy regarding payove? If "No," complete Part III to exp		1b		
2				or allowing expenses incurred by all	1-2	2		
	directors, truste	es, officers, including the CEO/	executive Directo	or, regarding the items checked on Li	ne lar			
3	organization's C	EO/Executive Director. Check a	all that apply. Do	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations		Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-co	ntrol payment? .			4a		No
b		• • •		lified retirement plan?		4b		No
c		. ,	,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5	For persons liste			the organization pay or accrue any				
а		n?				5a		
b		anization?				5b		
6		ed on Form 990, Part VII, Secti ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b	, -					6b		
	· ·	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe art III		7		
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		
9				presumption procedure described in		9		
For I	Danerwork Pedi	iction Act Notice, see the In	structions for Fo	orm 990 Cat No	50053T Schedule	1 /Form	990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
1 A Steven Young Ambassador-At-Large	(i)	125,000	50,000	6,762	14,615	12,325	208,702	
2 Taryn Pyle Director of Training	(ii) (i)	107,142	678	44,809	13,628	12,186	178,443	
Education	(ii)							
<b>3</b> Michael DAngelo President	(i)	210,000	20,000	9,327	23,585	26,116	289,028	
4 Maria Frustaci Executive Director AICC	(ii) (i)	94,127	742	349	22,800	35,649	153,667	
Mexico	(ii)							





990 Schedule O, Supplemental Information

Return Explanation

Reference

Member	Members of the board of directors are elected by membership at annual meeting in accordance with the Organizations by laws.
election for	
additional	
members	
Part VI line	
l <del></del> -	

Return Explanation
Reference

Governing body decisions Part VI line 7b.

Return Explanation
Reference

Form 990	The executive committee is e-mailed a copy of the preliminary draft form 990 and a 10-day window is provided for negative
governing	confirmation.
body review	
Part VI line	
11	

Return Reference	Explanation
Conflict of interest policy compliance Part VI line 12c	The Organization maintains open communication between directors and employees, furthermore , officers, directors, and key employees are made aware of new business relationships as t hey are contracted when potential conflicts are discovered, top management assesses the si tuation if a conflict exists, the person with a conflict is prohibited from participating in the governing bodys deliberations and decisions in the transactions.

Return Reference	Explanation
CEO executive director top	The Organizations executive committee reviews compensation for top management officers, ut ilizing comparable industry and Organizational data the deliberations and decisions are do cumented in the committee meetings minutes.
management	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other officer or key employee	The Organization uses the budgeting process to approce the compensation of other employees . This includes comparable industry and Organizational data. The deliberations and decisio ns are documented in the committee meetings minutes.
compensation Part VI line 15b	

Return Reference	Explanation
Governing documents etc available to public Part VI line 19	The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Audited by an independent accountant Part XII line 2b	The Organization did not change either its oversight process or selection process during the tax year.