Form 990

Department of the Treasury

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

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

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

OMB No 1545-0047

2018

Open to Public

|            |                         |             | ue Service     | GO to www.ms.govir ormsso for instructions and the lates  |                    |                        | 00                                    |
|------------|-------------------------|-------------|----------------|---|--------------------|------------------------|---------------------------------------|
|            |                         |             |                | ndar year, or tax year beginning January 1 , 2018, and end C Name of organization Container Royalty Central Collection Fund | ding De            | cember 31              | , 20 18                               |
|            | В                       | Check If    | D Employe      | er identification number  |                    |                        |                                       |
|            |                         | Address     | change         |   |                    | 46 2758874             |                                       |
|            |                         | Name ch     | nange          | Number and street (or P O box if mail is not delivered to street address) Room  | /suite             | E Telephon             | e number                              |
|            |                         | Instial ret | urn            |   | uite 350NA         |                        | (732) 404-3122                        |
|            |                         | Final retu  | rn/terminated  | City or town, state or province, country, and ZIP or foreign postal code  |                    |                        |                                       |
|            |                         | Amende      | d return       | Lyndhurst, NJ 07071   |                    | <b>G</b> Gross re      | ceipts \$ 2,642,240                   |
|            |                         | Applicat    | ion pending    | F Name and address of principal officer Ms. Anissa Frucci   | H(a) Is th         | s a group return for s | ubordinates? 🗌 Yes 🗹 No               |
|            |                         |             |                | 125 Chubb Avenue, Suite 350NA, Lyndhurst NJ 07071   | <b>)</b> H(b) Are  | e all subordinates     | ıncluded? 🗌 Yes 🔲 No                  |
|            | ı                       | Tax-exe     | mpt status     | ☐ 501(c)(3)   |                    | if "No," attach a      | list (see instructions)               |
|            | J                       | Website     | : ▶            | oup exemption   | number <b>&gt;</b> |                        |                                       |
|            | K                       | Form of     | organization   | Corporation ✓ Trust Association Other ► L Year of form  | nation 20          | )13 M State            | of legal domicile NJ                  |
|            | P                       | art I       | Summ           | ary   |                    |                        |                                       |
|            |                         | 1           | Briefly de     | escribe the organization's mission or most significant activities. The  | organizatio        | n was formed           | to collect all                        |
|            | e                       |             | assessm        | ents payable to the fund in accordance with the Master Contract between   | Vie Interna        | tonal Longsh           | oremen's Association                  |
|            | Jan                     |             | AFL-CIO        | and the United States Maritime Alliance, Ltd.   | CEIVE              | :U 1                   |                                       |
|            | /err                    | 2           | Check th       | is box ▶ ☐ if the organization discontinued its operations of dispose   | d of more t        | han 25% of I           | ts net assets.                        |
|            | ő                       | 3           | Number         | of voting members of the governing body (Part VI, line 1a) 👸 . MA'  | Y 2.2 ·20          | 10.                    | 2                                     |
|            | قه                      | 4           | Number         | oi independent voting members of the doverning body trait wi, line it   | b) ~ ~ .20.        |                        | 2                                     |
|            | ties                    | 5           | Total nur      | nber of individuals employed in calendar year 2018 (Part V, line  | 77-81              | \ <del>2</del> }       | 3                                     |
|            | Activities & Governance | 6           | Total nur      | nber of volunteers (estimate if necessary)  | たN: t              | JT   B                 | 0                                     |
|            | Ac                      | 7a          | Total unr      | elated business revenue from Part VIII, column (C), line 12   | -                  | ± Ja                   | 0                                     |
|            |                         | b           | Net unre       | ated business taxable income from Form 990-T, line 38 .   |                    | . 7b                   | 0                                     |
|            |                         |             |                |   | Prio               | r Year                 | Current Year                          |
|            | a                       | 8           | Contribu       | tions and grants (Part VIII, line 1h)   |                    |                        |                                       |
|            | Revenue                 | 9           | Program        | service revenue (Part VIII, line 2g)  |                    | 3,416,157              | 2,642,240                             |
|            | ě                       | 10          | Investme       | nt income (Part VIII, column (A), lines 3, 4, and 7d) .   |                    | 0                      | 0                                     |
| 9          | ш                       | 11          | Other rev      | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                    | 0                      | 0                                     |
| 2019       |                         | 12          |                | enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                    | 3,416,157              | 2,642,240                             |
| -          |                         | 13          | Grants a       | nd similar amounts paid (Part IX, column (A), lines 1-3)  |                    |                        |                                       |
| 0          |                         | 14          |                | paid to or for members (Part IX, column (A), line 4)  |                    |                        |                                       |
|            |                         | 15          | Salaries,      | other compensation, employee benefits (Part IX, column (A), lines 5-10)   |                    | 1,004,989              | 1,028,939                             |
| CANNED AUG | Expenses                | 16a         | Profession     | onal fundraising fees (Part IX, column (A), line 11e)   |                    |                        | · · · · · · · · · · · · · · · · · · · |
| 4          | χbe                     | b           | Total fun      | draising expenses (Part IX, column (D), line 25) ▶  |                    |                        |                                       |
|            | Ш                       | 17          |                | penses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                    | 1,832,631              | 1,586,956                             |
| Z          |                         | 18          | Total exp      | enses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                    | 2,837,620              | 2,615,895                             |
| Z          |                         | 19          | Revenue        | less expenses. Subtract line 18 from line 12  |                    | 578,537                | 26,345                                |
| S          | ets or<br>ances         |             |                |   | Beginning o        | f Current Year         | End of Year                           |
| Š          | Assets<br>Balan         | 20          | Total ass      | ets (Part X, line 16)   |                    | 240,648,548            | 301,774,332                           |
|            | nd B                    | 21          |                | ulities (Part X, line 26)   |                    | 240,457,080            | 301,556,519                           |
|            | žē                      | 22          |                | ts or fund balances Subtract line 21 from line 20   |                    | 191,468                | 217,813                               |
|            |                         | art II      |                | ture Block  |                    |                        |                                       |
|            | Un                      | der pena    | Ities of perju | ry, lydeclare that I have examined this return, including accompanying schedules and sta                                    | atements, and      | to the best of m       | ly knowledge and belief, it is        |
|            | tru                     | e, correc   | t, and comp    | ete Declaration of preparer (other than officer) is based on all information of which prepare                               | arer nas any ki    | lowledge               |                                       |
|            |                         |             |                | NWM pu  |                    | 5/14                   | 1/17                                  |
|            | Sig                     |             | Sign           | ature of officer  |                    | Date                   |                                       |
|            | He                      | re          |                | MILDIA Procei traffee   |                    |                        |                                       |
|            |                         |             | <u> </u>       | or print name and title   |                    | <del></del>            | DTIN                                  |
|            | Pa                      | id          | Print/Ty       | pe preparer's name Preparer's signature   | Date               | Check [                |                                       |
|            |                         | epare       | r              |   | · · ·              | self-emp               | loyed                                 |
|            |                         | e Onl       |                | ame   |                    | Firm's EIN ▶           |                                       |
|            |                         |             | Firm's a       | ddress ▶  |                    | Phone no               |                                       |
|            | Ma                      | y the IF    | RS discus      | s this return with the preparer shown above? (see instructions)   | •                  |                        | Yes No                                |
|            | For                     | Panery      | vork Redu      | ction Act Notice, see the separate instructions. Cat  | t No 11282Y        |                        | Form <b>990</b> (2018)                |

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y

|        | 0 (2018)  | ·          | Page 2 |
|--------|---|------------|--------|
| Part-l |   |            | [7]    |
| 1      | Check if Schedule O contains a response or note to any line in this Part III  | <u> </u>   | . 🗸    |
| '      | In accordance with the Master Contract the fund collects the contributions made by management and distributes the   | e appropri | ate    |
|        | amounts to a number of seperate joint labor management funds which provide collectively bargained employee ben  |            |        |
|        |   |            |        |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the  |            |        |
| 2      | prior Form 990 or 990-EZ?   | □Yes       | □No    |
|        | If "Yes," describe these new services on Schedule O.  |            | _      |
|        | Did the organization cease conducting, or make significant changes in how it conducts, any program  |            | •      |
|        | services?   | ☐ Yes      | ☐ No   |
|        | If "Yes," describe these changes on Schedule O  |            |        |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported. |            |        |
| 4a     | (Code) (Expenses \$ including grants of \$) (Revenue \$   |            | _)     |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   | <b></b>    |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            | ••••   |
|        |   |            |        |
|        |   |            |        |
| 4b     | (Code) (Expenses \$ including grants of \$) (Revenue \$   |            | _)     |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   | •          |        |
|        |   |            |        |
| 4c     | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$  |            | )      |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   |            |        |
|        |   | <b>-</b>   |        |
|        |   |            |        |

) (Revenue \$

2,615,895

4d Other program services (Describe in Schedule O )
(Expenses \$ 2,615,895 including grants of \$
4e Total program service expenses ▶

(DJO

| Part      | Checklist of Required Schedules  |           |               |          |
|-----------|--|-----------|---------------|----------|
|           |  |           | Yes           | No       |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1         |               | 1        |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2         |               | <b>✓</b> |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3         |               | <b>✓</b> |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4         |               | a        |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5         | <b>√</b>      |          |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6         |               | <b>√</b> |
| 7         | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7         |               | ✓        |
| 8         | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8         |               | <b>√</b> |
| 9         | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>      | 9         |               | ✓        |
| 10        | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10        |               | ✓        |
| 11        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable  |           |               |          |
| а         | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  | 11a       | 1             |          |
| b         | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .  | 11b       |               | <b>√</b> |
| С         | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>  | 11c       |               | <b>✓</b> |
| d         | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d       |               | ✓        |
| е         | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e       | ✓             |          |
| f         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f       |               | ✓        |
| 12a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a       | ✓             |          |
| b         | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b       |               | <b>√</b> |
| 13<br>14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?  | 13<br>14a |               | <b>√</b> |
| b         | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b       |               | 1        |
| 15        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15        |               | <u> </u> |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16        |               | <u> </u> |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17        |               | <b>✓</b> |
| 18        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18        |               | <b>✓</b> |
| 19        | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 19        |               | <b>√</b> |
| 20 a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a       |               | √_       |
| b         | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b       | W             | M        |
| 21        | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.   | 21        |               | <b>✓</b> |
|           |  | Forr      | n <b>99</b> 0 | (2018)   |

| Part    | V 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         |              | ✓        |
| 23      | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J   | 23         | <b>√</b>     |          |
| 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        |              | 1        |
| b       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        | +/           | 1        |
| C       | 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        | <i>N</i>     | A<br>A   |
| d       | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        | , <u>/</u>   | 1-       |
| 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        | ν<br>ν       | A        |
| b       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        | N            | A        |
| 26      | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                  | 26         | _            | ✓        |
| 27      | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27         |              | <b>✓</b> |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).  |            |              |          |
| а       | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a        |              | ✓        |
|         | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b        |              | ✓        |
|         | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |              | <b>√</b> |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         | -            | <b>-</b> |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30<br>31   |              | <b>√</b> |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |              | <b>-</b> |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |              | ✓        |
| 33      | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  | 33         |              | ✓        |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | 34         |              | <b>√</b> |
| 35a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |              | <b>V</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        | N            | A        |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36         | <b>/</b> /   | A        |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |              | ✓        |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O   | 38         | 1            |          |
| Part    | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |            |              |          |
|         | Check it ochequie o contains a response of note to any line in this rait v   | ·¬         | Yes          | No       |
| 1a<br>b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .   |            |              |          |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and   | 1.         |              | ~        |
|         | reportable gaming (gambling) winnings to prize winners?  | 1c<br>Form | .∕V<br>n 990 | (2018)   |

| Part  | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |             |              |   |
|-------|---|-------------|--------------|---|
|       |   | ,           | Yes          | No  |
| 2a    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |             |              | 1   |
|       | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3  | <b></b>     |              |   |
| b     | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b          | <b>√</b>     | ļ   |
|       | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |             |              | لـــــــا                                       |
| За    | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a          |              | <b>√</b>  |
| 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          | ν,           | A   |
| 4a    | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |             |              | ١,  |
|       | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a          |              | V i   |
| b<br> | If "Yes," enter the name of the foreign country _>  |             | •            | ~   |
|       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | 5a          |              | <del></del>                                     |
| 5a    | 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? | 5b          |              | <u>'</u>  |
| b     | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c          | 1/           | À   |
| C     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | - 00        | Δ/           | <i>O</i>  |
| 6a    | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a          |              | /   |
| b     | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |             |              | <u> </u>  |
| Б     | gifts were not tax deductible?  | 6b          | r/           | A   |
| 7     | Organizations that may receive deductible contributions under section 170(c).   |             | <del>7</del> | 1   |
| а     | 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?   | 7a          | N            | A   |
| b     | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b          | <u> </u>     | 4   |
| С     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |             | ,            | Ĭ.  |
|       | required to file Form 8282?   | 7c          | X_           | #   |
| d     | If "Yes," indicate the number of Forms 8282 filed during the year   |             | <del></del>  |   |
| е     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e          | $\nu$        | 1   |
| f     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f          | W,           | A   |
| g     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g          | <b>v</b> /,  | /h  |
| h     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h 1        | μ.           | 7   |
| 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?                          | <del></del> | <u>~</u> /   | لستهر   |
| 9     | Sponsoring organizations maintaining donor advised funds.   | <u> </u>    | <i></i>      | V 1   |
| a     | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a          | 7            | <del>                                    </del> |
| b     | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b          | <u> </u>     | X   |
| 10    | Section 501(c)(7) organizations. Enter  |             | /            |   |
| а     | Initiation fees and capital contributions included on Part VIII, line 12 .   10a   MT   |             |              |   |
| b     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |             |              |   |
| 11    | Section 501(c)(12) organizations. Enter.  |             |              |   |
| а     | Gross income from members or shareholders   |             |              |   |
| b     | Gross income from other sources (Do not net amounts due or paid to other sources  |             |              |   |
|       | against amounts due or received from them )   |             | <del></del>  | ا <sub>ست</sub> ر–ا                             |
|       | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a         | $\sim$       | <i>KI</i> 1                                     |
|       | 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         | ~            | <u></u>   |
| а     | Note. See the instructions for additional information the organization must report on Schedule O  | 13a         | ~            | <i>/</i> /                                      |
| _     | Enter the amount of reserves the organization is required to maintain by the states in which  |             |              |   |
| b     | the organization is licensed to issue qualified health plans  13b   |             |              |   |
| С     | Enter the amount of reserves on hand  |             |              |   |
| 14a   | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a         | rl.          | A.  |
| b     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b         | 1            | #   |
| 15    | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |             | <b>, –</b>   | Γ~  |
|       | excess parachute payment(s) during the year?  | 15          |              |   |
|       | If "Yes," see instructions and file Form 4720, Schedule N   |             |              | لـــــــــــــــــــــــــــــــــــــ          |
| 16    | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16          |              | L   |
|       | If "Yes," complete Form 4720, Schedule O  |             |              |   |
|       |   | Forn        | ո 990        | (2018)  |

| Form 99  | 90 (2018)  |             |              | Page 0   |
|----------|--|-------------|--------------|--|
| Part.    |  |             |              |  |
|          | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S  | iee ins     | struct       | ions.  |
| Conti    | Check if Schedule O contains a response or note to any line in this Part VI  | <u>····</u> | •            | <u>. ⊻</u>                                       |
| Secu     | on 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 2   | 2           |              |  |
|          | If there are material differences in voting rights among members of the governing body, or   | 1           |              |  |
|          | 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 . 1b 2  | 4           |              |  |
| _ 2      | _Did_any officer, director,_trustee, or_key_employee have a family relationship or a business relationship with  |             |              | اا   |
|          | any other officer, director, trustee, or key employee?   | 2           |              | <b>✓</b>   |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |             |              | /  |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person? .   | 3           | <u> </u>     | <b>✓</b>   |
| 4<br>5   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? | 5           |              | <b>▼</b>   |
| 6        | Did the organization have members or stockholders?   | 6           |              | 1  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  | <del></del> | l            |  |
|          | one or more members of the governing body?   | 7a          |              | ✓  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |             | [            |  |
|          | stockholders, or persons other than the governing body?  | 7b          |              | <b>✓</b>   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |             |              |  |
|          | the year by the following:   | <u> </u>    | <del></del>  |  |
| a        | The governing body?  | 8a<br>8b    | <b>√</b>     | ļ  |
| ь<br>9   | Each committee with authority to act on behalf of the governing body?  | OD          | <b>-</b>     | 1  |
| 9        | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.   | 9           |              | 1  |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C        | ode.)        | )  |
|          |  |             | Yes          | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a         |              | ✓  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |             | 1/           | 2  |
|          | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         | <i>P</i> V , | <b>/</b> 7/                                      |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         |              | \ <u> </u>                                       |
| b<br>12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a         |              | <b>-</b>   |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         |              | 1  |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  |             |              | <del>                                     </del> |
| ·        | describe in Schedule O how this was done   | 12c         | ✓            |  |
| 13       | Did the organization have a written whistleblower policy?  | 13          |              | ✓  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14          |              | ✓_   |
| 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?  | 45-         |              |  |
| a        | The organization's CEO, Executive Director, or top management official   | 15a<br>15b  |              | <b>√</b>   |
| b        | Other officers or key employees of the organization  | 130         | -            | <b>V</b>   |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |             |              |  |
| iva      | with a taxable entity during the year?   | 16a         |              | <b>-</b>   |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |             |              |  |
| -        | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |             |              |  |
|          | organization's exempt status with respect to such arrangements?  | 16b         | M            | A  |
| Secti    | on C. Disclosure   |             |              |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶ None  |             |              |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7  | i (Sec      | tion 5       | 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)                                 |             |              |  |
| 10       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int   | orant       | nolici       | , and  |
| 19       | financial statements available to the public during the tax year   | ural        | POIIC        | , anu  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re-   | cords       | <b></b>      |  |
|          | Mr. Joseph Maying of CCC Service Corporation 125 Chulch Avenue Suite 350NR Lyndhurst N.L.07071   |             |              |  |

| -Part-VII- | Compensation of Officers, D | Directors, Trustees | s, Key Employees | , Highest Compensated | Employees, and |
|------------|-----------------------------|---------------------|------------------|-----------------------|----------------|
|            | Independent Contractors     |                     |                  |                       |                |

Check if Schedule O contains a response or note to any line in this Part VII . . .

**7** 

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box.5.of\_Form\_W-2.and/or\_Box.7-of-Form\_1099-MISC)-of-more-than-\$100,000-from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if neither the organization noi | r any relate                | d orga                         | anız                  | atio    | n c          | ompe                         | nsa      | ited any curren      | t officer, director              | r, or trustee  |
|--|-----------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------|----------------------------------|--|
|  |                             |                                |                       |         | <b>C)</b>    |                              |          |                      |                                  |  |
| (A)  | (B)                         | (do 2                          | ot ch                 |         | rtion        | than o                       | nne      | (D)                  | (E)                              | (F)  |
| Name and Title                                 | Average                     | ὸοx, ι                         | unles                 | s pe    | rson         | is both                      | an       | Reportable           | Reportable                       | Estimated  |
|  | hours per<br>week (list any |                                |                       | _       |              | or/trust                     | <u> </u> | compensation<br>from | compensation from related        | amount of<br>other   |
|  | hours for related           | Individual trustee or director | nstit                 | Officer | Key employee | mg dg                        | Former   | the organization     | organizations<br>(W-2/1099-MISC) | compensation<br>from the   |
|  | organizations               | ecto                           | L to                  | [ 역     | 藚            | est c<br>oyee                | <u>@</u> | (W-2/1099-MISC)      | (11 2, 1000 111100)              | organization   |
|  | below dotted<br>line)       | * E                            | )altr                 |         | oyee         | omp                          |          |                      |                                  | and related organizations  |
|  | ,                           | itee                           | Institutional trustee |         | "            | Highest compensated employee |          |                      |                                  | , and the second |
|  |                             |                                | e                     |         |              | ted                          |          |                      |                                  |  |
| (1) Charles W. Flynn                           | 40                          |                                |                       |         |              |                              |          |                      |                                  |  |
| President and Trustee                          |                             |                                |                       |         |              |                              |          | 403,107              |                                  |  |
| (2) Paul J. McCarthy                           | 40                          |                                |                       |         |              |                              |          |                      |                                  |  |
| Executive Vice President                       |                             |                                |                       |         | <u> </u>     |                              | _        | 275,850              |                                  |  |
| (3) Eileen Flannelly Mackell                   | 40                          |                                |                       |         |              |                              |          |                      |                                  |  |
| Vice President                                 | I acc than                  |                                |                       |         |              |                              |          | 252,682              |                                  |  |
| (4) Anissa Frucci Trustee                      | Less than<br>1 hour         |                                |                       |         |              |                              |          | 0                    |                                  |  |
| (5)  | <del></del>                 |                                |                       |         |              |                              |          | ,                    |                                  |  |
|  |                             |                                |                       |         |              |                              |          |                      |                                  |  |
| (6)  |                             |                                |                       |         |              |                              |          |                      |                                  |  |
| (7)  |                             |                                |                       |         |              | _                            |          |                      |                                  |  |
| -X-/   |                             | :                              |                       |         |              |                              |          |                      |                                  |  |
| (8)  |                             |                                |                       |         |              |                              |          |                      |                                  |  |
|  |                             |                                |                       |         |              |                              |          |                      |                                  |  |
| (9)  |                             |                                |                       |         |              |                              |          |                      |                                  |  |
| (10)   |                             | -                              |                       |         |              |                              |          |                      |                                  |  |
| <u> </u>                                       |                             |                                |                       |         |              |                              |          |                      |                                  |  |
| (11)   |                             |                                |                       |         |              |                              |          |                      |                                  |  |
|  |                             |                                | _                     |         |              |                              |          |                      |                                  |  |
| (12)   | ļ                           |                                |                       |         |              |                              |          |                      |                                  |  |
| (13)   | -                           |                                |                       |         |              |                              | -        |                      |                                  |  |
| (13)   | †                           |                                |                       |         |              |                              |          |                      |                                  |  |
| (14)   |                             |                                |                       |         |              |                              |          |                      |                                  |  |
|  | [                           |                                |                       |         |              |                              |          |                      |                                  |  |

| -Part-VII- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
|---|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|-------------------------|-------------------------|---------------|----------------|--------------------|--|
|   | (C) Position   |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
|   | (A)<br>Name and title  |                               | (do not check more than one box, unless person is both a |                       |         |              |                              |          | (D)<br>Reportable       | (E)<br>Reportable       | te            |                | (F)<br>mated       | i  |
|   | Name and title   | hours per                     |  |                       |         |              | or/trust                     |          | compensation            | compensation            | I             | amo            | ount of            |  |
|   |  | week (list any<br>hours for   | 악  | lns                   | 皇       | <u>~</u>     | em F                         | Γο       | from<br>the             | related<br>organization | ons           |                | ther<br>ensati     | on   |
|   |  | related                       | Individual trustee or director                           | Institutional trustee | Officer | Key employee | ploy                         | Former   | organization            | (W-2/1099-N             |               | fro            | m the              |  |
|   |  | organizations<br>below dotted | 합  | iona                  |         | l di         | 8 6                          |          | (W-2/1099-MISC)         |                         |               |                | nızatıo<br>related |  |
|   |  | line)                         | uste   | tru                   |         | ee           | nper                         |          |                         |                         | ļ             | orgar          | nization           | ns   |
|   |  |                               | ő  | tee                   | ŀ       |              | Highest compensated employee |          |                         |                         |               |                |                    |  |
| (15)  |  |                               |  | -                     | <u></u> |              | ۵.                           | _        |                         |                         |               |                |                    |  |
| (16)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| (17)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| (18)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
|   |  |                               |  |                       | _       |              |                              |          |                         |                         | $\rightarrow$ |                |                    |  |
| (19)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| (20)  |  | <br>                          |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| (21)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| (22)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    | _  |
| (23)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| (24)  |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    | <u> </u>   |
| (25)  |  |                               |  |                       |         |              |                              |          |                         |                         | $\rightarrow$ |                |                    |  |
| <u></u>   |  |                               |  |                       |         |              |                              |          |                         | - <u>-</u> .            |               |                |                    |  |
| 1b  | Sub-total  |                               |  |                       |         |              |                              | <b>•</b> | 931,639                 |                         |               |                |                    |  |
| c   | Total from continuation sheets to Part   |                               |  |                       | •       |              |                              |          |                         |                         |               |                |                    |  |
|   | Total (add lines 1b and 1c)  |                               |  |                       |         |              |                              | <u> </u> | 931,639                 |                         |               | of             |                    |  |
| 2   | Total number of individuals (including but reportable compensation from the organi |                               | 1 10 111   | ose                   | ıısı    | eu a         | above                        | e) W     | no received mi          | ore man pro             | 30,000        | UI             |                    |  |
|   | Teportable compensation from the organi  | Zution                        |  |                       |         |              |                              |          |                         |                         |               |                | Yes                | No   |
| 3   | Did the organization list any former of  | ficer, direc                  | tor, c   | r tr                  | uste    | ee,          | key e                        | emp      | loyee, or high          | est compe               | nsated        |                |                    |  |
|   | employee on line 1a? If "Yes," complete s  |                               |  |                       |         |              |                              |          | ,                       |                         |               | 3              |                    | <b>✓</b>   |
| 4   | For any individual listed on line 1a, is the                                       | sum of rep                    | portal   | ole d                 | com     | per          | nsatio                       | n a      | nd other comp           | ensation fro            | om the        | •              |                    |  |
|   | organization and related organizations   | greater that                  | an \$1   | 50,                   | 000     | ? 11         | "Ye                          | s, "     | complete Sch            |                         |               |                | <del></del>        | لـــا  |
| _   | <ul><li>individual</li></ul>   |                               |  |                       | hon     | fran         |                              |          |                         |                         | <br>Inadual   | 4              | <b>√</b>           | <del>                                     </del> |
| 5   | for services rendered to the organization  |                               |  |                       |         |              |                              |          |                         |                         | ividuai       | 5              |                    |  |
| Section   | n B. Independent Contractors   | , , , ,                       | ,  |                       |         |              |                              |          |                         |                         |               |                |                    | <u> </u>   |
| 1   | Complete this table for your five highest  | compensate                    | ed inc   | depe                  | end     | ent          | contr                        | acto     | ors that receive        | ed more that            | n \$100       | ,000 of        | :                  |  |
|   | compensation from the organization. Repyear.                                       |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    | ax   |
|   | (A)<br>Name and business add   | ress                          |  |                       | •       |              |                              |          | (B)<br>Description of s | ervices                 | (             | (C)<br>Compens | ation              |  |
|   |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
|   |  |                               |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
| -   |  | -                             |  |                       |         |              |                              |          |                         |                         |               |                |                    |  |
|   | Table and a distance deal and a  | um lum alicat                 |  |                       |         |              | . ا اه ـ                     | L        | اء ادعاما ممم           | 21/2) 2//5-2            |               |                |                    |  |
| 2   | Total number of independent contractor received more than \$100,000 of compens     |                               |  |                       |         |              |                              | ) th     | iose listed abo         | ove) wno                |               |                |                    |  |

| Par  | VIII                        |   |                  |  |                                |   |  |
|--|-----------------------------|---|------------------|--|--------------------------------|---|--|
|  |                             | Check if Schedule O contains a respo  | nse or note to   | o any line in this<br>(A)<br>Total revenue | (B) Related or exempt function | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections |
| Contributions, Giffs, Grants and Other Similar Amounts | 1a<br>b<br>c<br>d<br>e<br>f | Federated campaigns  Membership dues 1b  Fundraising events 1c  Related organizations . 1d  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a–1f \$ |                  |  | revenue                        |   | 512-514                                      |
|  | h                           | Total. Add lines 1a-1f  |                  |  |                                |   |  |
| <u>ie</u>  |                             | 1   | Business Code    |  |                                |   |  |
| Program Service Revenue                                | 2a<br>b<br>c<br>d           | Contributions from Container  Royalty Funds   |                  | 2,642,240                                  | 2,642,240                      |   |  |
| E  | е                           |   |                  |  | _                              |   |  |
| ogu  | f                           | All other program service revenue   |                  |  |                                |   |  |
| <u>~</u>   | g                           | Total. Add lines 2a-2f  | ▶                | 2,642,240                                  |                                |   | ļ <u></u>                                    |
|  | 3                           | Investment income (including dividend and other similar amounts) Income from investment of tax-exempt bond  | . ▶              |  |                                |   |  |
|  | 5                           | Royalties   | (II) Personal    |  |                                |   |  |
|  | 6a<br>b<br>c                | Gross rents .  Less rental expenses Rental income or (loss)   | (ii) Personal    |  |                                |   |  |
|  | d                           | Net rental income or (loss) .   | •                |  |                                |   |  |
|  | 7a                          | Gross amount from sales of assets other than inventory  | (ii) Other       |  |                                |   |  |
|  | b                           | Less cost or other basis and sales expenses Gain or (loss) .  |                  |  |                                |   |  |
|  | d                           | Net gain or (loss)  | •                |  |                                |   |  |
| Other Revenue  | 8a                          | Gross income from fundraising events (not including \$ of contributions reported on line 1c).   |                  |  |                                |   |  |
| her  |                             | See Part IV, line 18 a  |                  |  |                                |   |  |
| ŏ  |                             | Less direct expenses . b  |                  |  |                                |   | <u> </u>                                     |
|  |                             | Net income or (loss) from fundraising every Gross income from gaming activities.  See Part IV, line 19  | ents <b>&gt;</b> |  |                                |   |  |
|  | b                           | Less direct expenses b  |                  |  |                                |   |  |
|  |                             | Net income or (loss) from gaming activit<br>Gross sales of inventory, less<br>returns and allowances a  | ies . ►          |  |                                |   |  |
|  |                             | Less cost of goods sold . b   |                  |  |                                |   |  |
|  | C                           | Net income or (loss) from sales of invent   | ory ►_           |  |                                |   |  |
|  |                             | Miscellaneous Revenue   | Business Code    |  |                                |   |  |
|  | 11a<br>b<br>c               |   |                  |  |                                |   |  |
|  | d                           | All other revenue   |                  |  |                                |   |  |
|  | е                           | Total. Add lines 11a-11d  | <b>&gt;</b>      |  |                                |   |  |
|  | 12                          | Total revenue. See instructions   | ▶                | 2,642,240                                  |                                |   | l  |

| Part IX | Statement of | of Functional | <b>Expenses</b> |
|---------|--------------|---------------|-----------------|
|---------|--------------|---------------|-----------------|

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |   |                       |                              |   |   |  |  |  |  |  |  |
|--|---|-----------------------|------------------------------|---|---|--|--|--|--|--|--|
| -  | Check if Schedule O contains a response or note to any line in this Part IX   |                       |                              |   |   |  |  |  |  |  |  |
|  | ot include amounts reported on lines 6b, 7b,<br>o, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses          |  |  |  |  |  |  |
| 1  | Grants and other assistance to domestic organizations   |                       |                              |   |   |  |  |  |  |  |  |
|  | and domestic governments. See Part IV, line 21  |                       |                              |   |   |  |  |  |  |  |  |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                              |   | _                                       |  |  |  |  |  |  |
| 3  | Grants and other assistance to foreign  |                       |                              |   |   |  |  |  |  |  |  |
| <del></del>  | 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   | 906,449               | 906,449                      |   |   |  |  |  |  |  |  |
| 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  |                       |                              |   |   |  |  |  |  |  |  |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                              |   |   |  |  |  |  |  |  |
| 9  | Other employee benefits   | 84,406                | 84,406                       |   |   |  |  |  |  |  |  |
| 10   | Payroll taxes .   | 38,084                | 38,084                       |   |   |  |  |  |  |  |  |
| 11   | Fees for services (non-employees)   |                       |                              |   |   |  |  |  |  |  |  |
| а  | Management  | 350,004               | 350,004                      |   |   |  |  |  |  |  |  |
| b  | Legal   | 40,049                | 40,049                       | ***************************************   | *************************************** |  |  |  |  |  |  |
| С  | Accounting  | 35,400                | 35,400                       |   |   |  |  |  |  |  |  |
| d  | Lobbying  |                       |                              |   | <del> </del>                            |  |  |  |  |  |  |
| е  | Professional fundraising services See Part IV, line 17  |                       |                              |   |   |  |  |  |  |  |  |
| f  | Investment management fees  |                       |                              |   |   |  |  |  |  |  |  |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)                                   |                       |                              |   |   |  |  |  |  |  |  |
| 12   | Advertising and promotion   |                       |                              |   |   |  |  |  |  |  |  |
| 13   | Office expenses   |                       |                              |   |   |  |  |  |  |  |  |
| 14   | Information technology  |                       |                              |   |   |  |  |  |  |  |  |
| 15   | Royalties   |                       |                              | <del></del>                               |   |  |  |  |  |  |  |
| 16   | Occupancy   |                       |                              |   |   |  |  |  |  |  |  |
| 17<br>18   | Travel  |                       |                              | <del></del> .                             |   |  |  |  |  |  |  |
| 10   | for any federal, state, or local public officials   |                       |                              |   |   |  |  |  |  |  |  |
| 19   | Conferences, conventions, and meetings  |                       |                              |   |   |  |  |  |  |  |  |
| 20   | Interest  |                       |                              |   |   |  |  |  |  |  |  |
| 21   | Payments to affiliates .  |                       |                              |   |   |  |  |  |  |  |  |
| 22   | Depreciation, depletion, and amortization   |                       |                              |   |   |  |  |  |  |  |  |
| 23   | Insurance   |                       |                              |   |   |  |  |  |  |  |  |
| 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.)  |                       |                              |   |   |  |  |  |  |  |  |
| а  | Consulting  | 514,658               | 514,658                      |   |   |  |  |  |  |  |  |
| b  | Liability Insurance   | 115,350               | 115,350                      |   |   |  |  |  |  |  |  |
| С  | Miscellaneous   | 531,495               | 531,495                      |   |   |  |  |  |  |  |  |
| d  |   |                       |                              |   |   |  |  |  |  |  |  |
| е  | All other expenses  |                       |                              |   | <u> </u>                                |  |  |  |  |  |  |
| _25_   | Total functional expenses. Add lines 1 through 24e  | 2,615,895             | 2,615,895                    |   |   |  |  |  |  |  |  |
| 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)  |                       |                              |   |   |  |  |  |  |  |  |

| _ 2                         | art₋X.   |   |                    |                |                                       |          |                        |
|-----------------------------|----------|---|--------------------|----------------|---------------------------------------|----------|------------------------|
|                             |          | Check if Schedule O contains a response o   | r note to any lir  | e in this Part | X                                     | <u> </u> | <u> </u>               |
|                             |          |   |                    |                | (A)<br>Beginning of year              |          | (B)<br>End of year     |
|                             | 1        | Cash—non-interest-bearing   |                    |                | 138,368,816                           | 1        | 181,139,112            |
|                             | 2        | Savings and temporary cash investments  |                    | [              |                                       | 2        |                        |
|                             | 3        | Pledges and grants receivable, net  |                    | <u> </u>       |                                       | 3        |                        |
|                             | 4        | Accounts receivable, net .  | 91,974,581         | 4              | 120,552,022                           |          |                        |
|                             | 5        | Loans and other receivables from current and  |                    | ,              |                                       |          |                        |
|                             |          | trustees, key employees, and highest co   | ompensated e       | mployees       |                                       |          |                        |
|                             |          | Complete Part II of Schedule L  |                    |                |                                       | 5        |                        |
|                             | 6        | Loans and other receivables from other disqualified pers  |                    |                |                                       |          |                        |
|                             |          | 4958(f)(1)), persons described in section 4958(c)(3)(B), as                                     |                    |                |                                       |          |                        |
|                             |          | sponsoring organizations of section 501(c)(9) volume  |                    | beneficiary    | · · · · · · · · · · · · · · · · · · · |          |                        |
| ets                         |          | organizations (see instructions). Complete Part II of Sche                                      | edule L .          |                |                                       | 6        |                        |
| Assets                      | 7        | Notes and loans receivable, net   | •                  |                | <del>-</del>                          | 7        |                        |
| ⋖                           | 8        | Inventories for sale or use   | •                  |                |                                       | 8        |                        |
|                             | 9        | Prepaid expenses and deferred charges   | 1 1                |                | 22,332                                | 9        | 39,529                 |
|                             | 10a      | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.            |                    |                | .e -                                  |          | -                      |
|                             |          | '   | 10a                | 1,391,209      |                                       | 100      |                        |
|                             |          | Less: accumulated depreciation .  | 1001               | 1,347,540      | 336,669                               | 11       | 43,669                 |
|                             | 11<br>12 | Investments—publicly traded securities Investments—other securities See Part IV, line           | 11                 |                | 9,946,150                             |          |                        |
|                             | 13       | Investments—program-related See Part IV, line   |                    | . +            | 9,540,150                             | 13       | <u> </u>               |
|                             | 14       | Intangible assets   |                    |                |                                       | 14       |                        |
|                             | 15       | Other assets See Part IV, line 11   | •                  | ·              |                                       | 15       |                        |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal  | al line 34).       |                | 240,648,548                           | 16       | 301,774,332            |
|                             | 17       | Accounts payable and accrued expenses .   |                    |                | 189,763                               |          | 186,040                |
|                             | 18       | Grants payable  |                    |                |                                       | 18       |                        |
|                             | 19       | Deferred revenue  |                    |                | 2,642,240                             | 19       | 2,310,000              |
|                             | 20       | Tax-exempt bond liabilities   |                    |                |                                       | 20       |                        |
|                             | 21       | Escrow or custodial account liability Complete  | Part IV of Sched   | lule D         |                                       | 21       |                        |
| es                          | 22       | Loans and other payables to current and for   |                    |                |                                       |          |                        |
| Ħ                           |          | trustees, key employees, highest comper   |                    | ees, and -     |                                       |          |                        |
| Liabilities                 |          | disqualified persons Complete Part II of Schedu   |                    | ·  -           |                                       | 22       |                        |
| _                           | 23       | Secured mortgages and notes payable to unrela   |                    | ·  -           |                                       | 23       |                        |
|                             | 24       | Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, |                    | · L            |                                       | 24       | <del></del>            |
|                             | 25       | parties, and other liabilities not included on lines  |                    |                |                                       |          |                        |
|                             |          | of Schedule D   | 5 11 2 1). GOIIIPI | oto i art it   | 237,625,077                           | 25       | 299,060,479            |
|                             | 26       | Total liabilities. Add lines 17 through 25 .  |                    | 🗀              | 240,457,080                           |          | 301,556,519            |
|                             |          | Organizations that follow SFAS 117 (ASC 958   | ), check here ▶    | and            |                                       |          |                        |
| Ses                         |          | complete lines 27 through 29, and lines 33 an   | d 34.              |                |                                       |          |                        |
| aŭ                          | 27       | Unrestricted net assets   |                    | [              | 191,468                               | 27       | 217,813                |
| Bal                         | 28       | Temporarily restricted net assets .   |                    |                |                                       | 28       |                        |
| g                           | 29       | Permanently restricted net assets .   |                    | · _            |                                       | 29       |                        |
| Net Assets or Fund Balances |          | Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.                 | 58), check here ▶  | ► ☐ and        |                                       |          |                        |
| ts (                        | 30       | Capital stock or trust principal, or current funds  |                    | . [            |                                       | 30       |                        |
| sse                         | 31       | Paid-in or capital surplus, or land, building, or ed  |                    | . [            |                                       | 31       |                        |
| tΑ                          | 32       | Retained earnings, endowment, accumulated in  | come, or other f   | unds           |                                       | 32       |                        |
| Š                           | 33       | Total net assets or fund balances   |                    | . [            | 191,468                               | 33       | 217,813                |
|                             | 34       | Total liabilities and net assets/fund balances  |                    |                | 240,648,548                           | 34       | 301,774,332            |
|                             |          |   |                    |                |                                       |          | Form <b>990</b> (2018) |

| _    | 4 | • |
|------|---|---|
| Page | 1 | ~ |
|      |   |   |

|      | 200 (2010)   |            |               |              | 90 .—  |
|------|--|------------|---------------|--------------|--------|
| Par  | XI_ Reconciliation of Net Assets   |            |               |              |        |
|      | Check if Schedule O contains a response or note to any line in this Part XI  | <u> </u>   |               |              |        |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1          |               | 2,64         | 2,240  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          |               | 2,61         | 5,895  |
| 3    | Revenue less expenses Subtract line 2 from line 1  | 3          |               | 2            | 6,345  |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4          |               | 19           | 1,468  |
| 5    | Net unrealized gains (losses) on investments .   | 5          |               |              |        |
| 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-        |               |              |        |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line  |            |               |              |        |
|      | 33, column (B))  | 10         |               | 21           | 7,813  |
| Part | XII Financial Statements and Reporting   |            |               |              |        |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |            |               | -            |        |
|      |  |            |               | Yes          | No     |
| 1    | Accounting method used to prepare the Form 990   |            |               |              | - 1    |
|      | If the organization changed its method of accounting from a prior year or checked "Other," ex  | olaın ın   |               |              | . 1    |
|      | Schedule O.  |            |               |              |        |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |            | 2a            |              |        |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were comp  | oiled or   |               |              |        |
|      | reviewed on a separate basis, consolidated basis, or both  |            |               |              |        |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |            | <del></del>   |              |        |
| b    | Were the organization's financial statements audited by an independent accountant?   |            | 2b            |              |        |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audite  | d on a     | Į             |              |        |
|      | separate basis, consolidated basis, or both.   |            |               |              |        |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |            | <del></del> : |              |        |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the sound responsibility for the sound r | _          | 2c            | - 1          |        |
|      | of the audit, review, or compilation of its financial statements and selection of an independent accou   |            | 20            |              | 1      |
|      | If the organization changed either its oversight process or selection process during the tax year, ex<br>Schedule O  | Diairi iii |               |              |        |
| 2-   |  | forth in   | <u> </u>      |              |        |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?  | iorui ili  | За            |              |        |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not under   | rao the    | -             |              |        |
| IJ   | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at  |            | Зь            |              |        |
|      | required about 5. about, explain trily in confedence of and decorate any crops taken to undergo addit at   |            |               | n <b>990</b> | (2018) |
|      |  |            |               |              | , /    |

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

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

20**18** 

Open to Public Inspection

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

| Tax) (s                | ee separate instructions), t  |  | rax) (see separate  | e matractions, or 1 orm 9  | 50-LZ, Fait 4, iiie 050 (i Toxy  |
|------------------------|---|--|---|--|--|
|                        | ection 501(c)(4), (5), or (6) orga<br>of organization   | anizations Complete Part III   |   | Employer ic  | lentification number   |
|                        | •   |  |   | Linployeric  |  |
| Part                   | ner Royalty Central Collect   | e organization is exempt und   | or section 501/   | c) or is a section 52  | 46 2758874<br>7 organization   |
| 1<br>2<br>3            | Provide a description of definition of "political car Political campaign activit  | the organization's direct and in   | direct political ca   | mpaign activities in Pa  |  |
| Part                   |   | e organization is exempt und   |   | c)(3).   |  |
| 1<br>2<br>3<br>4a<br>b | Enter the amount of any Enter the amount of any If the organization incurre Was a correction made? If "Yes," describe in Part | excise tax incurred by the organization excise tax incurred by organizationed a section 4955 tax, did it file Followski in the control of the | ation under section<br>n managers under<br>rm 4720 for this ye                              | n 4955 . Section 4955 . Sear?  | \$     .   |
| Part                   | <del></del>   | e organization is exempt und   |   |  | 01(c)(3).  |
| 1<br>2<br>3<br>4<br>5  | activities  | ly expended by the filing organize   | outed to other org  Enter here and  mber (EIN) of all seenter the amount mptly and directly | anizations for section on Form 1120-POL, ection 527 political orga paid from the filing orga delivered to a separate | anization's funds. Also enter<br>e political organization, such  |
|                        | (a) Name  | (b) Address  | (c) EIN   | (d) Amount paid from filing organization's funds If none, enter -0-  | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1)                    |   |  |   |  |  |
| (2)                    |   |  |   |  |  |
| (3)                    |   |  |   |  |  |
| (4)                    |   |  |   |  |  |
| (5)                    |   |  |   |  |  |
| (6)                    |   |  |   |  |  |

| _  |   |   | • |
|----|---|---|---|
| Pa | а | е | 4 |

| Par        | t-II-A   | Complete if the organizati section 501(h)).               | on is exempt                            | under section 5                                      | 501(c)(3) and file                | d Form 5768 (ele      | ction under    |
|------------|--|---|---|--|-----------------------------------|-----------------------|----------------|
| <b>A</b> ( | Check >  | If the filing organization beloaddress, EIN, expenses, an | ongs to an affiliat<br>d share of exces | ed group (and list<br>s lobbying expend              | ın Part IV each affı<br>ditures). | liated group memb     | er's name,     |
| В          | Check ►  | I if the filing organization che                          | cked box A and                          | "limited control" p                                  | provisions apply                  |                       |                |
|            |  |   | obying Expendit                         |  |                                   | (a) Filing            | (b) Affiliated |
|            |  | (The term "expenditures"                                  | means amounts                           | paid or incurred                                     | l.)                               | organization's totals | group totals   |
| 18         |  | bbying expenditures to influence                          |   |  |                                   |                       |                |
| t          | Total lo   | bbying expenditures to influence                          | ce a legislative bi                     | ody (direct lobbyir                                  | ng) .                             |                       |                |
| C          | : Total lo   | bbying expenditures (add lines                            | 1a and 1b)                              |  |                                   | •                     |                |
| C          | d Other e  | exempt purpose expenditures                               | •                                       |  |                                   |                       |                |
| e          | Total e  | xempt purpose expenditures (a                             | dd lines 1c and 1                       | ld)  | •                                 |                       |                |
| f          | f Lobbying nontaxable amount Enter the amount from the following table in both columns   |   |   |  |                                   |                       |                |
|            | If the ar  | nount on line 1e, column (a) or (b)                       | is: The lobbying                        | nontaxable amou                                      | nt is:                            |                       |                |
|            | Not over \$500,000 20% of the amount on line 1e  |   |   |  |                                   | İ                     |                |
|            | Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000  |   |   |  |                                   |                       |                |
|            | Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000  |   |   |  |                                   |                       |                |
|            | Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000  |   |   |  |                                   |                       | -              |
|            | Over \$17,000,000 \$1,000,000  |   |   |  |                                   |                       |                |
| ç          | g Grassroots nontaxable amount (enter 25% of line 1f)  |   |   |  |                                   | ·                     |                |
| ŀ          |  | ct line 1g from line 1a If zero or                        |   |  |                                   |                       |                |
| i          | i Subtract line 1f from line 1c If zero or less, enter -0-   |   |   |  |                                   |                       |                |
| j          | j If there is an amount other than zero on either line 1h or line 1i, did the organization reporting section 4911 tax for this year? |   |   |  |                                   | file Form 4720<br>[   | Yes No         |
|            | (Som   | e organizations that made a s                             | ection 501(h) el                        | Period Under Se ection do not had ructions for lines | ve to complete all                | of the five column    | s below.       |
|            |  | Lobbyii   | ng Expenditures                         | During 4-Year A                                      | veraging Period                   | <del></del>           |                |
|            | Cale   | ndar year (or fiscal year<br>beginning in)                | (a) 2015                                | <b>(b)</b> 2016                                      | (c) 2017                          | (d) 2018              | (e) Total      |
| 28         | Lobbyi   | ng nontaxable amount                                      |   |  |                                   |                       |                |
| t          |  | ng ceiling amount<br>of line 2a, column (e))              |   |  |                                   |                       |                |
| c          | Total lo   | bbying expenditures                                       |   |  |                                   |                       |                |
| C          | d Grassr   | oots nontaxable amount                                    |   |  |                                   |                       |                |
| €          |  | oots ceiling amount<br>of line 2d, column (e))            |   |  |                                   | -                     |                |
| f          | Grassr   | oots lobbying expenditures                                |   |  |                                   |                       |                |

Schedule C (Form 990 or 990-EZ) 2018

| Part             | II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).   | iled            | Form          | า 5768            |          |      |
|------------------|---|-----------------|---------------|-------------------|----------|------|
| For e            | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed  | (8              | a)            |                   | (b)      |      |
|                  | uption of the lobbying activity.  | Yes             | No            | А                 | mount    |      |
| 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)?  |                 |               |                   |          |      |
| С                | Media advertisements?   |                 |               |                   |          |      |
| d                | Mailings to members, legislators, or the public?  |                 | Ì             |                   |          |      |
| 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   | •               |               |                   |          |      |
| С                | 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?  |                 |               | l                 |          |      |
| Part             | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).   | )(5), d         | or se         | ction             |          |      |
| -                |   |                 |               |                   | Yes      | No   |
| 1                | Were substantially all (90% or more) dues received nondeductible by members?  |                 | •             | 1                 | $\sqcup$ | ✓_   |
| 2                | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                 |               | 2                 | $\sqcup$ | ✓_   |
| 3                | Did the organization agree to carry over lobbying and political campaign activity expenditures from the   |                 |               |                   | oxdot    | ✓_   |
| Part             | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."   | (5), c<br>R (b) | or se<br>Part | ction<br>: III-A, | line 3   | , is |
| 1                | Dues, assessments and similar amounts from members  |                 | 1             |                   |          | 0    |
| 2                | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).   | of              |               |                   |          |      |
| а                | Current year  |                 | 2a            |                   |          | 0    |
| b                | Carryover from last year  |                 | 2b            |                   |          | 0    |
| C                | Total   |                 | 2c            |                   |          | 0    |
| 3                | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .   |                 | _3            |                   |          | 0    |
| 4                | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby                                |                 |               |                   |          |      |
|                  | and political expenditure next year?  |                 | 4             |                   |          | 0    |
| 5                | Taxable amount of lobbying and political expenditures (see instructions)  |                 | 5             |                   |          | 0    |
| Part             |   |                 |               |                   |          |      |
| Provid<br>2 (see | le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1 Also, complete this part for any additional information.                 | up list         | t); Par       | t II-A, I         | nes 1    | and  |
| The fu           | nd was established in 2013. No political lobbying expenses have been incurred.  |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               | <b></b>           |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               |                   |          |      |
|                  |   |                 |               | ·                 |          |      |

| Schedule C (For | m 990 or 990-EZ) 2018                | Page 4 |
|-----------------|--------------------------------------|--------|
| Part IV         | Supplemental Information (continued) |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
| •               |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |
|                 |                                      |        |

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

|      | ner Royalty Central Collection Fund  |  | 46 2758874                                |
|------|--|--|---|
| Par  |  |  |   |
|      | Complete if the organization answered  |  |   |
|      |  | (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   | and we are the state of the constant         | and in depar advised                      |
| 5    | Did the organization inform all donors and donor funds are the organization's property, subject to the   |  |   |
|      |  | _  | <del>_</del>                              |
| 6    | Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene  |  |   |
|      | conferring impermissible private benefit?  |  | · ·                                       |
| Part | Conservation Easements.  | <u>·</u>                                     |   |
| rait | Complete if the organization answered  | "Yes" on Form 990 Part IV line 7             |   |
| 1    | Purpose(s) of conservation easements held by the   |  |   |
|      | Preservation of land for public use (e.g., recrea  |  | of a historically important land area     |
|      | Protection of natural habitat  | ·  | of a certified historic structure         |
|      | ☐ Preservation of open space   |  |   |
| 2    | Complete lines 2a through 2d if the organization he  | eld a qualified conservation contribution    | on in the form of a conservation          |
|      | easement on the last day of the tax year   |  | Held at the End of the Tax Year           |
| а    | Total number of conservation easements .   |  | . 2a                                      |
| b    | Total acreage restricted by conservation easement  | ts   | . 2b                                      |
| С    | Number of conservation easements on a certified  |  | 2c  |
| d    | Number of conservation easements included in   | (c) acquired after 7/25/06, and not          | on a                                      |
|      | historic structure listed in the National Register   |  | 2d  |
| 3    | Number of conservation easements modified, tran  | sferred, released, extinguished, or teri     | minated by the organization during the    |
|      | tax year >   |  |   |
| 4    | Number of states where property subject to conse   |  | posture bandling of                       |
| 5    | Does the organization have a written policy reviolations, and enforcement of the conservation ea   |  | · · · · · · Yes · No                      |
| 6    | Staff and volunteer hours devoted to monitoring, inspe   |  |   |
| 6    | Start and volunteer riours devoted to morntoning, inspe  | curing, riandling of violations, and emorcin | ig conservation easements during the year |
| 7    | Amount of expenses incurred in monitoring, inspectir   | ng handling of violations, and enforcing     | conservation easements during the year    |
| •    | ►\$  | ig, narraining or violations, and emoroting  | conton varion caccimonic caring the year  |
| 8    | Does each conservation easement reported on line   | 2(d) above satisfy the requirements of       | f section 170(h)(4)(B)(i)                 |
|      |  |  | · · · · · · · · · · · · · · · · · · ·     |
| 9    | In Part XIII, describe how the organization reports  | conservation easements in its revenue        | e and expense statement, and              |
|      | balance sheet, and include, if applicable, the text of   | of the footnote to the organization's fir    | nancial statements that describes the     |
|      | organization's accounting for conservation easeme  |  |   |
| Part | 3  |  |   |
|      | Complete if the organization answered  |  |   |
| 1a   | If the organization elected, as permitted under SF   |  |   |
|      | works of art, historical treasures, or other similar   |  |   |
|      | public service, provide, in Part XIII, the text of the f   |  |   |
| ь    | If the organization elected, as permitted under S  |  |   |
|      | works of art, historical treasures, or other similar   |  | ducation, or research in furtherance of   |
|      | public service, provide the following amounts relat  | _  | <b>Φ</b>                                  |
|      | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art |  | · · · • • • • • • • • • • • • • • • • •   |
| 2    | (II) Assets included in Form 990, Part X   | historical trassures or other similar        | r assets for financial dain provide the   |
| 2    | following amounts required to be reported under S  | SFAS 116 (ASC 958) relating to these i       | tems.                                     |
| •    | Revenue included on Form 990, Part VIII, line 1  |  | <b>▶</b> \$                               |
|      | Assets included in Form 990, Part X  |  | • • • • • • • • • • • • • • • • • • •     |
|      | , locale indicate in Form 600, Fair 7  |  | Ψ   |

| Part      | Organizations Maintaining   |                     |             |            |                   |         |                      |               |               |
|-----------|---|---------------------|-------------|------------|-------------------|---------|----------------------|---------------|---------------|
| 3         | Using the organization's acquisition, collection items (check all that apply):      |                     | her recor   | ds, chec   | k any of the      | e follo | wing that are a      | significan    | it use of its |
| а         | ☐ Public exhibition   |                     | d           | ☐ Loan     | or exchang        | e prog  | rams                 |               |               |
| b         | ☐ Scholarly research  |                     | е           | ☐ Othei    | r <u></u>         |         |                      |               |               |
| С         | ☐ Preservation for future generations   |                     |             |            |                   |         |                      |               | _             |
| 4         | Provide a description of the organiza XIII  |                     |             |            |                   |         |                      |               | ose in Part   |
| 5         | During the year, did the organization assets to be sold to raise funds rather       | r than to be mainta | iined as p  | art of the | e organizatio     | on's co |                      |               | es 🗌 No       |
| Part      | IV —Escrow and Custodial Arra   | angements           |             |            |                   |         |                      |               |               |
|           | Complete if the organization 990, Part X, line 21.                                  |                     |             |            |                   |         |                      |               | n Form        |
| 1a        |   |                     |             |            |                   | ions o  | r other assets r     | _             | es 🗌 No       |
| b         | If "Yes," explain the arrangement in P  | art XIII and comple | ete the fo  | llowing to | able              |         |                      | Amount        |               |
| С         | Beginning balance .   |                     |             |            |                   | 10      |                      |               |               |
| d         | Additions during the year   |                     |             |            |                   | 10      | 1                    |               |               |
| е         | Distributions during the year   | •                   |             |            |                   | 16      |                      |               |               |
| f         | Ending balance .  |                     |             |            | •                 |         |                      |               |               |
| 2a        | Did the organization include an amou  |                     |             |            |                   |         |                      | y? 📙 <b>Y</b> | es 🔲 No       |
|           | If "Yes," explain the arrangement in P  | art XIII Check here | e if the ex | planatio   | n has been        | provid  | ed on Part XIII      | ·             | Џ             |
| Par       |   |                     |             | 000 F      | <b>5</b>          | - 40    |                      |               |               |
| -         | Complete if the organization  | (a) Current year    | (b) Pric    |            | (c) Two years     |         | (d) Three years ba   | ck (a) Fou    | r years back  |
| _         | Barrier of the same belower   | (a) Current year    | (b) P10     | or year    | (c) Two years     | SUACK   | (d) Tiffee years bar | CK (e) FOU    | years back    |
| _         | Beginning of year balance .   |                     |             |            |                   |         |                      | _             |               |
| b         | Contributions   |                     |             |            |                   |         |                      | -             |               |
| С         | Net investment earnings, gains, and losses  |                     |             |            |                   |         |                      |               |               |
| d         | Grants or scholarships  |                     |             |            |                   |         |                      |               |               |
| е         | Other expenditures for facilities and programs                                      |                     |             |            |                   |         |                      |               |               |
| f         | Administrative expenses   |                     |             |            |                   |         |                      |               |               |
| g         | End of year balance   |                     |             |            |                   |         |                      |               |               |
| 2         | Provide the estimated percentage of   | the current year en | id balanc   | e (line 1g | ı, column (a)     | ) held  | as                   |               |               |
| а         | Board designated or quasi-endowme   | nt ▶                | _%          |            |                   |         |                      |               |               |
| b         | Permanent endowment ▶   | %                   |             |            |                   |         |                      |               |               |
| С         | Temporarily restricted endowment ►  | ·····%              |             |            |                   |         |                      |               |               |
| _         | The percentages on lines 2a, 2b, and  |                     |             |            |                   |         |                      |               |               |
| 3a        | Are there endowment funds not in th   | e possession of th  | e organiz   | ation tha  | at are held a     | and ac  | lministered for t    | ne            | 1.4           |
|           | organization by:  |                     |             |            |                   |         |                      | 0-(1)         | Yes No        |
|           | (i) unrelated organizations .   | •                   |             | •          |                   |         |                      | 3a(i)         |               |
|           | (ii) related organizations  |                     |             | .ad aa C.  | , .<br>Shadula Dû |         | •                    | 3a(ii)<br>3b  |               |
| _         | If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses |                     |             |            |                   |         |                      | - JD          |               |
| 4<br>Part |   |                     | on s ende   | WILLELLE   | unus              |         |                      |               |               |
| Fair      | Complete if the organization  |                     | " on For    | m 990 F    | Part IV line      | 11a     | See Form 990         | Part X        | line 10       |
|           | Description of property   | (a) Cost or ot      |             |            | or other basis    |         | Accumulated          |               | ok value      |
|           | Description of property   | (investm            |             |            | ther)             |         | epreciation          | (4) 20        | on raids      |
| 1a        | Land  |                     |             |            |                   |         |                      |               |               |
| b         | Buildings   |                     |             |            |                   |         |                      |               |               |
| C         | Leasehold improvements  |                     | 9,627       |            |                   |         | 3,403                |               | 6,224         |
| d         | Equipment   |                     | 19,378      |            | <u> </u>          |         | 12,698               |               | 6,680         |
| e         | Other   |                     | 1,362,204   |            |                   |         | 1,331,439            |               | 30,765        |
| Total.    | Add lines 1a through 1e (Column (d) r   | nust equal Form 9   | 90. Part )  | . column   | (B), line 10      | c)      | . ▶                  |               | 43,669        |

| Part VII.         | Investments-Other Securities  |                            | -              |                  |                    |  |
|-------------------|---|----------------------------|----------------|------------------|--------------------|--|
|                   | Complete if the organization ansi                                       | wered "Yes" on Form        | า 990 <u>,</u> | , Part IV, line  | 11b. See For       | m 990, Part X, line 12.                        |
|                   | (a) Description of security or category<br>(including name of security) | y                          | (b) E          | Book value       |                    | ethod of valuation<br>nd-of-year market value  |
| (1) Financial     | derivatives   |                            |                |                  |                    |  |
|                   | ield equity interests   |                            |                |                  |                    |  |
|                   |   |                            |                |                  |                    | <del></del>                                    |
| (A)               |   |                            |                |                  |                    |  |
| (B)               |   |                            |                |                  |                    |  |
| (C)               |   |                            |                |                  |                    |  |
| (D)               |   |                            |                |                  |                    |  |
| (E)               |   |                            |                |                  |                    | <del>_</del>                                   |
| (F)               |   |                            | _              |                  |                    |  |
| (G)               |   |                            |                |                  |                    |  |
| (H)               |   |                            |                |                  |                    |  |
| Total. (Column (b | n) must equal Form 990, Part X, col. (B) line 12.) ▶                    |                            |                |                  |                    |  |
| Part VIII         | Investments - Program Related   |                            |                |                  |                    |  |
|                   | Complete if the organization ansi                                       | wered "Yes" on Form        | 1 990 <u>,</u> | Part IV, line    | 11c See For        | m 990, Part X, line 13.                        |
|                   | (a) Description of investment   |                            | (b) E          | Book value       | • • •              | lethod of valuation<br>nd-of-year market value |
|                   |   |                            |                |                  |                    |  |
| (1)               |   |                            |                |                  |                    |  |
| (2)               |   |                            |                |                  |                    |  |
| (3)               |   |                            |                |                  | <del></del> -      |  |
| (4)               |   |                            |                |                  |                    |  |
| (5)               |   |                            |                |                  |                    |  |
| (6)               |   |                            |                |                  |                    | <del></del>                                    |
| (7)               |   |                            |                |                  |                    |  |
| (8)               |   |                            |                |                  |                    | <u> </u>                                       |
|                   | n) must equal Form 990, Part X, col (B) line 13.)                       |                            |                |                  |                    |  |
| Part IX           | Other Assets.   |                            |                | L                |                    |  |
|                   | Complete if the organization ansi                                       | wered "Yes" on Form        | 1 990,         | Part IV, line    | 11d. See For       | m 990, Part X, line 15.                        |
|                   |   | a) Description             |                |                  |                    | (b) Book value                                 |
| (1)               |   |                            |                |                  |                    |  |
| (2)               |   |                            |                |                  |                    |  |
| (3)               |   |                            |                |                  |                    |  |
| (4)               |   |                            |                |                  |                    |  |
| (5)               |   |                            |                |                  |                    |  |
| (6)               |   |                            |                |                  |                    |  |
| (7)               |   |                            |                |                  |                    |  |
| (8)               |   |                            |                |                  |                    | <u> </u>                                       |
| (9)               | (5 200 0 4)   | 1.001                      |                |                  |                    |  |
|                   | nn (b) must equal Form 990, Part X, co                                  | oi. (B) line 15.)          | •              | • • •            | •                  |  |
| Part X            | Other Liabilities.  | waved "Vee" on Ferm        | . 000          | Dort IV June     | 110 or 11f C       | as Form 000 Bort V                             |
|                   | Complete if the organization answers                                    | wered tes on Form          | 1 990,         | Part IV, line    | rie or i ii. Se    | ee Form 990, Part A,                           |
| 1.                | line 25.  (a) Description of liability                                  | (b) Book value             |                |                  |                    |  |
| (1) Federal in    |   | (b) Book value             |                |                  |                    |  |
|                   | ocal Container Royalty Funds  | 39,041                     | 470            |                  |                    |  |
|                   | nited States Maritime Alliance, Ltd.                                    | 39,559                     | _              |                  |                    |  |
|                   | ssistance Payable   | 14,000                     | _              |                  |                    |  |
|                   | ent Distribution Payable  | 94,620                     |                |                  |                    |  |
| (6) Interest F    |   |                            | ,744           |                  |                    |  |
|                   | Escrow Payable  | 111,770                    |                |                  |                    |  |
| (8)               |   | ,,,,,,,                    |                |                  |                    |  |
| (9)               |   |                            | $\neg$         |                  |                    |  |
| Total. (Column (b | ) must equal Form 990, Part X, col (B) line 25)                         | 299,060,                   | ,479           |                  |                    |  |
| 2. Liability for  | uncertain tax positions In Part XIII, provi                             | de the text of the footnot | e to the       | e organization's | s financial staten | nents that reports the                         |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| -Par    | -XI- Reconciliation of Revenue per Audited Financial States<br>Complete if the organization answered "Yes" on Form 990   |                |                     | Return.     |           |
|---------|--|----------------|---------------------|-------------|-----------|
| 1       | Total revenue, gains, and other support per audited financial statement  |                | 116 12a.            | 11          | 2,642,240 |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                | • •                 |             | 2,042,240 |
| a       | Net unrealized gains (losses) on investments   | 2a             |                     |             |           |
| b       | Donated services and use of facilities .   | 2b             |                     | 1           |           |
| C       | Recoveries of prior year grants  | 2c             |                     | 1           |           |
| d       | Other (Describe in Part XIII )   | 2d             |                     | 1           |           |
| e<br>e  | Add lines 2a through 2d  |                |                     | 2e          |           |
| 3       | Subtract line 2e from line 1   |                |                     | 3           | 2,642,240 |
| 4       | Amounts included on Form 990. Part VIII, line 12, but not on line 1.   |                |                     |             | 2,042,240 |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a             | ,                   |             |           |
| b       | Other (Describe in Part XIII.)   | 4b             |                     | 3           |           |
| c       | Add lines 4a and 4b  |                |                     | 4c          | n         |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir  | ne 12.) .      |                     | 5           | 2,642,240 |
| Part    |  |                |                     | er Return.  |           |
| T GIT C | Complete if the organization answered "Yes" on Form 990  |                |                     |             |           |
| 1       | Total expenses and losses per audited financial statements .   | , . <u></u>    |                     | 1           | 2,615,895 |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25   |                |                     |             | 2,010,000 |
| a       | Donated services and use of facilities   | .   2a         |                     |             |           |
| b       | Prior year adjustments   | 2b             |                     | 1           |           |
| c       | Other losses   | 2c             |                     | 1           |           |
| d       | Other (Describe in Part XIII )   | 2d             |                     |             |           |
| e       | Add lines 2a through 2d  |                |                     | 2e          | 0         |
| 3       | Subtract line 2e from line 1   |                | •                   | 3           | 2,615,895 |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1  | i I            |                     |             | 2,010,000 |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b   | .   4a         |                     |             |           |
| b       | Other (Describe in Part XIII )   | 4b             |                     | 1           |           |
| c       | Add lines 4a and 4b  |                |                     | 4c          | C         |
| 5       | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,  | line 18.)      |                     | 5           | 2,615,895 |
| Part    | and the second s | <u> </u>       |                     | <del></del> | 10.10100  |
| 2; Par  | t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa   | art to provide | e any additional ir | ıformatıon  |           |
|         |  |                |                     |             | •••••     |
|         |  |                |                     |             |           |
|         |  |                |                     |             |           |
|         |  |                |                     | •           |           |
| ••      |  |                | ••••                |             |           |
|         |  |                |                     |             |           |
|         |  |                |                     |             |           |
|         |  |                |                     |             |           |
|         |  |                |                     |             |           |

| Schedule D (Form |   | Page 5 |
|------------------|---|--------|
| Part XIII        | Supplemental Information (continued)    |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  | ••••••••••••••••••••••••••••••••••••••• |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  | hpa/spapa(sign                          |        |
|                  |   |        |
|                  | ·                                       |        |
|                  |   |        |
|                  |   |        |
|                  | ,                                       |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |
|                  |   |        |

#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Contai      | iner Royalty Central Collection Fund  | 46 27588   | 74             |               |               |
|-------------|---|--|----------------|---------------|---------------|
| Part        | Questions Regarding Compensation  |  |                | ,             | <b>.</b>      |
| 1a          | Check the appropriate box(es) if the organization provided any of the following to c 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information   |  | ,              | Yes           | No            |
|             | ☐ First-class or charter travel ☐ Housing allowance or resi☐ Travel for companions ☐ Payments for business us   | dence for personal use                               |                | L-            | '             |
|             | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues ☐ Discretionary spending account ☐ Personal services (such as  | or initiation fees                                   |                |               |               |
| b           | If any of the boxes on line 1a are checked, did the organization follow a writted or reimbursement or provision of all of the expenses described above? If explain  |  | 1b             | <u></u>       | J<br>A        |
| 2           | Did the organization require substantiation prior to reimbursing or allowing directors, trustees, and officers, including the CEO/Executive Director, regarding 1a?   |  | 2              | <u>_</u><br>س | A             |
| 3           | Indicate which, if any, of the following the filing organization used to establish the organization's CEO/Executive Director. Check all that apply Do not check any bor related organization to establish compensation of the CEO/Executive Director, but   | oxes for methods used by a<br>ut explain in Part III |                |               |               |
|             | ☐ Compensation committee       ☐ Written employment contr         ☐ Independent compensation consultant       ☐ Compensation survey or s         ☐ Form 990 of other organizations       ☐ Approval by the board or organizations   | tudy   |                |               |               |
| 4           | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, w organization or a related organization  | ith respect to the filing                            |                |               |               |
| a<br>b<br>c | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement p Participate in, or receive payment from, an equity-based compensation arrangem If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts | nent?  | 4a<br>4b<br>4c |               | √<br>√<br>√   |
| 5           | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete For persons listed on Form 990, Part VII, Section A, line 1a, did the organization prompensation contingent on the revenues of.   |  |                |               | 4             |
| a<br>b      | The organization?   |  | 5a<br>5b       | ν<br>Ν        | K A           |
| 6           | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization person compensation contingent on the net earnings of  | pay or accrue any                                    |                |               |               |
| a<br>b      | The organization?   |  | 6a<br>6b       | 7             | A .           |
| 7           | For persons listed on Form 990, Part VII, Section A, line 1a, did the organiz payments not described on lines 5 and 6? If "Yes," describe in Part III   | eation provide any nonfixed                          | 7              | 1             | A             |
| 8           | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a to the initial contract exception described in Regulations section 53 4958 in Part III   | -4(a)(3)? If "Yes," describe                         | 8              | pl/           | Ø,            |
| 9           | If "Yes" on line 8, did the organization also follow the rebuttable presumpt Regulations section 53 4958-6(c)?  |  | 9              | <u></u>       | $\mathcal{N}$ |

Page 2

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (B) Breakdown of W-2 and/or 1099-MISC compensation | 200        | (B) Breakdown of W-2                    | W-2 and/or 1099-MIS                     | and/or 1099-MISC compensation             | t vii, occioni A, ille                  | a, applicable coluin |   | IOI IIIAI IIIOINIONAI.  |
|--|------------|---|---|---|---|----------------------|---|---|
|  |            |   |   |   | (C) Retirement and                      | (D) Nontaxable       | (E) Total of columns  | (F) Compensat on  |
| (A) Name and Title                                 |            | (I) Base<br>compensation                | (ii) Bonus & incentive compensation     | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation          | benefits             | (a)-(ı)(a)  | in column (B) reported<br>as deferred on prior<br>Form 990                                  |
|  | Ξ          |   |   |   |   |                      |   |   |
| 1Charles W. Flynn, President                       | (ii)       | 355,463                                 | 35,644                                  | 12,000                                    |   | 19,739               | 422,846   | •   |
| Paul J. McCarthy, Executive Vice                   | (1)        |   |   |   |   |                      |   |   |
| 2President   | Ξ          | 249,629                                 | 25,031                                  | 1,190                                     |   | 19,739               | 295,589   |   |
| Eileen Flannelly Mackell. Vice                     | Ξ          |   |   |   |   |                      |   |   |
| 3President   | (ii)       | 218,746                                 |   | 12,000                                    |   | 19,739               | 272,420   |   |
|  | (I)        |   |   |   |   |                      |   |   |
| 4  | Ξ          |   |   |   | 1 |                      | 0<br>0<br>0<br>0<br>0<br>0<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | :   |
|  | Ξ          |   |   |   |   |                      |   |   |
| 5  | (E)        |   |   |   |   |                      |   |   |
|  | Ξ          |   |   |   |   |                      |   |   |
| 9  | Ξ          |   |   |   |   |                      | 000000000000000000000000000000000000000   | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |
|  | Ξ          |   |   |   |   |                      |   |   |
| 7  | Ξ          |   |   |   |   | 1                    |   |   |
|  | Θ          |   |   |   |   |                      |   |   |
| 8  | (ii)       |   |   |   |   |                      |   |   |
|  | (1)        |   |   |   |   |                      |   |   |
| 6  | (ii)       |   |   |   |   |                      |   |   |
|  | (3)        |   |   |   |   |                      |   |   |
| 10   | Ξ          |   |   |   |   |                      |   |   |
|  | 2          |   |   |   |   |                      |   |   |
| 11   | Ξ          |   |   |   |   |                      |   |   |
|  | ε          |   |   |   |   |                      |   |   |
| 12   | Ξ          |   |   |   |   |                      |   |   |
|  | Ξ          |   |   |   |   |                      |   |   |
| 13   | <b>(E)</b> |   |   |   |   |                      |   |   |
|  | €          | 1 |   |   |   |                      |   |   |
| 14   | Ξ          |   |   |   |   |                      |   |   |
|  | Ξ          |   |   |   |   |                      |   |   |
| 15   | 3          |   |   |   |   |                      |   |   |
|  | €          | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 1 |   |   |                      |   |   |
| 16   | Ξ          |   |   |   |   |                      |   |   |

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Paçe 3

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

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

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

| Container Royalty Central Collection Fund  | 46 2758874                            |
|--|---------------------------------------|
| Part VI, Section B, Line 11b - Upon completion of the form 990, it is reviewed by our attorneys for accu   | racy. It is then forwarded to the     |
| President/Trustee for his review and signature.  |                                       |
| '  |                                       |
| Part III, form 990, Line 4d - Amount of expenses required to fulfill the fund's purpose of collecting cont | ributions from management and         |
| distributing those funds to joint labor-management employee benefit funds.                                 |                                       |
|  |                                       |
| Part VI, Section C, Line 19 - At the end of each accounting cycle, the President and Trustees are provide  | led with a copy of the financial      |
| statements for their review. When the year is concluded, the President takes an active role in any disci   | ussions that involve the              |
| independant accountants that prepare the annual audited financial statements. Further, upon request        | rom any interested party, the audited |
| financial statement is provided.   |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| •  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| <u></u>  |                                       |
|  |                                       |

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2                                 |
|--|--|
| Name of the organization               | Employer identification number         |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | ······································ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ·                                      |  |
|  |  |
|  | ••••                                   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | ••••••                                 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |