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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A F	or the 2	2011 calenda	r year, or tax year beginning	01/01/2011	2011, and end	<u>ling</u> 12	/31/2011	, 20	11
B,c	heck if ap	plicable	Name of organization D Emp		oyer identifi	ication numbe	r		
2	Address ct	nange	Solid Waste Association of North America, Inc			42-13	14569		
ıЩ	Name char	nge	Number and street (or P O. box, if mail is not	street (or P O. box, if mail is not delivered to street address) Room/suite E Telep			hone numbe	er	
=	ndal retur		11555 110th Avenue				563-38	31-1300	
=	Terminated Amended i		City or town, state or country, and ZIP + 4			F Grou	ıp Exempti	ion	
=	Application		Davenport, IA 52804			Nun	nber 🕨		
							► ✓ if the	organization	ıs not
1 1	Vebsit	e: www	isoswo.org			required	to attach	Schedule B	
J Ta	ax-exem	pt status (che	ck only one) — 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 🔲 52	7 (Form 9	90, 990-EZ	, or 990-PF).	
K	heck >	rf the	organization is not a section 509(a)(3) su	pporting organization or a s	ection 527 orga	nization and it	s gross rec	eipts are non	mally
n	ot more	e than \$50,00	0. A Form 990-EZ or Form 990 return is	not required though Form 9	90-N (e-postca	rd) may be red	juired (see	instructions).	But if
t	he orga	nization choc	ses to file a return, be sure to file a com	plete return.					
L A	dd lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If g	ross receipts are \$200,000 or	more, or if total	assets (Part II,			
lu	ne 25, co	olumn (B) belo	w) are \$500,000 or more, file Form 990 inst	ead of Form 990-EZ			▶ \$	13	35,490
P	art I	Revenu	e, Expenses, and Changes in N	let Assets or Fund B	alances (se	e the instruc	ctions for	Part I.)	
			the organization used Schedule C						. 🗹
	1		ons, gifts, grants, and similar amoun				1		1,000
	2		ervice revenue including governmen				2		
	3	Membersh	ip dues and assessments				3		4,953
	4	investment		. .			4		26
	5a	Gross amo	ount from sale of assets other than in	ventory	5a				
	Ь		or other basis and sales expenses		5b		1 1		
	C	(0.1)							0
	6	Gaming ar			•				
	а	Gross income from gaming (attach Schedule G if greater than							
ne		\$15,000)			6a		1		
Revenue	ь								
ě			aising events reported on line 1) (a						
			ch gross income and contributions e		6b	129,511			
71N7	c	Less: direc	t expenses from gaming and fundra	ising events	6c	95,163	1		
	d		e or (loss) from gaming and fundra		6a and 6b ar	nd subtract	1		
≓ ≈		line 6c)					6d	;	34,348
<u>~</u>	7a	Gross sale	s of inventory, less returns and allow	vances	7a				
	b				7b		1		
=	С	Gross prof	it or (loss) from sales of inventory (S	ubtract line 7b from line	7a)		7c		0
	8		nue (describe in Schedule O)				8		0
NAMED	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8		🕨	9		40,327
Z	10	Grants and	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, d similar amounts paid (list in Sched aid to or for members	ule O)			10		0
K	11	Benefits p	aid to or for members	VECENED.			11		7,550
Expens@CA	12	Salaries, o	ther compensation, and employee/b	penefits	المناجية		12		0
Š	13	Profession	al fees and other payments to indep	pendent contractors.	<u>ين ا ين</u>		13		0
<u> </u>	14		y, rent, utilities, and maintenance	.''''' 4 1 ZUIZ	윘		14		0
Ä	15	•	ublications, postage, and shipping	200	œ!		15		9,872
	16	.	enses (describe in Schedule Q)	JGDEN LIT	- 		16		4,841
	17	•	enses. Add lines 10 through 16 .		<u> </u>	<u></u> . ▶	17		22,263
•	18		(deficit) for the year (Subtract line 17				18		18,064
šet	19		s or fund balances at beginning of		mn (A)) (must	agree with			
ASS		end-of-ye	ar figure reported on prior year's ret	(mu			19		74,865
Net Assets	20	Other cha	nges in net assets or fund balances	(explain in Schedule O)			20		
Z	21		or fund balances at end of year. Co			<u> ▶</u>	21		92,929
Fo	r Paper	work Reduc	tion Act Notice, see the separate instr	uctions.	Cat No 106	421	F	orm 990-E2	(2011)

Par		,		D-41		_
	Check if the organization used Schedule	e U to respond to a	ny question in this	Part II	<u></u>	(B) End of year
22	Cash, savings, and investments		-	74,865	22	92,929
23	Land and buildings			,,,,,,	23	02,020
24	Other assets (describe in Schedule O)				24	
25	Total assets		[74,865	25	92,929
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column			74,865	27	92,929
Par		•		•		Expenses
\A/h =4	Check if the organization used Schedule	-	ny question in this	Part III 📋		juired for section
	is the organization's primary exempt purpose?	Educational		 		c)(3) and 501(c)(4) inizations and section
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise not benefited, and other relevant information for e	nanner, describe the			t	7(a)(1) trusts, optional thers.)
28	Environmental Education: Spring Conference that e sanitary disposal methods (75 individuals)	educates members an	d individuals interest	ed in safe		
	(Grants \$) If this amount	t includes foreign gra	note chack hara		28a	4,752
29	Environmental Education: Fall Conference to educa				208	4,732
20	disposal and recycling methods (300 individuals)		riculis interest in sur	c, sumary	1	
					Į	
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ □	29a	47,262
30	Waste Management: Provide updates on environme					
	solid waste through meetings, newsletters and web	site (150 individuals)				
					İ	
		t includes foreign gra	ints, check here .	<u> ▶ □</u>	30a	20,746
31	Other program services (describe in Schedule O)					
32	(Grants \$) If this amount Total program service expenses (add lines 28a	t includes foreign gra	ants, check here .		31a 32	72,760
Par		 				<u> </u>
	Check if the organization used Schedule					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ	C	Estimated amount of other compensation
Hal N	lorton	President -				
1818	W Burlington Ave - Burlington, IA 52601	2 hrs/wk	0)	0	0
	Wittry	Past President -				
	1 Kittyhawk Ave - Carroll, IA 51401	2 hrs/wk	0	<u> </u>	0	
	Seals	Vice President -				
	5 110th Ave - Davenport, IA 52804 nin McShane	2 hrs/wk	0	'	0	0
	County Home Rd - Marion, IA 52302	Secretary - 2 hrs/wk	0	,	0	0
$\overline{}$	Krambeck	Treasurer -		1	-	
1155	5 110th Ave - Davenport, IA 52804	2 hrs/wk	0	,	0	0
Jeff	Oworek	Chapter Director -				
1218	1 NE 12th Ave - Mitchelville, IA 50169	2 hrs/wk	C		0	0
		[
			-	-	+	
			 	<u> </u>	+	
		.]	1		1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	rait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<u> </u>		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			-,-
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved	∤ ¹		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a	Gross receipts, included on line 9, for public use of club facilities			İ
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
40 a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	'		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40ь		√
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			Ť
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
ө	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶		_	
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►		1	T
b		42b	Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		√
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
40	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		. 63	1.00
_	completed instead of Form 990-EZ	44a		√
ь	completed instead of Form 990-EZ	44b	-	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	 	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-	<u> </u> -
45-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	\vdash	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	708	-	+ •
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		-/

orm 99	0-EZ (2011)		<u> </u>				P	age '
	51						Yes	No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"							1
art							tion	
	501(c)(3) organizations and sec							o
	and 52, and complete the table				•			
	Check if the organization used S	chedule O to respond	I to any question in t	his Part VI	<u></u>	<u></u>		
							Yes	No
17	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect o	luring the			
18	Is the organization a school as described			 Sahadula E		47	-	
ю l9a	Did the organization make any transfers		-			. 49a	 	1
ь	If "Yes," was the related organization as	•	_			. 49b		
5O_	Complete this table for the organization						es an	d ke
	employees) who each received more that	in \$100,000 of compe	nsation from the organ	nization. If th	ere is non	e, enter "N	lone."	
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health I contributions t		(e) Estimate	ed amou	unt of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a	ınd deferred	other con		
		 		compen	sauon			
		-						
		-1						
								
			İ					
f	Total number of other employees paid o	ver \$100 000	. •	J				
1	Complete this table for the organization		ensated independent	contractors	who each	received	more	tha
	\$100,000 of compensation from the org							
(a)	Name and address of each independent contractor p	paid more than \$100,000	(b) Type of serv	ice	(c)	Compensati	on	
						····		
			-					
							•	
						4.0		
			-					
	Total number of other independent cont	ractors each receiving	Over \$100,000					
52	Did the organization complete Schedule	J	•	and 4947(a))(1)			
J E	nonexempt charitable trusts must attack					► ☑ Yes	. 🗆 1	No
	enalties of penury, I declare that I have examined thi	s return, including accompar	lying schedules and stateme			nowledge an	d belief	, it is
ue, co	rrect, and complete Declaration of preparer (other th	an officer) is based on all info	ormation of which preparer I	nas any knowled	ige.			
•	Heith Kramb	uck			5/1	7112		
ign	Signature of officer			Date)			
iere	▲ Keith Krambeck, Treasurer				•			

Preparer's signature

Paid

Preparer Use Only Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EiN ▶

Phone no.

Date

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Solid Waste Association of North America, Inc 42-1314569 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (i) Name of supported (vi) Is the in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

oon loadi	art home on one make						rage =
Part							
	(Complete only if you checked th						alify under
<u> </u>	Part III. If the organization fails to	quality unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0007	(h) 0000	(a) 0000	(4) 0010	(-) 0011	(6) Total
Galeni 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	L	l		<u></u>		
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	
Secti	on C. Computation of Public Support	rt Percentag	je				
14	Public support percentage for 2011 (line					14	<u>%</u>
15 16a	Public support percentage from 2010 Sci 331/2% support test—2011. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and		15 1/3% or more, o	theck this
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	k on line 13 o		e 15 is 33¹/ສ%	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the	e "facts-and-c	rcumstances"	test, check to	his box and st	top here.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	its listed belo	w, please co	mplete Part I	l.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	30,188	15,551	6,528	6,640	5.953	64,860
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		•	1			
	furnished in any activity that is related to the			i			
	organization's tax-exempt purpose	15,594	17,948	111,785	126,486	129,511	401,324
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	o	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid			İ			
	to or expended on its behalf	o	o	اه	o	o	0
5	The value of services or facilities						<u>_</u>
•	furnished by a governmental unit to the	i			ľ		
	organization without charge	0	اه	اه	o	o	•
		45,782	33,499	118,313	133,126	135,464	0
6 7a	Total. Add lines 1 through 5	43,762	33,499	110,313	133,120	135,464	466,184
/a	received from disqualified persons .	م		ا	اء		
	· · · · · ·	0	0	0	0	0	0
Ь	Amounts included on lines 2 and 3				ŀ		
	received from other than disqualified				İ		
	persons that exceed the greater of \$5,000				ŀ		
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from					1	
	line 6.)			<u></u>			466,184
<u>Secti</u>	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	45,782	33,499	118,313	133,126	135,464	466,184
10a	Gross income from interest, dividends,	·					
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,755	462	265	256	26	2,764
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	o	o	0
С	Add lines 10a and 10b	1,755	462	265	256	26	2,764
11	Net income from unrelated business						
	activities not included in line 10b, whether				İ		
	or not the business is regularly carned on	o	o	o	o	o	0
12	Other income. Do not include gain or						
•-	loss from the sale of capital assets						
	(Explain in Part IV.)	o	o	o	0	o	0
13	Total support. (Add lines 9, 10c, 11,						<u>~</u>
	and 12.)	47,537	33,961	118,578	133,382	135,490	468,948
14	First five years. If the Form 990 is for th			<u> </u>			
• •	organization, check this box and stop her	-			-		• • • • • • • • • • • • • • • • • • •
Secti	ion C. Computation of Public Suppor			· · · · · ·	<u> </u>		··-
15	Public support percentage for 2011 (line 8			3 column (fl)		15	99.41 %
16	Public support percentage from 2010 Sch		•			16	99.20 %
	ion D. Computation of Investment Inc			 	<u> </u>	1 '01	00.20 /0
17	Investment income percentage for 2011 (I			/ line 13 colum	on (fil)	17	0.59 %
18	Investment income percentage from 2010		• • • • • • • • • • • • • • • • • • • •	-		18	0.80 %
19a	331/a% support tests—2011. If the organi						
ıJa	17 is not more than 331/3%, check this box						
L	331/3% support tests—2010. If the organiz		_			-	
D	line 18 is not more than 331,3%, check this b						
20	Private foundation. If the organization did						
20	Trivate iounication. Il the organization di	a HULUHOUK EL	JUA UII 11118 14,	13a, UI 13U, C	いせいた いいさ ひひんり	anu see mistruc	

Part IV Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. instructions).	Schedule A (Form 990 or 990-EZ) 2011 Pag					
		Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See				
						

SCHEDULE C (Form 990 or 990-EZ)

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. OMB No 1545-0047 2011

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► See separate instructions. If the organization answered "Yes" to 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" to 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.

		that have NOT filed Form 5768 (election			
	~	" to Form 990, Part IV, line 5 (Proxy 1	ax) or Form 990-E	Z, Part V, line 35¢ (Proxy Ta	x), then
	ection 501(c)(4), (5), or (6) orga of organization	nizations: Complete Part III.	 	Employer iden	tification number
	1 A Complete With			Norio a section 507 a	reconization
Part		e organization is exempt und			rganization.
1		he organization's direct and indire			0.00
2					
-3	Volunteer hours				60
Part		e organization is exempt und			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	
4a					Yes No
<u>b</u>	If "Yes," describe in Part			1 504	() (0)
Part	Complete if the	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	activities	ly expended by the filing organiz	ation for section	527 exempt function ▶ \$	
2		filing organization's funds contrib			
	527 exempt function active	vities			
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b				
4		n file Form 1120-POL for this year			
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all s	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro I fund or a political action committe			
	as a separate segregated	Tund or a political action committee	rac). Il additio	Tar space is fleeded, prov	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate political organization. If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	-
Page	2

	t II-A	Complete if the organization section 501(h)).	·				
A	Check ▶	if the filing organization bel name, address, EIN, expen					up member's
В	Check ▶ ☐ if the filing organization checked box A and "limited control" provisions					apply.	
	Limits on Lobbying Expenditures					(a) Filing	(b) Affiliated
	(The term "expenditures" means amounts paid or incurred.)					organization's totals	group totals
1:	a Total lo	obbying expenditures to influence	public opinion	(grass roots lobby	ing)		
	b Total lo	obbying expenditures to influence	a legislative bo	ody (direct lobbying	3)		
	c Total lo	bbying expenditures (add lines 1a	a and 1b) .				
	d Other e	exempt purpose expenditures .					
	e Total e	xempt purpose expenditures (add	lines 1c and 1	d)			
,	F Lobbyi columr	ng nontaxable amount. Enter t ns.	the amount f	rom the following	table in both		
	If the ar	nount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	<u> </u>	r \$500,000	 	nount on line 1e.		,	
		00,000 but not over \$1,000,000	+	s 15% of the excess of	over \$500.000		
		,000,000 but not over \$1,500,000		10% of the excess			,
	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.					I	
	g Grassroots nontaxable amount (enter 25% of line 1f)						
		ct line 1g from line 1a. If zero or le					
		ct line 1f from line 1c. If zero or le					
	i If there	e is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720	
	reporti	ng section 4911 tax for this year?					Yes No
		(Some organizations that ma columns below.	de a section (See the instru	ctions for lines 2a	not have to com through 2f on p		,
		Lobbying	Expenditures	During 4-Year A	eraging Period	т	
	Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	a Lobbyi	ing nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total le	obbying expenditures					
	d Grassr	roots nontaxable amount					
		oots ceiling amount of line 2d, column (e))		-			
	f Grassr	roots lobbying expenditures					

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	led I	Form	5768		
For ea	nch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(b)	
	the state of the s	Yes	No	A	moun	it
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?	1				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓		_	_
C	Media advertisements?		✓			
d	Mailings to members, legislators, or the public?		1			
е	Publications, or published or broadcast statements?		✓			
f	Grants to other organizations for lobbying purposes?		1			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		V			
!	Other activities?		/			
)]	Total. Add lines 1c through 1i		1			0
2a b	If "Yes," enter the amount of any tax incurred under section 4912		-		-	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
Part		5), c	or se	ction		
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	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" OR answered "Yes."				line :	3, is
1	Dues, assessments and similar amounts from members		1			
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			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	•	4			
Par		<u> </u>	5			
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II	l-À· ar	nd Part	II-R	line
	o, complete this part for any additional information.		, , , <u></u>		,	
	S Obradovich was under contract to provide information to the organization regarding pending State of low	va lec	islatio	on.		
Mr. O	pradovich was not directed to influence or to persuade lowa State legislators but to only gather information	n tha	t was	provide	d to	
the o	ganization membership. Also, annually ISOSWO conducts a legislative meeting at the State of Iowa Stateh	ouse	to me	et Stat	e	
Repre	sentative and Senators. Volunteers staff the annual meeting.					
	•					

Page Part IV Supplemental Information (continued) Page					
Part IV	Supplemental Information (continued)				
	•				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

∠U Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection
Employer identification number

Solid Waste Association of North America, Inc.	42-1314569
	•
Form 990-EZ, Part I, Line 16 - Other Expenses: Board Meetings, Travel, Dues and Supplies	
TOTAL SOULE, Part I, Like 10 - Other Experiess. Board meetings, Travel, Buts and Supplies	

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