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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

| A F                         | or the                     | 2016 calendar year, or tax year beginning and   | ending        |   |                                       |
|-----------------------------|----------------------------|---|---------------|---|---------------------------------------|
| B c                         | heck if<br>oplicable:      | GEORGIA ASSOCIATION OF WATER  |               | D Employer identific                      | ation number                          |
|                             | Address<br>change          |   |               | 1   |                                       |
|                             | Name<br>change             | Doing business as   |               | 23-71                                     | 170185                                |
|                             | initial<br>return<br>Final | ,   | Room/suite    | E Telephone number                        | 610 0600                              |
| L_                          | Jreturn/<br>termin-        | 1655 ENTERPRISE WAY   |               | (770)                                     |                                       |
| _                           | ated<br>Amende             | City or town, state or province, country, and ZIP or foreign postal code  |               | G Gross receipts \$                       | 2,506,105.                            |
| $\vdash$                    | Jreturn<br>Applica         | MARIETTA, GA 30007  |               | H(a) is this a group ret                  |                                       |
| <u> </u>                    | Tuòn<br>Dending            | IF Name and address of principal officer Partitual 5. BOTTALLI  | 67            | for subordinates?                         |                                       |
|                             |                            | mpt status:   |               | H(b) Are all subordinates ind             | · · · · · · · · · · · · · · · · · · · |
|                             |                            | mpt status. A 30 ((c)(3) 50 ((c)(4) ( ) ( (iiisert iii.) 1 4947(a)(1) ( ) ( iiisert iii.) 1 4947(a)(1) ( iiisert iii.)        | 327           |   | ist. (see instructions)               |
|                             |                            | organization: X Corporation Trust Association Other   | I Vear        | H(c) Group exemption of formation: 1932 M | State of legal domicile: GA           |
| _                           |                            | Summary   | L roai        | or formation, 1331 [4]                    | Otate of legal dofficile. Ozz         |
| Т                           |                            | Briefly describe the organization's mission or most significant activities. OFFEI   | RING W        | ATER RELATE                               | EDUCATION                             |
| Activities & Governance     |                            | CHROUGH CONFERENCES, TRAINING SEMINARS AN   |               |   |                                       |
| rna                         | _                          | Check this box  if the organization discontinued its operations or dispose  |               |   | sets                                  |
| ) ve                        |                            | Number of voting members of the governing body (Part VI, line 1a)   |               | 3   | 28                                    |
| ğ                           |                            | Number of independent voting members of the governing body (Part VI, line 1b)   |               | 4   | 27                                    |
| 80                          |                            | Total number of individuals employed in calendar year 2016 (Part V, line 2a)  |               | 5   | 11                                    |
| ıtie                        |                            | Total number of volunteers (estimate if necessary)  |               | 6   | 200                                   |
| cţi                         | l                          | Fotal unrelated business revenue from Part VIII, column (C), line 12  |               | 7a  | 11,046.                               |
| <b>A</b>                    | b t                        | Net unrelated business taxable income from Form 990.1, line 34.   | <u></u>       | 7b  | 0.                                    |
|                             |                            | KEUZIVEU  | V I           | Prior Year                                | Current Year                          |
| a                           | 8 (                        | Contributions and grants (Part VIII, line 1h)   | <u>الا</u>    | 433,093.                                  | 439,279.                              |
| Ž.                          |                            | 70  | Ś             | 1,652,566.                                | 1,615,405.                            |
| Revenue                     |                            | Program service revenue (Part VIII, line 2g) また Arav ゆう 2017 ドC<br>nvestment income (Part VIII, column (A), lines 374 and 7d) | <b>ာ</b>      | 55,816.                                   | 60,765.                               |
| Œ                           |                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <u> </u>      | <46,350.                                  |                                       |
|                             |                            | Total revenue add lines 8 through 11 (must equal Part VIII); column (A), line 12)   |               | 2,095,125.                                | 2,171,974.                            |
|                             |                            | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | =             | 32,000.                                   | 34,000.                               |
|                             | l                          | Benefits paid to or for members (Part IX, column (A), line 4)   |               | 0.  | 0.                                    |
| S.                          | 15 3                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   |               | 917,260.                                  | 737,990.                              |
| Expenses                    | 16a I                      | Professional fundraising fees (Part IX, column (A), line 11e)   |               | 0.  | 0.                                    |
| ф                           | ь-                         | Fotal fundraising expenses (Part IX, column (D), line 25)   | 20.           |   |                                       |
| Ŵ                           | 17 (                       | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |               | 1,154,145.                                | 1,027,548.                            |
|                             | 18                         | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |               | 2,103,405.                                | 1,799,538.                            |
|                             | l                          | Revenue less expenses. Subtract line 18 from line 12  |               | <8,280.                                   | > 372,436.                            |
| es<br>Ses                   | _                          |   | Be            | eginning of Current Year                  | End of Year                           |
| sets                        | 20 -                       | Total assets (Part X, line 16)  |               | 4,321,871.                                | 4,469,750.                            |
| Net Assets or Fund Balances | 21                         | Total liabilities (Part X, line 26)   |               | 998,129.                                  | 773,572.                              |
|                             |                            | Net assets or fund balances Subtract line 21 from line 20   |               | 3,323,742.                                | 3,696,178.                            |
|                             | ırt II                     | Signature Block   |               |   |                                       |
|                             |                            | ties of perjury, I declare that I have examined this return, including accompanying schedule                                  |               |   | knowledge and belief, it is           |
| true,                       | correc                     | t, and complete. Declaration of preparer (other than officer) is based on all information of wh                               | hich preparei | r has any knowledge.                      |                                       |
|                             |                            | - Lamela S. Burnett   |               | 15/12/2                                   | 017                                   |
| Sıgı                        | n                          | Signature of officer  |               | Date* *                                   | •                                     |
| Her                         | e                          | PAMELA S. BURNETT, Executive Director   |               |   |                                       |
|                             |                            | Type or print name and title  |               | Data                                      | U DTIN                                |
|                             | .                          | Print/Type preparer's name Preparer's signature   |               | Date Check                                | PTIN                                  |
| Paid                        |                            | DAVID J. SCHUCHMANN   | Por           | self-employe                              |                                       |
| -                           | parer                      | Firm's name CBIZ MHM, LLC   | 100           | Firm's EIN                                | 34-1851358                            |
| üse                         | Only                       |   | 100           |   | 0.000 4500                            |
|                             |                            | ATLANTA, GA 30339   |               | Phone no. 770                             | 0-858-4500                            |
| May                         | the IF                     | S discuss this return with the preparer shown above? (see instructions)   |               | <del>-</del>                              | X Yes No                              |
| 6320                        | 01 11-1                    | 1-16 LHA For Paperwork Reduction Act Notice, see the separate instruction   | ons.          |   | Form <b>990</b> (2016)                |

Form 990 (2016)

4e Total program service expenses ► 1,521,652.

Form 990 (2016) PROFESSIONALS, INC.
Part IV 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)?  |     | 1,5          |                |
| _   | If "Yes," complete Schedule A  | _1_ | X            |                |
|     | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2   | X            |                |
| 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   |              | x              |
| 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   | X            |                |
| 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   |              | <u>X</u> _     |
| 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   |              | X              |
| 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   |              | _X_            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |              |                |
|     | Schedule D, Part III   | 8   |              | X              |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |     |              |                |
|     | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  |     |              |                |
|     | If "Yes," complete Schedule D, Part IV   | 9   |              | X              |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |     |              | ı              |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10_ |              | _X_            |
| 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 | X            |                |
| 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 |              | X              |
| 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? If "Yes," complete Schedule D, Part VIII   | 11c |              | X              |
| 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 | X            |                |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | _X_          |                |
| 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   | 111 | <u>X</u>     | <del> </del> - |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |              |                |
|     | Schedule D, Parts XI and XII   | 12a | X            |                |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |     |              | 4,             |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |              | X              |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |              | X              |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |              | X              |
| 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   | AAL |              | v              |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |              | X              |
| 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  | 45  |              | v              |
| 40  | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |              | X              |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 10  |              | x              |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16  | <del> </del> | <del>  ^</del> |
| 17  | · · · · · · · · · · · · · · · · · · ·  | 47  |              | _x_            |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     | 17  |              | ^_             |
| 18  | Annual O-O M BY a Branch At Orbital de Orbital   | 18  | х            | [              |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                            | -10 |              | <del> </del>   |
| 13  | complete Schedule G, Part III  | 19  |              | x              |
|     | Complete Conduite O, 1 th t m  |     | 990          |                |

Form 990 (2016) PROFESSIONALS, INC.

Part IV Checklist of Required Schedules (continued)

|     |   |          | Yes | No   |
|-----|---|----------|-----|--|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a      |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b      |     |  |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |          |     |  |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                               | 21       |     | X  |
| 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       | X   |  |
| 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       | X   |  |
| 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      |     | X  |
| ь   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b      |     |  |
| 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      |     |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d      |     |  |
| 25a |   |          |     |  |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a      |     | X  |
| ь   | 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           | 1        | }   | }  |
|     | Schedule L. Part I  | 25b      |     | X  |
| 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,"          | 1        | }   | }  |
|     | complete Schedule L, Part II  | 26       |     | x  |
| 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             |          | }   | <b>\</b>   |
|     | of any of these persons? If "Yes," complete Schedule L, Part III  | 27       | }   | X  |
| 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).   | ł        |     |  |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a      | }   | X  |
| b   |   | 28b      |     | X  |
|     | 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      | X   | }  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29       |     | X  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |          |     |  |
| -   | contributions? If "Yes, " complete Schedule M   | 30       | 1   | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |          |     |  |
| -   | If "Yes," complete Schedule N, Part I   | 31       | ł   | X  |
| 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       | }   | _X_  |
| 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       |     | X  |
| 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       | x   | 1  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a      | -   | X  |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |          |     | <del>                                     </del> |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b      |     | 1  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |          |     | 1  |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36       | ]   | x  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |          |     | T  |
| ٠.  | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37       |     | x  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  | <u> </u> |     | T  |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38       | X   |  |
|     |   |          |     | (2016)   |
|     |   |          |     | . ,  |

PROFESSIONALS, INC.

| Par    | t V      | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |       |     |              |
|--------|----------|--|-------|-----|--------------|
|        | · · ·    | <del></del>  |       | Yes | No           |
| 1a     | Enter t  | the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |       |     |              |
| b      | Enter t  | the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0  |       |     | ĺ            |
| С      | Did the  | e organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |       |     | ł            |
|        |          | ling) winnings to prize winners?   | 1c    |     | L            |
| 2a     | Enter 1  | the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |       |     |              |
|        | filed fo | or the calendar year ending with or within the year covered by this return 2a 11   |       |     | l            |
| b      | If at le | ast one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b    | X   |              |
|        | Note.    | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | -     |     | 1            |
| 3a     | Did the  | e organization have unrelated business gross income of \$1,000 or more during the year?  | 3a    | X   |              |
| b      | If "Yes  | s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   | 3b    | X   |              |
| 4a     | At any   | time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |       |     | l            |
|        | financi  | ial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a    |     | X            |
| b      | If "Yes  | s," enter the name of the foreign country:   |       |     | İ            |
|        | See in   | structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |       |     | 1            |
| 5a     | Was th   | he organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a_   |     | X            |
| b      | Did an   | y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b    |     | X            |
| С      | If "Yes  | s," to line 5a or 5b, did the organization file Form 8886-T?   | 5c    | ļ   | <u> </u>     |
| 6a     | Does t   | the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |       |     |              |
|        | -        | ontributions that were not tax deductible as charitable contributions?   | 6a    |     | X            |
| b      | If "Yes  | s," did the organization include with every solicitation an express statement that such contributions or gifts   |       |     | 1            |
|        | were r   | not tax deductible?  | 6b    |     | <u> </u>     |
| 7      | _        | nizations that may receive deductible contributions under section 170(c).  |       |     | 1            |
| a      |          | organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a    | X   | <del>├</del> |
|        |          | s," did the organization notify the donor of the value of the goods or services provided?  | 7b_   | X   | <del> </del> |
| C      |          | e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | _     |     | **           |
|        |          | Form 8282?   | 7c_   |     | X            |
|        |          | s," indicate the number of Forms 8282 filed during the year  | _     |     |              |
| e      |          | e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e    |     | X            |
| f      |          | e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f    |     | -            |
| g      |          | organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g    |     | <del> </del> |
| h      |          | organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h    |     | <del> </del> |
| 8      |          | soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the oring organization have excess business holdings at any time during the year? | 8     |     | x            |
| 9      | -        | •  |       |     |              |
| ,      | •        | soring organizations maintaining donor advised funds. e sponsonng organization make any taxable distributions under section 4966?  | 9a    |     | x            |
| a<br>h |          | e sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b    |     | X            |
| 10     |          | on 501(c)(7) organizations. Enter  | -05   |     | 1            |
| a      |          | on fees and capital contributions included on Part VIII, line 12   |       |     |              |
|        |          | receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |       |     | [            |
| 11     |          | on 501(c)(12) organizations. Enter.  |       |     | ł            |
| а      |          | income from members or shareholders  |       |     | İ            |
| b      | Gross    | income from other sources (Do not net amounts due or paid to other sources against   |       |     | }            |
|        |          | nts due or received from them)   |       |     | }            |
| 12a    | Section  | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a   |     |              |
|        |          | s," enter the armount of tax-exempt interest received or accrued during the year   |       |     |              |
| 13     |          | on 501(c)(29) qualified nonprofit health insurance issuers.  | i<br> | L   |              |
| а      |          | organization licensed to issue qualified health plans in more than one state?  | 13a   |     |              |
|        | Note.    | See the instructions for additional information the organization must report on Schedule O   |       |     | _            |
| b      | Enter    | the amount of reserves the organization is required to maintain by the states in which the   |       | 1   | İ            |
|        | organı   | zation is licensed to issue qualified health plans   |       |     | }            |
| C      | Enter    | the amount of reserves on hand   |       |     | <u> </u>     |
| 14a    | Did the  | e organization receive any payments for indoor tanning services during the tax year?   | 14a   |     | X            |
| ь      | If "Yes  | s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b   |     | ]            |

Form **990** (2016)

Form 990 (2016) PROFESSIONALS, INC. 23-7170185 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

|          | to line ba, bb, or rob below, describe the circumstances, processes, or changes in ochequie of see instructions                                    |               |              |              |
|----------|--|---------------|--------------|--------------|
| 500      | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management                                  |               |              | X            |
| 300      | tion A. Governing body and Martagement   |               | Yes          | No           |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  |               |              |              |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  | !             |              |              |
|          | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |               |              | ł            |
| b        | Enter the number of voting members included in line 1a, above, who are independent 1b 27   |               |              |              |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                           |               |              | [            |
|          | officer, director, trustee, or key employee?   | 2             |              | X            |
| 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             |              | X            |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                   | 4             |              | X            |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5             | ļ            | X            |
| 6        | Did the organization have members or stockholders?   | 6             | X            |              |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                                     | 1 1           |              | 1            |
|          | more members of the governing body?  | 7a            | X            | ļ            |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                 |               |              | 1            |
|          | persons other than the governing body?   | 7b            | _X_          | L            |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                  |               |              | 1            |
| а        | The governing body?  | 8a            | X            |              |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b            | X            | <b> </b>     |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                               | }             |              |              |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9             | L            | X            |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                   | <del></del> 1 |              |              |
|          |  |               | Yes          | No           |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a           |              | X            |
| р        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                         | 405           |              | ŀ            |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b           | X            |              |
|          | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                        | 11a           |              | <del> </del> |
| b<br>40- | Describe in Schedule O the process, if any, used by the organization to review this Form 990   | 40-           | х            | 1            |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a           | X            |              |
| b        |  | 12b           |              | <del> </del> |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c           | X            | 1            |
| 13       | Did the organization have a written whistleblower policy?  | 13            | X            |              |
| 14       | Did the organization have a written document retention and destruction policy?   | 14            | X            | -            |
| 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?  |               | }            |              |
| а        | The organization's CEO, Executive Director, or top management official   | 15a           | х            | l            |
| b        | Other officers or key employees of the organization  | 15b           | X            |              |
| _        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | -             |              | 1            |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                              |               | [            | 1            |
|          | taxable entity during the year?  | 16a           | }            | X            |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation                       |               |              |              |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                                     |               |              |              |
|          | exempt status with respect to such arrangements?   | 16b           |              | <u> </u>     |
| Sec      | tion C. Disclosure   |               |              |              |
| 17       | List the states with which a copy of this Form 990 is required to be filed ▶GA   |               |              |              |
| 18       | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)                     | avaılat       | le           |              |
|          | for public inspection. Indicate how you made these available. Check all that apply.  |               |              |              |
|          | Own website Another's website X Upon request Other (explain in Schedule O)   |               |              |              |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and                    | finan ל       | cıal         |              |
|          | statements available to the public during the tax year.  |               |              |              |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records 🕨                                   |               |              |              |
|          | PAMELA S. BURNETT - 770-618-8690   |               |              |              |
|          | 1655 ENTERPRISE WAY, MARIETTA, GA 30067  |               |              |              |
| 63200    | 6 11-11-18   | Form          | 1 <b>990</b> | (2016        |

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

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

#### 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.

| (A)                        | (B)                   | (C)<br>Position                           |                       |          |              |  |          | (D)                     | (E)                                   | (F)                         |
|----------------------------|-----------------------|---|-----------------------|----------|--------------|--|----------|-------------------------|---------------------------------------|-----------------------------|
| Name and Title             | Average<br>hours per  |   | not cl                | heck     | more         | than   |          | Reportable compensation | Reportable compensation               | Estimated<br>amount of      |
|                            | week                  | box, unless persor<br>officer and a direc |                       |          |              | y/trus   | tee)     | from                    | from related                          | other                       |
|                            | (list any             | individual trustee or director            |                       |          |              |  |          | the                     | organizations                         | compensation                |
|                            | hours for             | or di                                     | <b>9</b> 3            |          |              | ge   |          | organization            | (W-2/1099-MISC)                       | from the                    |
|                            | related organizations | rustee                                    | Institutional trustee |          | <b>3</b>     | mpen   |          | (W-2/1099-MISC)         | }                                     | organization<br>and related |
|                            | below                 | ig  | utona                 | =        | Key employee | estco  | ᡖ        |                         | ·                                     | organizations               |
|                            | (ine)                 | indiv                                     | Instit                | Officer  | Key e        | Highest compensated employee                     | Former   |                         |                                       |                             |
| (1) DANNY INGRAM           | 0.00                  |   |                       |          |              |  |          |                         |                                       |                             |
| DIRECTOR                   |                       | X   |                       |          |              | ├  | -        | 0.                      | 0.                                    | 0.                          |
| (2) WILLIAM B. ZIEBURTZ    | 0.00                  |   |                       |          |              | 1  |          | 0                       |                                       |                             |
| PAST PRESIDENT             |                       | X   |                       | X        | <u> </u>     | ├  |          | 0.                      | 0.                                    | 0.                          |
| (3) NOLTON JOHNSON         | 0.00                  |   |                       | -        | 1            |  | ĺ        | •                       |                                       | 0                           |
| SECRETARY-TREASURER        | 0.00                  | X   | -                     | X        |              | ├  |          | 0.                      | 0.                                    | 0.                          |
| (4) JIMMY KNIGHT           | 0.00                  |   |                       |          |              | 1  |          | 0                       |                                       | ^                           |
| DIRECTOR                   | 0.00                  | X   | -                     |          |              | ├  |          | 0.                      | 0.                                    | 0.                          |
| (5) CHUCK YOUMANS          | 0.00                  | X   |                       |          | }            |  |          | 0.                      | 0.                                    | 0 .                         |
| DIRECTOR                   | 0.00                  | Δ   |                       |          | -            | ├-   | -        | <u> </u>                | 0.                                    |                             |
| (6) WILLIAM KENT           | 0.00                  | x   |                       |          |              |  |          | 0.                      | 0.                                    | 0                           |
| DIRECTOR (7)               | 0.00                  | ^   |                       | -        | -            | <del>  -</del>                                   | -        | <u> </u>                | · · · · · · · · · · · · · · · · · · · |                             |
| (7) GARY MCCOY             | 0.00                  | x   |                       |          |              | }  |          | 0.                      | 0.                                    | 0.                          |
| DIRECTOR (8) DEBRA BEAZLEY | 0.00                  | 1   |                       | -        | _            | -  | -        | <u> </u>                |                                       |                             |
| DIRECTOR                   | 0.00                  | x   |                       |          | )            | 1  |          | 0.                      | 0.                                    | 0.                          |
| (9) KEITH MARTIN           | 0.00                  |   |                       | -        | _            | <del>                                     </del> |          |                         | <del></del>                           |                             |
| DIRECTOR                   |                       | x   |                       | ĺ        | [            |  |          | 0.                      | 0.                                    | 0                           |
| (10) DARYL MCCORKLE        | 0.00                  |   |                       |          | $\vdash$     |  |          |                         | · · · · · · · · · · · · · · · · · · · |                             |
| DIRECTOR                   |                       | x   |                       |          | }            |  |          | 0.                      | 0.                                    | 0                           |
| (11) DAVE WILLIAMS         | 0.00                  |   |                       |          |              |  |          |                         |                                       |                             |
| DIRECTOR                   |                       | X   |                       |          | }            |  |          | 0.                      | 0.                                    | 0                           |
| (12) CHRIS STANFILL        | 0.00                  |   |                       |          |              |  |          |                         |                                       |                             |
| DIRECTOR                   |                       | X   |                       |          |              |  | <u> </u> | 0.                      | 0.                                    | 0                           |
| (13) JOHN PEEBLES          | 0.00                  | ]   |                       | F        |              | -  |          |                         |                                       |                             |
| DIRECTOR                   |                       | X   |                       |          | L            | <u> </u>   |          | 0.                      | 0.                                    | 0.                          |
| (14) SCOTT ADAMS           | 0.00                  |   |                       | ł        | 1            |  |          | 1                       |                                       |                             |
| DIRECTOR                   |                       | X   |                       |          | L            | L  |          | 0.                      | 0.                                    | 0                           |
| (15) DARRYL MACY           | 0.00                  | ]   | 1                     | ł        | 1            |  | }        |                         |                                       |                             |
| DIRECTOR                   |                       | X   | <u> </u>              | <u> </u> | _            | ↓_   |          | 0.                      | 0.                                    | 0                           |
| (16) CONNIE NELMS          | 0.00                  |   |                       |          |              |  |          |                         |                                       |                             |
| DIRECTOR                   |                       | X   | L_                    | <u> </u> |              | <u> </u>   |          | 0.                      | 0.                                    | 0                           |
| (17) STEPHEN SIMPSON       | 0.00                  |   | j                     | ļ        |              |  |          | _                       | _                                     | _                           |
| DIRECTOR                   | L                     | X   | <u>L</u>              |          | <u> </u>     | <u>L</u>   | L        | 0.                      | 0.                                    | 50m <b>990</b> (2016        |

Form 990 (2016)

Form 990 (2016)

PROFESSIONALS, INC.

| Part VII Section A. Officers, Directors, Tra<br>(A)   | (B)                |  |  | ((      |              |                              |              | (D)                       | (E)                              |          | (F)              |               |
|---|--------------------|--|--|---------|--------------|------------------------------|--------------|---------------------------|----------------------------------|----------|------------------|---------------|
| Name and title  | Average            | Position (do not check more than                 |  |         |              |                              |              | Reportable                | Reportable                       | } €      | Estimat          | ed            |
|   | hours per          | box  | , unla   | ss pe   | rson         | is bot                       | h an         | compensation              | compensation                     | a        | imount           |               |
|   | week<br>(list any  | -  | T a  | 10 2 0  | rock         | 7,000                        |              | from                      | from related                     | -        | othe             |               |
|   | hours for          | director   |  |         |              | -                            |              | the organization          | organizations<br>(W-2/1099-MISC) |          | mpens<br>from th |               |
|   | related            | trustee or                                       | Ste  |         |              | ing.                         | ĺ            | (W-2/1099-MISC)           | (11 = 11000 111100)              | 1        | ganiza           |               |
|   | organizations      | trust  | Institutional trustee                            |         | Key employee | Highest compensated employee | •            | [ '                       | 1                                | a        | nd rela          | ted           |
|   | below              | Individual                                       | 舞  | Officer | E D          | pesto                        | 흁            |                           |                                  | or       | ganızat          | ions          |
|   | line)              | 르  | E  | 튱       | ş.           | 물통                           | Ē            |                           |                                  | <b>├</b> |                  |               |
| (18) PETER JOHNS  | 0.00               |  | ł  |         |              | ł                            |              |                           | 0                                | }        |                  | 0             |
| DIRECTOR  | <del> </del>       | X  | ├  |         |              | ├─                           |              | 0.                        | 0                                | •        |                  | 0.            |
| (19) KATHERINE ATTEBERRY  | 0.00               | X  |  | '       | l            | ł                            | ĺ            | 0.                        | 0                                | 1        |                  | ۸             |
| DIRECTOR  | 0.00               | ^  | ├-   |         |              | ┼-                           | -            |                           |                                  | •        |                  | 0.            |
| (20) MARILYN HALL   | 0.00               | X  | ĺ  |         | ĺ            | 1                            |              | 0.                        | 0                                | 1        |                  | 0.            |
| DIRECTOR CAPPER   | 0.00               | ^  | ╁  | -       | -            | ├                            | -            | · · · · · ·               |                                  | +        |                  | <u> </u>      |
| (21) JOHN SAWYER PRESIDENT  | 0.00               | X  | 1  | X       |              | ,                            | ,            | o.                        | 0                                |          |                  | 0.            |
| (22) EARNEST EARN   | 0.00               | ^  | <del> </del>                                     | 1       | -            | <del> </del>                 | -            |                           |                                  | •        |                  |               |
| PRESIDENT-ELECT   | 0.00               | X  | ł  | x       |              | 1                            |              | 0.                        | 0                                | _        |                  | 0.            |
| (23) PAMELA S. BURNETT  | 40.00              | -  | <del>                                     </del> | -       |              |                              | -            |                           | <del></del>                      | +        |                  |               |
| EXECUTIVE DIRECTOR  | 1000               | x  | Ì  | x       |              |                              |              | 175,904.                  | 0                                | .  :     | 36,4             | 138.          |
| (24) KIMBERLY HOLLAND   | 0.00               | T-   | T  | -       |              | _                            |              |                           | <del> </del>                     | 1        |                  |               |
| VICE PRESIDENT  |                    | X  |  | X       | Í            | İ                            | İ            | 0.                        | 0                                | .        |                  | 0.            |
| (25) CLINT BLACKWELL  | 0.00               |  |  |         |              |                              |              |                           |                                  | 1        |                  |               |
| DIRECTOR  |                    | $\mathbf{x}$                                     | -  |         |              |                              |              | 0.                        | 0                                |          |                  | 0.            |
| (26) HEATHER VEAL   | 0.00               |  |  |         |              |                              | 1            |                           |                                  | Ţ -      |                  |               |
| DIRECTOR  |                    | X  | <u> </u>   |         |              |                              |              | 0.                        | 0                                |          |                  | 0.            |
| 1b Sub-total  |                    |  | _  | -       |              | _                            | <b>&gt;</b>  | 175,904.                  | 0                                | •        | 36,4             | 138.          |
| c Total from continuation sheets to Part  | VII, Section A     |  |  |         |              |                              | ightharpoons | 0.                        | 0                                |          |                  | 0.            |
| d Total (add lines 1b and 1c)   |                    |  |  |         |              |                              | <u> </u>     | 175,904.                  | 0                                | •        | 36,4             | 138.          |
| 2 Total number of individuals (including but  | not limited to the | nose   | liste  | ed a    | bov          | e) w                         | ho n         | eceived more than \$100   | ,000 of reportable               |          |                  |               |
| compensation from the organization  |                    |  |  |         |              |                              |              |                           |                                  |          | T                | <del></del> ] |
|   |                    |  |  |         |              |                              |              |                           |                                  | _        | Yes              | No            |
| 3 Did the organization list any former office   |                    |  | e, ke  | ey er   | nplo         | oyee                         | , or         | highest compensated e     | mployee on                       |          |                  |               |
| line 1a? If "Yes," complete Schedule J for  |                    |  |  |         |              |                              |              | h                         | 4h                               | 3        | +                | X             |
| 4 For any individual listed on line 1a, is the  | •                  |  | -  |         |              |                              |              |                           | the organization                 | ١.       | x                |               |
| and related organizations greater than \$1  |                    |  |  |         |              |                              |              |                           | udval for convec                 | 4        | <b>├</b> ^       | +             |
| 5 Did any person listed on line 1a receive or<br>rendered to the organization? If "Yes," co | •                  |  |  |         | _            |                              | eiai         | ed organization of indivi | idual for services               | 5        | }                | $\mathbf{x}$  |
| Section B. Independent Contractors  | impiete Scriedu    | <del>e                                    </del> | 101 5  | ucn     | per          | SQII                         |              |                           |                                  | 3        |                  |               |
| Complete this table for your five highest.  | compensated in     | den  | ende   | ent c   | ont          | racti                        | ors 1        | that received more than   | \$100,000 of comper              | eation   | from             |               |
| the organization. Report compensation for   |                    |  |  |         |              |                              |              |                           |                                  |          |                  |               |
| (A)   |                    |  |  |         |              |                              |              | (B)                       |                                  |          | (C)              |               |
| Name and busine   | ss address         | N  | ON   | E       |              |                              | - }          | Description of s          | services                         |          | ensati           | on            |
|   |                    |  |  |         |              |                              |              |                           |                                  |          |                  |               |
|   |                    |  |  |         |              |                              |              |                           |                                  |          |                  |               |
|   |                    |  |  |         |              |                              |              |                           |                                  |          |                  |               |
|   |                    |  |  |         |              |                              |              |                           |                                  |          |                  |               |
|   |                    |  |  |         |              |                              | - 1          |                           | ]                                |          |                  |               |
|   |                    |  |  |         |              |                              | _            |                           |                                  |          |                  |               |
|   |                    |  |  |         |              |                              |              |                           |                                  |          |                  |               |
|   |                    |  |  |         |              |                              |              | <del> </del>              |                                  |          |                  |               |
|   |                    |  |  |         |              |                              | 1            |                           |                                  |          |                  |               |
| <del></del>   | <del></del>        |  |  |         |              |                              |              |                           |                                  |          |                  |               |
| 2 Total number of independent contractors   | (including but i   | ot l   | mite   | d to    | the          | se li                        | stec         | apove) who received n     | nore than                        |          |                  |               |
| \$100,000 of compensation from the orga   |                    |  |  |         |              | ^                            |              |                           |                                  |          |                  |               |

632008 11-11-16

| Part VII Section A. Officers, Directors, True |   |                                |                       | s. a       | nd F         | liah                         | est    | Compensated Employ                             | 23-/1/<br>ees (continued)                        |   |
|---|---|--------------------------------|-----------------------|------------|--------------|------------------------------|--------|--|--|---|
| (A) Name and title                            | (B)<br>Average<br>hours   |                                |                       | (C<br>Posi | c)<br>ition  |                              |        | (D) Reportable compensation                    | (E)<br>Reportable<br>compensation                | (F)<br>Estimated<br>amount of   |
|   | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | institutional trustee | Officer    | Key employee | Highest compensated employee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| 27) MIKE THOMAS DIRECTOR                      | 0.00  | х                              |                       |            |              |                              |        | 0.   | 0.   | (   |
| 28) BRIAN SKEENS                              | 0.00  |                                |                       |            |              |                              |        | 0  | 0  | ,   |
| DIRECTOR                                      |   | X                              |                       | •          |              |                              |        | 0.   | 0.   | (   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  | <del></del>                                      |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   | _                              |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                | <u>.</u>              |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |
|   |   | -                              |                       |            |              |                              |        |  |  |   |
|   |   |                                |                       |            |              |                              |        |  |  |   |

PROFESSIONALS, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 414,986 **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 24,293. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 439,279 h Total, Add lines 1a-1f Business Code 2 a CONFERENCES/SCHOOLS 611600 086,730.1,086,730 Program Service Revenue **b** CONTRACT INCOME 541900 173,915. 173,915. 52,502. c SEMINAR FEES 611430 52,502. 34,337. d ADMINISTRATIVE FEES 900099 34,337. 511190 1,875. 11,046. PUBLICATION INCOME 12,921. 255,000. 255,000 900099 All other program service revenue 615,405. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,959. 22,959 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 450. 6 a Gross rents 0. b Less: rental expenses 450. c Rental income or (loss) 450. 450. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 358,999. assets other than inventory b Less cost or other basis 321,193 and sales expenses 37,806. c Gain or (loss) 37,806. 37,806. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 36,918 Part IV, line 18 12,938 b Less direct expenses 23,980. c Net income or (loss) from fundraising events 23,980 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a UNREALIZED GAIN ON INV 900099 32,460. 32,460 413. **b** OPERATOR INCOME 900099 413. <778.⊳ <778.b c MISC INCOME/LOSS 900099 d All other revenue 32,095 Total. Add lines 11a-11d 11,046. 171,974.1,697,669 23,980. Total revenue. See instructions.

Form 990 (2016) PROFESSIONALS, INC.

Part IX | Statement of Functional Expenses

|  | Check if Schedule O contains a respons   |             | his Part IX<br>(B) | (C)         |                                |
|--|--|-------------|--------------------|-------------|--------------------------------|
|  | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   |             |                    |             | (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  | 34,000.     | 34,000.            |             |                                |
| 3  | Grants and other assistance to foreign   | j           | 1                  |             |                                |
|  | 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,   | 175 004     | 160 711            | 11 (10      | 1 500                          |
| _  | trustees, and key employees  | 175,904.    | 162,711.           | 11,610.     | 1,583                          |
| 6  | Compensation not included above, to disqualified   |             | }                  |             |                                |
|  | persons (as defined under section 4958(f)(1)) and  |             | 1                  |             |                                |
| _  | persons described in section 4958(c)(3)(B)   | 344,466.    | 258,500.           | 84,329.     | 1,637                          |
| 7  | Other salaries and wages   | 344,400.    | 430,300.           | 04,343.     | 1,03/                          |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | ļ           | 1                  |             |                                |
| 9  | Other employee benefits  | 171,713.    | 139,118.           | 32,595.     |                                |
| 9<br>10                                      | Payroll taxes  | 45,907.     | 37,157.            | 8,750.      |                                |
|  | Fees for services (non-employees).   | 43,301.     | 31,1310            | 0,750.      |                                |
| 11   | . ` ' ' '  | j           | 1                  |             |                                |
| a<br>b                                       |  | <del></del> |                    |             |                                |
| C  | A  | 12,300.     |                    | 12,300.     |                                |
| d  |  | 12,500.     |                    |             |                                |
| e  | D-4  |             |                    |             | <del></del>                    |
| f  | Investment management fees   |             |                    |             |                                |
| g  |  |             |                    | <del></del> |                                |
| 9  | column (A) amount, list line 11g expenses on Sch O.)   | 41,835.     | 14,493.            | 27,342.     |                                |
| 12   | Advertising and promotion  | 3,171.      | 2,595.             | 576.        |                                |
| 13   | Office expenses  |             |                    |             |                                |
| 14   | Information technology   |             |                    |             |                                |
| 15   | Royalties  |             |                    |             |                                |
| 16   | Occupancy  | 63,509.     | 51,404.            | 12,105.     |                                |
| 17   | Travel   | 37,406.     | 33,382.            | 4,024.      |                                |
| 18   | Payments of travel or entertainment expenses   |             |                    |             |                                |
|  | for any federal, state, or local public officials  |             |                    |             |                                |
| 19   | Conferences, conventions, and meetings   | 553,148.    | 553,148.           |             |                                |
| 20   | Interest   | 22,680.     |                    | 22,680.     |                                |
| 21   | Payments to affiliates   |             |                    |             |                                |
| 22   | Depreciation, depletion, and amortization  | 94,314.     | 76,338.            | 17,976.     |                                |
| 23   | Insurance  | 27,966.     | 2,998.             | 24,968.     |                                |
| 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 0.) |             |                    |             |                                |
| а  | CDEDIE CADD BEEC   | 37,203.     | 37,203.            |             |                                |
| b  | CONCERNED ACRESTED   | 26,363.     | 26,220.            | 143.        |                                |
| c  | DETAINING C DIDITONE   | 20,548.     | 19,379.            | 1,169.      |                                |
| d  | MINT PRODUCTION  | 20,131.     | 16,500.            | 3,631.      |                                |
|  | All other expenses   | 66,974.     | 56,506.            | 10,468.     |                                |
| 25   | Total functional expenses. Add lines 1 through 24e   | 1,799,538.  | 1,521,652.         | 274,666.    | 3,220                          |
| <u>.                                    </u> | Joint costs. Complete this line only if the organization   |             |                    |             |                                |
|  | reported in column (B) joint costs from a combined   |             |                    |             |                                |
|  | educational campaign and fundraising solicitation.   |             | ļ                  |             |                                |
|  | Check here if following SOP 98-2 (ASC 958-720)   |             | ,                  | <u> </u>    |                                |

| 41                          | t X      | Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X  |                       |     | <del></del>        |
|-----------------------------|----------|--|-----------------------|-----|--------------------|
|                             | •        | Chicago Contains a response of flote to any fine in the face x   | (A) Beginning of year | Ì   | (B)<br>End of year |
|                             | 1        | Cash - non-interest-bearing  | 605,678.              | 1   | 755,755.           |
| ļ                           | 2        | Savings and temporary cash investments   |                       | 2   |                    |
| J                           | 3        | Pledges and grants receivable, net   |                       | 3   |                    |
| 1                           | 4        | Accounts receivable, net   | 74,909.               | 4   | 49,833.            |
| - 1                         | 5        | Loans and other receivables from current and former officers, directors,   |                       | }   |                    |
| - }                         |          | trustees, key employees, and highest compensated employees. Complete   |                       | }   |                    |
| - }                         |          | Part II of Schedule L  |                       | _5  |                    |
| }                           | 6        | Loans and other receivables from other disqualified persons (as defined under  |                       |     |                    |
| - }                         |          | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing  |                       | 1   |                    |
| - }                         |          | employers and sponsoring organizations of section 501(c)(9) voluntary  |                       | 1   |                    |
| ខ្ល                         |          | employees' beneficiary organizations (see instr). Complete Part II of Sch L  |                       | 6   |                    |
| Assets                      | 7        | Notes and loans receivable, net  |                       | _7_ |                    |
| •                           | 8        | Inventories for sale or use  |                       | 8   |                    |
| 1                           | 9        | Prepaid expenses and deferred charges  | <u>55,276.</u>        | 9   | 55,294.            |
| 1                           | 10a      | Land, buildings, and equipment: cost or other  |                       |     |                    |
| l                           |          | basis Complete Part VI of Schedule D 10a 2,920,507.  |                       |     |                    |
| ı                           | b        | Less accumulated depreciation 10b 702,307.   | 2,281,143.            |     | 2,218,200.         |
| ļ                           | 11       | Investments · publicly traded securities   |                       | _11 | <del></del>        |
| - (                         | 12       | Investments · other securities. See Part IV, line 11   |                       | 12  |                    |
| - {                         | 13       | Investments - program-related. See Part IV, line 11  | 11 501                | 13  |                    |
| ļ                           | 14       | Intangible assets  | 11,521.               | 14  | 9,228.             |
| - (                         | 15       | Other assets See Part IV, line 11  | 1,293,344.            | 15  | 1,381,440.         |
| {                           | 16       | Total assets, Add lines 1 through 15 (must equal line 34)  | 4,321,871.            | 16  | 4,469,750.         |
| ĺ                           | 17       | Accounts payable and accrued expenses  | 115,897.              | 17  | 15,252.            |
| ſ                           | 18       | Grants payable   | 302 030               | 18  | 200 255            |
| 1                           | 19       | Deferred revenue   | 302,939.              | 19  | 280,355.           |
| }                           | 20       | Tax-exempt bond liabilities  |                       | 20  | <del></del>        |
| _                           | 21       | Escrow or custodial account liability Complete Part IV of Schedule D   |                       | 21  |                    |
| Liabilities                 | 22       | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons |                       | ,   |                    |
| <b>5</b>                    |          | Complete Part II of Schedule L   |                       | 22  |                    |
| 3 )                         | 23       | Secured mortgages and notes payable to unrelated third parties   | 554,783.              | 23  | 450,289.           |
| ]                           | 23<br>24 | Unsecured notes and loans payable to unrelated third parties   | 334,703.              | 24  | 350,205            |
| ļ                           | 25       | Other liabilities (including federal income tax, payables to related third   |                       |     | <del></del>        |
|                             | 20       | parties, and other liabilities not included on lines 17-24). Complete Part X of  |                       | 1   |                    |
| ł                           |          | Schedule D   | 24,510.               | 25  | 27,676.            |
| ł                           | 26       | Total liabilities, Add lines 17 through 25   | 998,129.              | 26  | 773,572.           |
|                             |          | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and   |                       |     |                    |
| go                          |          | complete lines 27 through 29, and lines 33 and 34.   |                       | }   |                    |
| ဥ                           | 27       | Unrestricted net assets  | 3,075,419.            | 27  | 3,445,138.         |
|                             | 28       | Temporarily restricted net assets  | 248,323.              | 28  | 251,040.           |
|                             | 29       | Permanently restricted net assets  |                       | 29  |                    |
| Net Assets of Fund Balances | _•       | Organizations that do not follow SFAS 117 (ASC 958), check here ▶  |                       |     |                    |
| 5                           |          | and complete lines 30 through 34.  |                       | 1   |                    |
| 2                           | 30       | Capital stock or trust principal, or current funds   |                       | 30  |                    |
| SSE                         | 31       | Paid in or capital surplus, or land, building, or equipment fund   | <del> </del>          | 31  |                    |
| ž A                         | 32       | Retained earnings, endowment, accumulated income, or other funds   |                       | 32  |                    |
| ž                           | 33       | Total net assets or fund balances  | 3,323,742.            | 33  | 3,696,178.         |
|                             | 34       | Total liabilities and net assets/fund balances   | 4,321,871.            | 34  | 4,469,750.         |

| Form | 990 (2016) PROFESSIONALS, INC.   | <u> 23-</u> | <u>71701</u> | <u> 85</u>  | Pag                                    | <u>qe 12</u> |
|------|--|-------------|--------------|-------------|--|--------------|
|      | t XI Reconciliation of Net Assets  |             |              |             |  |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI  | <u> </u>    |              |             |  |              |
|      | ·  | 1           | _            |             |  |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1           |              |             |  | <u>74.</u>   |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2           | 1            |             |  | 38.          |
| 3    | Revenue less expenses Subtract line 2 from line 1  |             |              |             | <u>36.</u>                             |              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 3_          | <u>, 32</u>  | <u>3,7</u>  | <u>42.</u>                             |              |
| 5    | Net unrealized gains (losses) on investments .   | 5           |              |             |  |              |
| 6    | Donated services and use of facilities   | 6           |              |             |  |              |
| 7    | Investment expenses  | 7           |              |             |  |              |
| 8    | Pnor period adjustments  | 8           |              |             |  |              |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9           |              |             |  | 0.           |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                  |             |              |             |  |              |
|      | column (B))  | 10          | 3_           | <u>, 69</u> | <u>6,1</u>                             | <u>78.</u>   |
| Pa   | t 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.  |             |              |             |  |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | 0           |              |             |  |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |             | -            | 2a          |  | X_           |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a      | ŀ            |             |  | 1            |
|      | separate basis, consolidated basis, or both:   |             |              |             |  |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |             |              |             |  |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |             | <u> </u>     | 2b          | X                                      | <b>↓</b>     |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   | e basıs,    |              |             |  |              |
|      | consolidated basis, or both:   |             | İ            |             |  |              |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |             | İ            |             |  |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,    |              |             |  |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |             |              | 2c          | X                                      |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  |             |              |             |  |              |
| 3а   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au     | ht           |             |  |              |
|      | Act and OMB Circular A-133?  |             |              | 3a_         |  | X_           |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | iired aud   | irt          |             |  |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |             |              | <u>3b</u>   | ــــــــــــــــــــــــــــــــــــــ | Ш.           |

Form **990** (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**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.

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

GEORGIA ASSOCIATION OF WATER

Emplo

Employer identification number

PROFESSIONALS. INC. 23-7170185 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 12, check only one box.) 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 (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (ii) FIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 PROFESSIONALS, INC. 23-7170:

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 23-7170185 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u> </u> | tion A. Public Support   |              |                      |                      |                      |                     |              |
|----------|--|--------------|----------------------|----------------------|----------------------|---------------------|--------------|
| Cale     | ndar year (or fiscal year beginning in) 🕨                          | (a) 2012     | (b) 2013             | (c) 2014             | (d) 2015             | (e) 2016            | (f) Total    |
| 1        | Gifts, grants, contributions, and                                  | Į            | ļ                    |                      |                      |                     |              |
|          | membership fees received. (Do not                                  |              |                      |                      |                      |                     |              |
|          | include any "unusual grants.")                                     | <u> </u>     |                      |                      | ļ                    |                     |              |
| 2        | Tax revenues levied for the organ-                                 |              | İ                    |                      |                      |                     |              |
|          | zation's benefit and either paid to                                | I            |                      | į                    |                      |                     |              |
|          | 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                                       |              |                      |                      |                      |                     | 1            |
|          | governmental unit or publicly                                      |              |                      |                      |                      |                     |              |
|          | supported organization) included                                   |              | Ì                    | }                    |                      |                     |              |
|          | on line 1 that exceeds 2% of the                                   |              |                      |                      |                      |                     |              |
|          | amount shown on line 11,   |              |                      |                      | 1                    |                     |              |
|          | column (f)   | <u> </u>     |                      |                      |                      | ļ                   |              |
| 6        | Public support. Subtract line 5 from line 4                        | <u></u>      | l                    | <u> </u>             | <u> </u>             | <u> </u>            | <u> </u>     |
|          | ction B. Total Support   |              | <del></del>          |                      | <del>,</del> _       | <del></del>         | <del>,</del> |
|          | ndar year (or fiscal year beginning in)                            | (a) 2012     | (b) 2013             | (c) 2014             | (d) 2015             | (e) 2016            | (f) Total    |
| 7        | Amounts from line 4  | <del></del>  |                      |                      | ļ                    | ļ                   |              |
| 8        | Gross income from interest,  |              |                      |                      |                      | 1                   |              |
|          | dividends, payments received on                                    |              |                      |                      |                      |                     |              |
|          | securities loans, rents, royalties                                 |              |                      |                      |                      |                     |              |
|          | and income from similar sources                                    |              |                      |                      |                      | <del> </del>        |              |
| 9        | Net income from unrelated business                                 |              |                      |                      |                      |                     |              |
|          | activities, whether or not the                                     |              |                      |                      |                      |                     |              |
|          | business is regularly carried on                                   | <del></del>  | -                    | <del> </del>         | <del> </del>         | ļ <u> </u>          | <del></del>  |
| 10       | Other income Do not include gain                                   |              |                      |                      |                      |                     |              |
|          | or loss from the sale of capital                                   | 1            |                      |                      |                      |                     |              |
|          | assets (Explain in Part VI.)                                       | <del> </del> |                      |                      | <del> </del>         | <del> </del>        |              |
|          | Total support. Add lines 7 through 10                              | -1- /        |                      | L                    | <u> </u>             | 1.0                 | L            |
|          | Gross receipts from related activities,                            | •            | •                    |                      |                      | 12                  |              |
| 13       | First five years. If the Form 990 is for                           | -            | s tirst, secona, thi | ra, τουπη, or τίπη τ | ax year as a section | on 501(c)(3)        | ~ 🗆          |
| Sec      | organization, check this box and storection C. Computation of Publ |              | rcentage             |                      |                      |                     |              |
|          | Public support percentage for 2016 (                               | <del></del>  | <del></del>          | column (fl)          | <del></del>          | 14                  | %            |
|          | Public support percentage from 2015                                |              | •                    | Coldinii (I))        |                      | 15                  | <u> </u>     |
|          | 33 1/3% support test - 2016. If the o                              |              |                      | in line 13 and line  | 14 is 33 1/3% or     |                     |              |
|          | stop here. The organization qualifies                              | •            |                      | •                    | 141300 17070 011     | more, check this b  |              |
| ь        | 33 1/3% support test - 2015. If the c                              |              | •                    |                      | d line 15 is 33 1/39 | 6 or more check ti  | his hox      |
| _        | and stop here. The organization qual                               |              |                      |                      |                      |                     | <b>▶</b> □   |
| 17a      | 10% -facts-and-circumstances tes                                   | •            | • • • •              |                      | e 13 16a or 16b      | and line 14 is 10%  | or more      |
|          | and if the organization meets the "fac                             | _            |                      |                      | · · · · ·            |                     | •            |
|          | meets the "facts-and-circumstances"                                |              |                      | •                    | ·                    |                     | ▶□           |
| h        | 10% -facts-and-circumstances tes                                   | •            | •                    |                      | •                    | 17a, and line 15 is | 10% or       |
| -        | more, and if the organization meets the                            | _            |                      |                      |                      |                     |              |
|          | organization meets the "facts-and-circ                             |              |                      |                      | •                    |                     | <b>.</b>     |
| 18       | Private foundation. If the organization                            |              | -                    |                      |                      |                     | ns 声         |
|          |  |              |                      | <u> </u>             |                      | edule A (Form 990   |              |

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# Schedule A (Form 990 or 990 EZ) 2016 PROFESSIONALS, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

| Se   | ction A. Public Support  | Blow, please comp   | nete Part II )        |                        |                      |                     |                                       |
|------|--|---------------------|-----------------------|------------------------|----------------------|---------------------|---------------------------------------|
|      | endar year (or fiscal year beginning in)   | (a) 2012            | (b) 2013              | (c) 2014               | (d) 2015             | (e) 2016            | (f) Total                             |
|      | Gifts, grants, contributions, and  |                     | 147                   |                        |                      | (6) 55.5            | - G                                   |
|      | membership fees received. (Do not  |                     |                       |                        |                      |                     |                                       |
|      | include any "unusual grants.")   | 505.355.            | 457,822.              | 454.894.               | 433.093.             | 414.985.            | 2,266,149,                            |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1,296,034,          | 1,336,795,            | 1,536,781,             | 1,652,566,           | 1,685,756,          | 7,507,932,                            |
| 3    | Gross receipts from activities that  |                     |                       |                        | ·                    |                     |                                       |
|      | are not an unrelated trade or bus-<br>iness under section 513  |                     |                       | _                      | i<br>                |                     |                                       |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                     |                       |                        |                      |                     |                                       |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                     |                       |                        |                      |                     |                                       |
| 6    | Total. Add lines 1 through 5   | 1,801,389,          | 1,794,617,            | 1,991,675,             | 2,085,659.           | 2,100,741,          | 9,774,081.                            |
| 78   | a Amounts included on lines 1, 2, and 3 received from disqualified persons   |                     |                       |                        |                      |                     | 0.                                    |
| t    | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                     |                       |                        |                      |                     | 0.                                    |
| •    | Add lines 7a and 7b  |                     |                       |                        |                      | <del></del>         | 0.                                    |
|      | Public support. (Subtract line 7c from line 6) ction B. Total Support  |                     |                       |                        | <u> </u>             |                     | 9,774,081.                            |
| Cale | endar year (or fiscal year beginning in) 🕨   | (a) 2012            | <b>(b)</b> 2013       | (c) 2014               | (d) 2015             | (e) 2016            | (f) Total                             |
| 9    | Amounts from line 6  | 1,801,389.          | 1,794,617.            | 1,991,675,             | 2,085,659.           | 2,100,741.          | 9,774,081,                            |
| 10a  | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                | 61,135.             | 12,650.               | 15,101.                | 22,676.              | 22,959.             | 134,521.                              |
| ŧ    | o Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |                     |                       |                        |                      | ·                   |                                       |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | 61,135.             | 12,650.               | 15,101.                | 22,676.              | 22,959.             | 134,521.                              |
| 12   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                     |                       |                        |                      |                     |                                       |
| 13   | Total support. (Add lines 9, 10c, 11, and 12)  | 1,862,524.          | 1,807,267.            | 2,006,776.             | 2,108,335.           | 2,123,700.          | 9,908,602.                            |
| 14   | First five years. If the Form 990 is for   | the organization's  | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) organiz | ation,                                |
|      | check this box and stop here   | <u> </u>            |                       |                        |                      |                     | ▶□                                    |
| Se   | ction C. Computation of Publi  | c Support Pe        | rcentage              |                        |                      |                     |                                       |
| 15   | Public support percentage for 2016 (li   | ne 8, column (f) d  | ivided by line 13, c  | olumn (f))             |                      | 15                  | 98.64 %                               |
| 16   | Public support percentage from 2015  | Schedule A, Part    | III, line 15          |                        |                      | 16                  | 98.47 %                               |
| Se   | ction D. Computation of Inves  | stment Incom        | e Percentage          |                        |                      |                     |                                       |
| 17   | Investment income percentage for 20  | 16 (line 10c, colur | nn (f) divided by lin | e 13, column (f))      |                      | 17                  | 1.36 %                                |
| 18   | Investment income percentage from 2  | 2015 Schedule A,    | Part III, line 17     |                        |                      | 18                  | 1.53 %                                |
|      | 33 1/3% support tests - 2016. If the   |                     |                       | on line 14, and line   | 15 is more than 3    |                     |                                       |
|      | more than 33 1/3%, check this box are 33 1/3% support tests - 2015. If the   | nd stop here. The   | organization quali    | fies as a publicly s   | supported organiza   | ation               | <b>►</b> X                            |
| 1    | line 18 is not more than 33 1/3%, che  | <del>-</del>        |                       |                        |                      |                     | <b>▶</b> □                            |
| 20   | Private foundation. If the organization  | n did not check a   | box on line 14, 19:   | a, or 19b, check th    | ns box and see ins   | tructions           | $ \qquad \blacktriangleright \square$ |

Schedule A (Form 990 or 990-EZ) 2016 PROFESSIONALS, INC.

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I, complete Sections A and D. and complete Part V.)

| Sections A         | , D, and E. If you checke | ed 12d of Part I, | complete Sections A | and D, and complet | e Part V.) |
|--------------------|---------------------------|-------------------|---------------------|--------------------|------------|
| Section A. All Sup | porting Organizati        | ons               |                     |                    |            |
| -                  |                           |                   |                     |                    |            |

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document) <u>5a</u> b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a

Schedule A (Form 990 or 990-EZ) 2016

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

|            |  | <u>8-717018</u> | <u>5 Pa</u> | <u> 19e 5</u> |
|------------|--|-----------------|-------------|---------------|
| Pai        | rt IV   Supporting Organizations (continued)   |                 |             |               |
|            |  |                 | Yes         | No            |
| 11         | Has the organization accepted a gift or contribution from any of the following persons?                                  |                 |             | 1             |
| а          | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)             |                 |             | 1             |
|            | below, the governing body of a supported organization?   | 11a             |             |               |
| b          | A family member of a person described in (a) above?  | 11b             |             | L             |
|            | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.    | 11c             |             | <u></u>       |
| <u>Sec</u> | tion B. Type I Supporting Organizations  |                 | ·           |               |
|            |  |                 | Yes         | No            |
| 1          | Did the directors, trustees, or membership of one or more supported organizations have the power to                      |                 | <u> </u>    |               |
|            | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the       |                 |             |               |
|            | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or            |                 |             | 1             |
|            | controlled the organization's activities. If the organization had more than one supported organization,                  |                 |             |               |
|            | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                |                 |             | l             |
|            | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                   | 1               |             |               |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported                      |                 |             |               |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in               |                 |             | 1             |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,              |                 |             |               |
|            | supervised, or controlled the supporting organization.   | 2               |             |               |
| Sec        | tion C. Type II Supporting Organizations   |                 |             |               |
|            |  |                 | Yes         | No            |
| 1          | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors         |                 |             |               |
|            | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control            |                 |             | 1             |
|            | or management of the supporting organization was vested in the same persons that controlled or managed                   |                 |             | 1             |
|            | the supported organization(s).   | 1               |             |               |
| Sec        | tion D. All Type III Supporting Organizations  |                 |             |               |
|            |  |                 | Yes         | No            |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the           |                 |             | 1,,,          |
| •          | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax    |                 |             | ĺ             |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |                 |             |               |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?         | 1               |             |               |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported         |                 |             |               |
| _          | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how       |                 |             |               |
|            | the organization maintained a close and continuous working relationship with the supported organization(s).              | 2               |             |               |
| 3          | By reason of the relationship described in (2), did the organization's supported organizations have a                    |                 |             |               |
| 3          | significant voice in the organization's investment policies and in directing the use of the organization's               |                 |             |               |
|            | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's             |                 |             |               |
|            |  | 3               |             | ľ             |
| Sec        | supported organizations played in this regard.  Ition E. Type III Functionally Integrated Supporting Organizations       |                 | 1           |               |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee Instruc |                 |             |               |
|            | The organization satisfied the Activities Test. Complete line 2 below.   | ions).          |             |               |
| a<br>b     | The organization is the parent of each of its supported organizations. Complete line 3 below                             |                 |             |               |
|            | The organization supported a governmental entity Describe in Part VI how you supported a government entity (s            | oo inetriotions | 4           |               |
| C          |  | ee msnachons    | 7           | No            |
| 2          | Activities Test Answer (a) and (b) below.  |                 | Yes         | No            |
| а          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of       |                 |             |               |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify               |                 |             |               |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,                 |                 |             |               |
|            | how the organization was responsive to those supported organizations, and how the organization determined                |                 |             |               |
|            | that these activities constituted substantially all of its activities  | 2a              | ļ. —        | ├──           |
| b          | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more      |                 |             |               |
|            | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the             |                 |             |               |
|            | reasons for the organization's position that its supported organization(s) would have engaged in these                   |                 |             |               |
|            | activities but for the organization's involvement  | 2b              | <u> </u>    | ļ             |
| 3          | Parent of Supported Organizations. Answer (a) and (b) below.   |                 |             |               |
| а          | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or              |                 |             |               |
|            | trustees of each of the supported organizations? Provide details in Part VI.   | 3a              | ļ           | ļ             |
| b          | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each      |                 |             |               |
|            | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard         | 3b              | <u> </u>    | <u></u>       |

|      | dule A (Form 990 or 990-EZ) 2016 PROFESSIONALS, INC.                            |              |                           | 23-7170185 Page 6              |
|------|---|--------------|---------------------------|--------------------------------|
| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                       |              |                           |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | -            |                           | Part VI) See instructions. All |
|      | other Type III non-functionally integrated supporting organizations must co     | mplete Se    | ctions A through E        |                                |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1            |                           |                                |
| 2    | Recovenes of prior-year distributions   | 2            |                           |                                |
| 3    | Other gross income (see instructions)   | 3            |                           |                                |
| 4    | Add lines 1 through 3   | 4            |                           |                                |
| 5    | Depreciation and depletion  | 5            |                           |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |              |                           |                                |
|      | collection of gross income or for management, conservation, or                  |              |                           |                                |
|      | maintenance of property held for production of income (see instructions)        | 6            |                           |                                |
| 7    | Other expenses (see instructions)   | 7            |                           |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8            |                           |                                |
| Sect | ion B - Minimum Asset Amount  |              | (A) Pnor Year             | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |              |                           |                                |
|      | instructions for short tax year or assets held for part of year).               |              |                           |                                |
| _ a  | Average monthly value of securities   | 1a           |                           |                                |
| b    | Average monthly cash balances   | 1b           |                           |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c           |                           |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d           |                           |                                |
| е    | Discount claimed for blockage or other  |              |                           |                                |
|      | factors (explain in detail in Part VI):   |              |                           |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2            |                           |                                |
| _3   | Subtract line 2 from line 1d  | 3            |                           |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |              |                           |                                |
|      | see instructions)   | 4            |                           |                                |
| _ 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5            |                           |                                |
| _6_  | Multiply line 5 by 035  | 6            |                           |                                |
| _7_  | Recoveries of prior-year distributions  | 7            |                           |                                |
| _8_  | Minimum Asset Amount (add line 7 to line 6)                                     | 8            | <del> </del>              |                                |
| Sect | ion C - Distributable Amount  |              |                           | Current Year                   |
| _1   | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1            |                           |                                |
| 2    | Enter 85% of line 1   | 2            |                           |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3            |                           |                                |
| 4    | Enter greater of line 2 or line 3   | 4            |                           |                                |
| _5_  | Income tax imposed in prior year  | 5            |                           |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |              |                           |                                |
|      | emergency temporary reduction (see instructions)                                | 6            |                           |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | ly integrate | ed Type III supporting or | ganization (see                |
|      | instructions)   |              |                           |                                |

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 PROFESSIONALS, INC. 23-7170185 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016. а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

| Schedule A    | (Form 990 or 990-EZ) 2016  | PROFESSION OF THE PROFESSION O | <u>ONALS</u> ,                                 | INC.  |   | <u>23-7170185</u>  | Page 8  |
|---------------|--|--|--|---|---|--|---------|
| Part VI       | Supplemental Infor<br>Part IV, Section A, lines 1<br>line 1, Part IV, Section D,<br>Section D, lines 5, 6, and | <b>mation.</b> Provide<br>, 2, 3b, 3c, 4b, 4c, 3<br>lines 2 and 3; Part  | the explanat<br>5a, 6, 9a, 9b<br>IV. Section E | tions required t<br>, 9c, 11a, 11b,<br>E. lines 1c, 2a, 2 | and 11c; Part IV, Sec<br>2b. 3a. and 3b; Part V | II, line 17a or 17b; Part III, line 12;<br>tion B, lines 1 and 2; Part IV, Sectio<br>line 1, Part V, Section B, line 1e, P<br>or any additional information. | оп С.   |
|               | (See instructions)   |  |  |   |   |  | _       |
|               |  |  |  |   |   |  |         |
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## 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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

|       | ( see separate msu doublis), then        |                                      |                           |                         |  |
|-------|--|--------------------------------------|---------------------------|-------------------------|--|
|       | Section 501(c)(4), (5), or (6) organizat |                                      |                           | - Emal                  |  |
| IVAII |  | ASSOCIATION OF                       | WATER                     | Embi                    | oyer identification number                       |
| - D   | Int I-A Complete if the org              | IONALS, INC. anization is exempt und | or postion 501(a)         | or in a postion 527 a   | 23-7170185                                       |
| Га    | irt i-A Complete ii the org              | anization is exempt und              | er section sor(c)         | or is a section ser o   | rganization.                                     |
|       |  |                                      |                           |                         |  |
|       | Provide a description of the organiz     | · ·                                  | al campaign activities ii |                         |  |
|       | Political campaign activity expendit     |                                      |                           | ▶ \$                    |  |
| 3     | Volunteer hours for political campai     | gn activities                        |                           | •• ••                   |  |
| _     |  |                                      |                           | <u> </u>                |  |
|       |  | anization is exempt und              |                           |                         |  |
|       | Enter the amount of any excise tax       | • •                                  |                           | <b>&gt;</b> \$          |  |
| 2     | Enter the amount of any excise tax       | incurred by organization manage      | ers under section 4955    | <b>▶</b> \$             |  |
|       | If the organization incurred a section   | n 4955 tax, did it file Form 4720    | for this year?            |                         | Yes No   |
| _     | Was a correction made?                   |                                      |                           |                         | └─ Yes └─ No                                     |
|       | If "Yes," describe in Part IV.           |                                      |                           | sussed as ation FOA     | -1/01  |
|       | art I-C Complete if the org              | <del></del>                          |                           |                         |  |
| 1     | Enter the amount directly expended       | I by the filing organization for sec | ction 527 exempt funct    | ion activities > \$     |  |
| 2     | Enter the amount of the filing organ     | ization's funds contributed to otl   | ner organizations for se  | ection 527              |  |
|       | exempt function activities               |                                      |                           | <b>▶</b> \$             |  |
| 3     | Total exempt function expenditures       | . Add lines 1 and 2 Enter here a     | nd on Form 1120-POL,      |                         |  |
|       | line 17b                                 |                                      |                           | ▶ \$                    |  |
| 4     | Did the filing organization file Form    | 1120-POL for this year?              |                           |                         | Yes No   |
| 5     | Enter the names, addresses and en        |                                      | •                         | •                       | • •  |
|       | made payments. For each organiza         |                                      |                           |                         |  |
|       | contributions received that were pro     | • •                                  |                           | ·                       | te segregated fund or a                          |
|       | political action committee (PAC). If     | additional space is needed, prov     | ide information in Part   | IV                      |  |
|       | (a) Name                                 | (b) Address                          | (c) EIN                   | (d) Amount paid from    | (e) Amount of political                          |
|       |  |                                      |                           | filing organization's   | contributions received and promptly and directly |
|       |  |                                      |                           | funds If none, enter -0 | delivered to a separate                          |
|       |  |                                      | ł                         |                         | political organization                           |
|       |  |                                      |                           |                         | If none, enter -0                                |
|       |  |                                      | ł                         |                         |  |
|       |  |                                      |                           |                         |  |
|       |  |                                      | 1                         | 1                       |  |
|       |  |                                      |                           | <u> </u>                | <u> </u>   |
|       |  |                                      |                           |                         |  |
|       |  |                                      |                           | <u> </u>                |  |
|       |  |                                      |                           | 1                       |  |
|       |  |                                      |                           | <u></u>                 |  |
|       |  |                                      |                           |                         |  |
|       |  |                                      |                           | J                       |  |
|       |  |                                      |                           |                         |  |
|       |  |                                      |                           |                         |  |

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

| Schedule C (Form 990 or 990-EZ) 2016     |                                     | SSUCIATION C                          | OF WAIER                     | 23_7                  | 170185 Page 2        |
|--|-------------------------------------|---------------------------------------|------------------------------|-----------------------|----------------------|
| Part II-A Complete if the organic        | anization is e                      | xempt under sect                      | tion 501(c)(3) and fil       | ed Form 5768 (el      | ection under         |
| section 501(h)).                         |                                     |                                       |                              | •                     |                      |
|  | ion belongs to ar                   | affiliated group (and lis             | t in Part IV each affiliated | group member's nam    | ie, address, EIN,    |
| expenses, and share                      | -                                   |                                       |                              | •                     | , , ,                |
| B Check ▶                                | on checked box                      | A and "limited control"               | provisions apply.            |                       |                      |
| l :ia                                    | a an Labbidae E                     | vacadituras                           |                              | (a) Filing            | (b) Affiliated group |
|  | s on Lobbying E<br>litures" means a | xpenditures<br>mounts paid or incurre | ed.)                         | organization's        | totals               |
|  |                                     |                                       |                              | totals                |                      |
| 1a Total lobbying expenditures to influ  | ence public opin                    | on (grass roots lobbying              | g)                           | 558.                  |                      |
| b Total lobbying expenditures to influ   | ence a legislative                  | body (direct lobbying)                |                              | 2,000.                |                      |
| c Total lobbying expenditures (add lir   | nes 1a and 1b)                      |                                       |                              | 2,558.                |                      |
| d Other exempt purpose expenditure       | s                                   |                                       |                              | 1,812,477.            |                      |
| e Total exempt purpose expenditures      | s (add lines 1c an                  | d 1d)                                 |                              | 1,815,035.            |                      |
| f Lobbying nontaxable amount. Ente       | r the amount fror                   | n the following table in t            | ooth columns.                | 240,752.              |                      |
| If the amount on line 1e, column (a) or  | r (b) is: The                       | lobbying nontaxable a                 | amount is:                   |                       |                      |
| Not over \$500,000                       | 20%                                 | of the amount on line                 | 1e                           |                       |                      |
| Over \$500,000 but not over \$1,000      | ),000 <u>\$10</u>                   | 0,000 plus 15% of the                 | excess over \$500,000        |                       | ļ                    |
| Over \$1,000,000 but not over \$1,50     | 00,000 \$17                         | 5,000 plus 10% of the o               | excess over \$1,000,000.     |                       |                      |
| Over \$1,500,000 but not over \$17,0     | 000,000 \$22                        | 5,000 plus 5% of the ex               | cess over \$1,500,000.       |                       |                      |
| Over \$17,000,000                        |                                     | 000,000.                              |                              |                       |                      |
|  | <del></del>                         | _ <del></del>                         | <del> </del>                 | 60 400                |                      |
| g Grassroots nontaxable amount (ent      |                                     |                                       |                              | 60,188.               |                      |
| h Subtract line 1g from line 1a. If zero | •                                   |                                       |                              | 0.                    |                      |
| i Subtract line 1f from line 1c. If zero | •                                   |                                       |                              | 0.                    |                      |
| j If there is an amount other than zer   |                                     | h or line 1i, did the orga            | nization file Form 4720      | Г                     | <b>–</b> –           |
| reporting section 4911 tax for this y    | ·                                   |                                       |                              | _ <del>_</del>        | Yes No               |
| (Some organizations th                   |                                     | Averaging Period Und                  |                              | of the five columns b | olow                 |
| (Some organizations th                   |                                     | parate instructions for               | •                            | or the live columns b | eiow.                |
|  |                                     | <u> </u>                              | Year Averaging Period        |                       | <del></del>          |
|  |                                     | Aportania do Daning I                 |                              | T                     |                      |
| Calendar year                            | (a) 2013                            | <b>(b)</b> 2014                       | (c) 2015                     | (d) 2016              | (e) Total            |
| (or fiscal year beginning in)            | .,                                  | , , ,                                 | ` '                          |                       | ``                   |
|  |                                     | <del></del>                           | <del></del>                  |                       | <del> </del>         |
| 2a Lobbying nontaxable amount            | 238,95                              | 238,800                               | 250,097.                     | 240,724.              | 968,576.             |
| b Lobbying ceiling amount                |                                     |                                       |                              |                       |                      |
| (150% of line 2a, column(e))             |                                     |                                       |                              |                       | 1,452,864.           |
|  |                                     |                                       |                              |                       |                      |
| c Total lobbying expenditures            | 11,98                               | 2. 6,408                              | 1,789.                       | 2,000.                | 22,179.              |
|  |                                     |                                       |                              |                       |                      |
| d Grassroots nontaxable amount           | 59,73                               | 9. 59,700                             | 0. 62,524.                   | 60,181.               | 242,144.             |
| e Grassroots ceiling amount              |                                     |                                       |                              |                       |                      |
| (150% of line 2d, column (e))            |                                     |                                       |                              |                       | 363,216.             |
|  |                                     |                                       |                              |                       |                      |
| f Grassroots lobbying expenditures       | 69                                  | 5. 450                                | 0. 490.                      | 558.                  | 2,193.               |

Schedule C (Form 990 or 990-EZ) 2016

23-7170185 Page 3

Schedule C (Form 990 or 990-EZ) 2016 PROFESSIONALS, INC. 23-717018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| Yes              | No             | Amo   | ount  |
|------------------|----------------|---|---|
| on 501(c)        |                |   |   |
| on 501(c)        |                |   |   |
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| on 501(c)        |                |   |   |
| on 501(c)        | · ·            |   |   |
| on 501(c)        |                |   |   |
|                  | (5), or se     | ction   |   |
|                  | <del></del>    |   |   |
|                  |                | Yes   | _No   |
|                  | 1              |   | <b> </b>  |
|                  | 1 1            |   | <u> </u>  |
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| political        | 1              |   |   |
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| n liet\ Best II  | A lines 1 c    | nd 2 (202   |   |
| p listy, rait li | m, III 105 1 6 | 1110 2 (500   |   |
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|                  |                |   |   |
| i                | ical           | the prior year?  3 on 501(c)(5), or set i "No," OR (b) Partical  2 2 2b 2c 3 ccess political  4 5 | the prior year?  ion 501(c)(5), or section i "No," OR (b) Part III-A, lin  tical  2a 2b 2c 3 ccess political  4 |

## SCHEDULE D

(Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GEORGIA ASSOCIATION OF WATER

**Employer identification number** 

PROFESSIONALS, INC. 23-7170185 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

632051 08-29-16

treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

relating to these items:

|      |   | <u>IONALS, IN</u>        |  |                |                |               |                     |                  |                       | Page 2      |
|------|---|--------------------------|--|----------------|----------------|---------------|---------------------|------------------|-----------------------|-------------|
| Par  | t III Organizations Maintaining C                           | ollections of A          | rt, His  | torical Tr     | easures, o     | r Other       | Similar             | Assets           | S(continu             | ied)        |
| 3    | Using the organization's acquisition, accessi               | on, and other record     | ds, chec   | k any of the   | following that | are a sigr    | nificant use        | of its co        | ollection             | items       |
|      | (check all that apply):                                     |                          |  |                |                |               |                     |                  |                       |             |
| a    | Public exhibition   |                          |  | Loan or exc    | hange prograr  | ns            |                     |                  |                       |             |
| b    | Scholarly research  |                          | _  | Other          | -              |               |                     |                  |                       |             |
| С    | Preservation for future generations                         |                          |  |                |                |               |                     |                  |                       |             |
| 4    | Provide a description of the organization's co              | ollections and expla     | ın how th  | nev further t  | he organizatio | n's exemi     | ot purpose          | in Part          | XIII.                 |             |
| 5    | During the year, did the organization solicit of            |                          |  |                |                |               |                     |                  |                       |             |
| _    | to be sold to raise funds rather than to be ma              |                          |  |                |                |               |                     |                  | Yes                   | ☐ No        |
| Par  | t IV   Escrow and Custodial Arran                           |                          |  |                |                | es" on F      | orm 990. F          | Part IV. III     |                       |             |
|      | reported an amount on Form 990, Pa                          |                          |  | <b>.</b>       |                |               |                     |                  | -, -,                 |             |
|      | Is the organization an agent, trustee, custod               |                          | diary for  | contribution   | s or other ass | ets not in    | cluded              |                  |                       |             |
| -    | on Form 990, Part X?  |                          |  |                |                |               |                     |                  | Yes                   | X No        |
| b    | If "Yes," explain the arrangement in Part XIII              | and complete the fo      | ollowing :                                       | table:         |                |               |                     |                  |                       |             |
| -    | Troo, explain the arrangement in rare xiii                  | and complete the n       | 5.10 tttg  |                |                |               |                     |                  | Amount                |             |
| С    | Beginning balance   |                          |  |                |                |               | 1c                  |                  |                       | ,731.       |
|      | Additions during the year                                   | •••                      |  |                |                |               | 1d                  |                  |                       | ,203.       |
| d    | Distributions during the year                               |                          |  |                |                |               | 1e                  |                  | 27                    | , 200.      |
| 4    |   | •••                      |  |                |                |               | 1f                  | 1                | 166                   | ,934.       |
| 2a   | Ending balance  Did the organization include an amount on F | <br>orma 000 Dort V line | 21 for   | 00000W 07 0    | uetodial accou | int liability |                     | 一一               | <u>. , 100</u><br>Yes | X No        |
|      | If "Yes," explain the arrangement in Part XIII              |                          |  |                |                |               |                     |                  | 163                   |             |
| Par  |   |                          |  |                |                |               | -                   |                  |                       | <u> </u>    |
|      |   | (a) Current year         | _  | Prior year     | (c) Two years  |               | ) Three year        | s back           | (e) Four v            | ears back   |
| 1a   | Beginning of year balance                                   | (a) ourient year         | (0)  | nor your       | (C) TWO YOURS  | ouck (C       | <i>j</i> 111100 you | 5 Buok           | (C) i oui             | Odi O Dauk  |
|      | Contributions   |                          | <del>                                     </del> | <del></del>    |                |               |                     |                  |                       |             |
|      | Net investment earnings, gains, and losses                  | · <del>-</del> -         | <b>_</b>   |                |                |               | <del></del>         | <del></del>      |                       |             |
| ٦    | Grants or scholarships                                      |                          |  |                |                | -             |                     |                  |                       |             |
|      | Other expenditures for facilities                           | <u></u>                  |  |                |                | -             |                     |                  |                       |             |
| е    | ·   |                          |  |                | 1              |               |                     |                  |                       |             |
|      | and programs .  | <del>-</del>             | 1  | <del></del>    | <u> </u>       | <del></del>   |                     |                  |                       |             |
|      | Administrative expenses                                     |                          | <del>                                     </del> |                |                |               |                     |                  |                       |             |
| g    | End of year balance   |                          | J  | (-             | <u> </u>       |               | · · · · ·           |                  |                       |             |
| 2    | Provide the estimated percentage of the cur                 | -                        | ce (line i                                       | g, column (a   | a)) neid as.   |               |                     |                  |                       |             |
| a    | Board designated or quasi-endowment                         |                          | %  |                |                |               |                     |                  |                       |             |
|      | Permanent endowment   | %                        |  |                |                |               |                     |                  |                       |             |
| С    | Temporarily restricted endowment                            | %                        |  |                |                |               |                     |                  |                       |             |
|      | The percentages on lines 2a, 2b, and 2c sho                 | •                        |  |                |                |               |                     |                  |                       |             |
| 3a   | Are there endowment funds not in the posse                  | ession of the organia    | zation th  | at are held a  | ınd admınıster | ed for the    | organizat           | ion              | Γ.                    | <del></del> |
|      | by.   |                          |  |                |                |               |                     |                  |                       | Yes No      |
|      | (i) unrelated organizations                                 | •••                      |  |                |                |               |                     |                  | 3a(i)                 |             |
|      | (ii) related organizations                                  |                          |  |                |                |               |                     |                  | 3a(ii)                | <del></del> |
| b    | If "Yes" on line 3a(ii), are the related organization       | •                        |  |                | 1              |               |                     |                  | _3b                   |             |
| 4    | Describe in Part XIII the intended uses of the              |                          | <u>owment</u>                                    | funds.         |                |               |                     |                  |                       |             |
| rai  | t VI Land, Buildings, and Equipm                            |                          | NO D- 4 "  | V luna 44 - 4  | ) Far 000      | D-# V 1       | 10                  |                  |                       |             |
|      | Complete if the organization answere                        |                          |  | T              |                |               |                     | <del>-  </del>   | <u> </u>              |             |
|      | Description of property                                     | (a) Cost or              |  | 1              | t or other     | • •           | umulated            |                  | (d) Book              | value       |
|      | <del></del>   | basis (invest            | ment)  |                | (other)        | aepr          | eciation            |                  | 200                   | 000         |
|      | Land  |                          |  |                | 0,000.         |               | 75 354              | <del>,   _</del> |                       | ,000.       |
|      | Buildings   | .                        |  | 2,33           | 2,270.         | 4             | <u>75,358</u>       | 5 • ]            | L,856                 | ,912.       |
| C    | Leasehold improvements                                      |                          |  |                | 0.107          |               | - 4                 |                  |                       |             |
| d    | -1-1  |                          |  |                | 2,107.         |               | <u>54,524</u>       |                  |                       | ,583.       |
| _    | Other   | <u> </u>                 |  |                | 6,130.         |               | 72,425              |                  |                       | 705.        |
| Tota | . Add lines 1a through 1e (Column (d) must e                | gual Form 990, Par       | t X, colui                                       | mn (B), line ' | 1UC.)          |               | )                   | <b>▶</b>         | 4 , 4 l b             | ,200.       |

| Schedule D (Form 990) 2016 PROFESSION  | ALS, INC.                  | 2                                       | 3-7170185 Page 3        |
|--|----------------------------|---|-------------------------|
| Part VII Investments - Other Securities.  Complete if the organization answered "Yes | o" on Form 900 Bort IV I   | upo 11h. Soo Form 990. Bort V. lino 12  |                         |
| (a) Description of security or category (including name of security                  |                            | (c) Method of valuation Cost or e       | nd-of-vear market value |
| (1) Financial derivatives  | , (0)                      | (0)                                     |                         |
| (2) Closely-held equity interests  |                            |   | ·                       |
| (3) Other  |                            |   |                         |
| (A)  | <del></del>                |   | <del></del>             |
| (B)  |                            |   |                         |
| (C)  |                            |   |                         |
| (D)  |                            |   |                         |
| (E)  |                            |   |                         |
| (F)  |                            |   |                         |
| (G)  |                            |   |                         |
| (H)  |                            |   |                         |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                     | •                          |   |                         |
| Part VIII Investments - Program Related.   |                            |   |                         |
| Complete if the organization answered "Yes   |                            |   |                         |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation. Cost or e      | nd-of-year market value |
| (1)  |                            |   |                         |
| (2)  |                            |   |                         |
| (3)  |                            |   | <del> </del>            |
| (4)  |                            |   |                         |
| (5)  | ļ                          |   |                         |
|  |                            |   |                         |
|  | <del> </del>               |   | <del></del>             |
| (8)  | ļ <del></del>              | <del></del>                             |                         |
| (9)  |                            |   |                         |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                     | <u> </u>                   |   |                         |
|  | o" on Form 000 Port IV I   | uno 11d See Form 990 Part V line 16     |                         |
| Complete if the organization answered "Yes   | a) Description             | ille 11d See Form 930, Part X, line 13. | (b) Book value          |
| (1) INVESTMENTS  | <u></u>                    |   | 1,381,377               |
| (2) ACCRUED INTEREST   |                            |   | 63.                     |
| (3)  | <u> </u>                   |   |                         |
| (4)  |                            |   |                         |
| (5)  | <del></del>                |   | <del></del>             |
| (6)  |                            |   |                         |
| (7)  |                            |   |                         |
| (8)  |                            |   |                         |
| (9)  |                            |   |                         |
| Total. (Column (b) must equal Form 990, Part X, col. (B)                             | line 15.)                  |   | 1,381,440               |
| Part X Other Liabilities.  |                            |   | <del></del> -           |
| Complete if the organization answered "Ye  | s" on Form 990, Part IV, I |   | 25                      |
| 1. (a) Description of liability  |                            | (b) Book value                          |                         |
| (1) Federal income taxes   |                            |   |                         |
| (2) ACCRUED EXPENSES   |                            | 27,562.                                 |                         |
| (3) DUE FROM GWWI  |                            | 114.                                    |                         |
| (4)  |                            |   |                         |
| (5)  |                            |   |                         |
| (6)  |                            |   |                         |
| (7)  |                            |   |                         |

Schedule D (Form 990) 2016

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

27,676.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

PROFESSIONALS, INC. Schedule D (Form 990) 2016 23-7170185 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2,184,912. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 12,938 2d Other (Describe in Part XIII.) 12,938. Add lines 2a through 2d **2e** 2.171.974. 3 Subtract line 2e from line 1 Amounts included on Form 990. Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b .171.974. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,812,476. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a Prior year adjustments 2b c Other losses 2c 12,938 d Other (Describe in Part XIII) 2d 12,938. Add lines 2a through 2d 2e 1,799,538. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 1,799,538, Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ASSOCIATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ASSOCIATION HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION; HOWEVER, THE ASSOCIATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY

REQUIRING RECOGNITION. THE ASSOCIATION BELIEVES IT IS NO LONGER SUBJECT TO

632054 08-29-18

Schedule D (Form 990) 2016

## **SCHEDULE G**

(Form 990 of 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

GEORGIA ASSOCIATION OF WATER

**Employer identification number** 

Name of the organization PROFESSIONALS, INC. 23-7170185 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations c Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2016

| Pa              | rt l        | Fundraising Events. Complete if the of fundraising event contributions and given the contributions. | _                         |                               |                    |                          |
|-----------------|-------------|---|---------------------------|-------------------------------|--------------------|--------------------------|
| $\neg$          |             | Or landraising event contributions and gr   | (a) Event #1              | (b) Event #2                  | (c) Other events   | T                        |
|                 |             |   | GOLF                      | GOLF                          | NONE               | (d) Total events         |
|                 |             |   |                           |                               | NONE               | (add col. (a) through    |
|                 |             |   | FUNDRASIER                | FUNDRAISER                    | (4-4-c)            | col. (c))                |
| 9               |             |   | (event type)              | (event type)                  | (total number)     |                          |
| Revenue         | 1           | Gross receipts  | 16,568.                   | 20,350.                       |                    | 36,918.                  |
|                 | 2           | Less: Contributions   |                           |                               |                    |                          |
|                 | 3           | Gross income (line 1 minus line 2)  | 16,568.                   | 20,350.                       |                    | 36,918.                  |
|                 |             |   |                           | 500                           |                    | 500                      |
|                 | 4           | Cash prizes   |                           | 500.                          |                    | 500.                     |
| s               | 5           | Noncash prizes  | 2,012                     | ,                             |                    | 2,012.                   |
| pense           | 6           | Rent/facility costs   | 2,205                     | 5,130.                        |                    | 7,335.                   |
| Direct Expenses | 7           | Food and beverages  | 611                       | 1,420.                        |                    | 2,031.                   |
|                 | 8           | Entertainment   |                           |                               |                    |                          |
|                 | 9           | Other direct expenses   | 239                       | 820.                          |                    | 1,059.                   |
|                 | 10          |   |                           | -1                            | <u> </u>           | 12,937.                  |
|                 |             | Net income summary Subtract line 10 from  |                           |                               |                    | 23,981.                  |
| Pa              | rt          |   | answered "Yes" on For     | m 990. Part IV. line 19. or i | reported more than |                          |
|                 |             | \$15,000 on Form 990-EZ, line 6a  |                           |                               |                    |                          |
|                 |             | <del></del>   |                           | (b) Pull tabs/instant         |                    | (d) Total gaming (add    |
| Revenue         |             |   | (a) Bingo                 | bingo/progressive bingo       | (c) Other gaming   | col (a) through col (c)) |
| š               |             |   |                           |                               | · · · <del>-</del> | <del> </del>             |
| æ               | 1           | Gross revenue   |                           |                               |                    |                          |
|                 | •           | GIOSS TEVERIDE  |                           |                               | <del></del>        | <u> </u>                 |
|                 | 2           | Cash prizes   |                           |                               |                    |                          |
| ses             | _           | Cash phizes   |                           |                               |                    |                          |
| rect Expenses   | 3           | Noncash prizes  |                           |                               |                    |                          |
| Direct          | 4           | Rent/facility costs   |                           |                               |                    |                          |
|                 | 5           | Other direct expenses   |                           |                               |                    |                          |
|                 |             | •   | Yes %                     |                               | Yes %              | 6                        |
|                 | 6           | Volunteer labor .   | L No                      | No No                         | ∟ No               |                          |
|                 | 7           | Direct expense summary Add lines 2 through  | gh 5 in column (d)        |                               | •                  |                          |
|                 | 8           | Net gaming income summary Subtract line   | 7 from line 1, column (d) |                               |                    |                          |
| _               | _           |   | duata an                  |                               |                    |                          |
| 9               |             | ter the state(s) in which the organization cond   | · ·                       |                               |                    | Yes No                   |
|                 |             | the organization licensed to conduct gaming   |                           | e states?                     |                    | L Yes L No               |
| t               | ) IT        | 'No," explain.  |                           |                               |                    |                          |
|                 |             |   |                           |                               |                    |                          |
|                 |             | ere any of the organization's gaming licenses   |                           |                               | year?              | Yes No                   |
| t               | ) If '      | 'Yes," explain  |                           |                               |                    |                          |
|                 | _           |   |                           |                               |                    | ·                        |
|                 |             |   |                           |                               | 0-1-1-07           | 000 000 E7\ 004          |
| 320             | <b>82</b> 0 | 9-12-16   |                           |                               | Schedule G (F      | orm 990 or 990-EZ) 201   |

## GEORGIA ASSOCIATION OF WATER 23-7170185 Page 3 Schedule G (Form 990 or 990-EZ) 2016 PROFESSIONALS, INC. 11 Does the organization conduct garning activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ... Yes No 13 Indicate the percentage of gaming activity conducted in: a The organization's facility **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party. Name > Address > 16 Gaming manager information: Name > Gaming manager compensation > \$\_\_\_\_\_ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$

| Part IV | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, |
|---------|---|
|         | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions  |
|         |   |
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|----------------------------|--|-------------------|
| Part IV Supplemental Infor | PROFESSIONALS, INC. mation (continued) | 23-7170185 Page 4 |
| rait iv Supplemental IIIIO | illation (continued)                   | <del></del>       |
| •                          |  |                   |
|                            |  | <del></del>       |
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Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. Name of the organization GEORGIA ASSOCIATION OF WATER Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

| OMB No 1545-0047 | 2016 |
|------------------|------|
|                  | _    |

Open to Public Inspection

| ŀ  | NALS, INC.          |                                 |                            |                                   |   |                                       | 23-7170185                         |
|--|---------------------|---------------------------------|----------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants and Assistance  | ind Assistance      |                                 |                            |                                   |   |                                       |                                    |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | to substantiate the | amount of the grants            | or assistance, the         | grantees' eligibilit              | y for the grants or ass                               | istance, and the select               |                                    |
| criteria used to award the grants or assistance?   | stance?             |                                 |                            |                                   |   | :                                     | X Yes No                           |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States   | ocedures for monit  | oring the use of grant          | funds in the Unite         | d States                          |   |                                       |                                    |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | Domestic Organi     | zations and Domesti             | c Governments. (           | Complete if the orga              | anization answered "Y                                 | 'es" on Form 990, Part                | IV, line 21, for any               |
| recipient that received more than \$5,000 Part II can be duplicated if additional space is needed  | \$5,000 Part II can | be duplicated if addit          | ional space is nee         | ded                               |   |                                       |                                    |
| 1 (a) Name and address of organization or government   | (b) EIN             | (c) IRC section (if applicable) | (d) Amount of cash grant   | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
|  |                     |                                 |                            |                                   |   |                                       |                                    |
| 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table                              | ind government or   | ganizations listed in the       | listed in the line 1 table |                                   | }<br>}  |                                       |                                    |

Schedule I (Form 990) (2016)

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PROFESSIONALS, INC.

Page 2

23-7170185

Schedule I (Form 990) (2016)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 34,000 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS

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Schedule I (Form 990) (2016)

## **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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. GEORGIA ASSOCIATION OF WATER

**Employer identification number** 

PROFESSIONALS, INC.

23-7170185 **Questions Regarding Compensation** 

|    |   |     | Yes      | No       |
|----|---|-----|----------|----------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,    |     |          |          |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                |     |          |          |
|    | First-class or charter travel Housing allowance or residence for personal use   |     |          |          |
|    | Travel for companions Payments for business use of personal residence   |     |          |          |
|    | Tax indemnification and gross-up payments   |     |          |          |
|    | Discretionary spending account Personal services (such as, maid, chauffeur, chef)   |     |          |          |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |     |          |          |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b  | _X_      |          |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |     |          |          |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2   | _X       |          |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's |     | !        |          |
|    | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to          |     |          |          |
|    | establish compensation of the CEO/Executive Director, but explain in Part III.  |     |          |          |
|    | X Compensation committee  |     |          |          |
|    | Independent compensation consultant Compensation survey or study  |     |          |          |
|    | Form 990 of other organizations  X Approval by the board or compensation committee  |     |          |          |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing              |     | !        |          |
|    | organization or a related organization  |     |          |          |
| а  | Receive a severance payment or change-of-control payment?   | 4a  |          | <u> </u> |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                     | 4b  | _        | X        |
| C  | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c  |          | X        |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |     |          |          |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |     |          |          |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         | ļ   |          | ]        |
|    | contingent on the revenues of   |     |          |          |
| а  | The organization?   | _5a |          | X        |
| b  | Any related organization?   | 5b_ | Ĺ        | X        |
|    | If "Yes" on line 5a or 5b, describe in Part III   |     |          |          |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         | ſ   | ĺ        | İ        |
|    | contingent on the net earnings of   |     |          |          |
| а  | The organization?   | 6a  | <u> </u> | X        |
| b  | Any related organization?   | 6b  | ļ        | X        |
|    | if "Yes" on line 6a or 6b, describe in Part III   |     |          |          |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments          |     |          |          |
|    | not described on lines 5 and 6? If "Yes," describe in Part III  | 7   | ļ        | X        |
| 8  | · · · · · · · · · · · · · · · · · · ·   |     |          |          |
|    | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III               | 8   | ļ        | X        |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                    |     | ľ        |          |
|    | Regulations section 53 4958-6(c)?   | 9   | 1        | l        |

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Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

23-7170185

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VIII.

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 \       | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation                      | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|-----------------------|--------------|--------------------------|--|-------------------------------------|--------------------------------|----------------|----------------------|--|
| (A) Name and Title    |              | (i) Base<br>compensation | (ii) Bonus & Incentive compensation                | (iii) Other reportable compensation | other deferred<br>compensation | benefits       | (a)·(b)(a)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) PAMELA S. BURNETT | € 8          | 159,000.                 | 4,000.   | 12,904.                             | 24,450.                        | 11,988.        | 212,342              | 0  |
| EXECUTIVE DIRECTOR    | <b>=</b>   : |                          | )  | 0                                   | 0                              | 0              |                      | •  |
|                       | <u> </u>     |                          |  |                                     |                                |                |                      |  |
|                       | ε            |                          |  |                                     |                                |                |                      |  |
|                       | 3 3          |                          |  |                                     |                                |                |                      |  |
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|                       | ▣            |                          |  | E .                                 |                                |                |                      |  |
|                       | Ξ            |                          |  |                                     |                                |                |                      |  |
|                       | 3            |                          |  |                                     |                                |                |                      |  |
|                       | € €          |                          |  |                                     |                                |                |                      |  |
|                       | 18           |                          |  |                                     |                                |                |                      |  |
|                       | <u> </u>     |                          |  |                                     |                                |                |                      |  |
|                       | (3)          |                          |  |                                     |                                |                |                      |  |
|                       | ≘            |                          |  |                                     |                                |                |                      |  |
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|                       | 18           |                          |  |                                     |                                |                |                      |  |
|                       | ) <u>(</u>   |                          |  |                                     |                                |                |                      |  |
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Schedule J (Form 990) 2016

23-7170185

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part il. Also complete this part for any additional information

| ORM 990, SCHEDULE J, PART 1, LINE 1A | GROSS UP OF SALARY TO PAY TAXES ON PERSONAL USE OF COMPANY-OWNED | VEHICLE AND EXCESS GROUP TERM LIFE INSURANCE. |  |
|--------------------------------------|--|---|--|
| ORM 99                               | ROSS L   | /EHICLE                                       |  |

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Schedule J (Form 990) 2016

### **SCHEDULE L**

(Form 990 or 990-EZ)

Name of the organization

## Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. GEORGIA ASSOCIATION OF WATER

**Employer identification number** 

|                            | PROFESSIO<br>efit Transacti          |  |              | - coet  | on 501(c)(4), and 50                                     | 1/0\ | (20) organization    |  |           | <u> 701</u>     | 85   |       |          |
|----------------------------|--------------------------------------|--|--------------|---------|--|------|----------------------|--|-----------|-----------------|--|-------|----------|
|                            |                                      | •  |              |         | ori 50 ((c)(4), and 50<br>ort IV, line 25a <u>or 25b</u> |      | -                    |  |           | )h              |  |       |          |
| 1                          |                                      | lelationship bety                                  |              |         |  | , Ui | rom 990-12, F        | ait V, i   | 1110 40   | , <u>u.</u>     | (4)  | Corre | cted     |
| (a) Name of disqualified   | person                               | person and or                                      |              |         | (c   | ) De | scription of tran    | sactio   | n         |                 |  | es    | No       |
|                            | •                                    |  |              |         |  |      |                      |  |           |                 |  |       |          |
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| 2 Enter the amount of tax  | incurred by the o                    | roanization man                                    | nagers e     | or disc | ualified persons dur                                     | nna  | the year under       |  |           |                 |  |       |          |
| section 4958               |                                      | . <b>g</b>   | .ugu.u       |         | Julius porture au  | 9    | ,                    |  | <b>\$</b> |                 |  |       |          |
| 3 Enter the amount of tax  | , if any, on line 2, a               | above, reimburs                                    | sed by 1     | the org | ganization   |      |                      |  | <b>\$</b> |                 |  |       |          |
|                            |                                      |  |              |         |  |      |                      |  |           |                 |  |       |          |
|                            | d/or From Int                        |  |              |         |  |      |                      |  |           |                 |  |       |          |
|                            | - 3                                  |  |              |         | , Part V, line 38a or F                                  | orm  | n 990, Part IV, lır  | ne 26,   | or if th  | e orga          | anızatı  | on    |          |
| reported an am (a) Name of | ount on Form 990<br>(b) Relationship | , Part X, line 5, t                                | (d) Loa      |         | (e) Original   | 15   | Balance due          | (g)  | In        | (h) Ap<br>by bo | proved   | (i) W | /ritter  |
| interested person          | with organization                    | of loan  | from organiz | the     | principal amount   | (1)  | Dalarice due         | defa   | ult?      | by bo           | ard or   | agree |          |
|                            |                                      |  | То           | From    |  |      |                      | Yes  | No        | Yes             | No   | Yes   | No       |
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| otal                       |                                      |  |              |         | ▶ \$   |      |                      |  |           |                 |  |       |          |
| Part III Grants or A       | ssistance Ber                        | nefiting Inte                                      | reste        | d Pe    | rsons.   |      |                      |  |           |                 |  |       |          |
| Complete if the            | organization ansv                    | vered "Yes" on                                     | Form 9       | 90, Pa  | art IV, line 27  |      |                      |  |           |                 |  |       |          |
| (a) Name of interested     | person                               | (b) Relationship<br>interested pers<br>the organiz | son and      |         | (c) Amount of assistance                                 |      | (d) Type<br>assistar |  |           | •               | ) Purp<br>assist                                 |       | f        |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

# GEORGIA ASSOCIATION OF WATER

| Schedule L (Form 990 or 990-EZ) 2016 PROFES | SSIONALS, INC.  |                           | 23-7170                           | 185            | Page 2       |
|---|---|---------------------------|-----------------------------------|----------------|--------------|
| Part IV Business Transactions Involv        | <del>-</del>  |                           |                                   |                |              |
|   | I "Yes" on Form 990, Part IV, line 28a, 20                      |                           |                                   | (e) Sha        | aring of     |
| (a) Name of interested person               | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of<br>transaction | organiz        | zation's     |
|   |   |                           |                                   | Yes            | No           |
| SEE PART V BELOW:                           |   | 0.                        | <del></del>                       | <u> </u>       | X            |
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| Part V Supplemental Information             |   |                           |                                   | <u> </u>       | L            |
|   |   |                           |                                   |                |              |
| Provide additional information for resp     | onses to questions on Schedule L (see                           | instructions)             |                                   |                |              |
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| SCH L, PART IV, BUSINESS                    | PRANSACTIONS INVOLVE  | NG INTEREST               | ED PERSONS                        | <u> </u>       |              |
|   | 7/EEG OF GIVE   |                           |                                   |                |              |
| VARIOUS OFFICERS/DIRECTORS                  | S/ETC. OF GAWP  |                           |                                   |                |              |
|   | 24/224  |                           |                                   |                |              |
| ARE ALSO OFFICERS/DIRECTO                   | RS/ETC. OF GWWI   |                           |                                   |                |              |
| N   |   |                           |                                   |                |              |
| AND/OR CORPORATE/UTILITY I                  | MEMBER COMPANIES.   |                           |                                   |                |              |
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Schedule L (Form 990 or 990-EZ) 2016

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

GEORGIA ASSOCIATION OF WATER Name of the organization **Employer identification number** 23-7170185 PROFESSIONALS. INC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SCHOLARSHIP PROGRAM **EXPENSES \$ 34,000.** INCLUDING GRANTS OF \$ 34,000. REVENUE \$ 44,643. PUBLICATIONS & PRINTING - THE GEORGIA OPERATOR (OFFICIAL QUARTERLY JOURNAL), THE GEORGIA OPERATOR "NEWS & NOTES" (SEMI-MONTHLY NEWSLETTERS); NOTICES MAILED TO MEMBERS & INTERESTED PARTIES **EXPENSES \$ 132,510.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,921. FORM 990, PART VI, SECTION A, LINE 6: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER. THE SECRETARY-TREASURER REPORTS TO THE BOARD OF DIRECTORS THAT THE FORM 990 IS COMPLETE AND AVAILABLE FOR REVIEW. FORM 990, PART VI, SECTION A, LINE 7A: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER. THE SECRETARY-TREASURER REPORTS TO THE BOARD OF DIRECTORS THAT THE FORM 990 IS COMPLETE AND AVAILABLE FOR REVIEW. FORM 990, PART VI, SECTION A, LINE 7B: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER. THE SECRETARY-TREASURER REPORTS TO THE BOARD OF DIRECTORS THAT THE FORM 990 IS COMPLETE AND AVAILABLE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY-TREASURER. THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 23-7170185

SECRETARY-TREASURER REPORTS TO THE BOARD OF DIRECTORS THAT THE FORM 990 IS
COMPLETE AND AVAILABLE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES COVERED BY THE

CONFLICT OF INTEREST POLICY WILL ANNUALLY DISCLOSE OR UPDATE TO THE

PRESIDENT AND EXECUTIVE DIRECTOR ON A FORM PROVIDED BY THE GAWP THEIR

INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST

OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENTS HOLDINGS, AND

OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER

ORGANIZATIONS OR THOSE OF FAMILY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES COVERED BY THE

CONFLICT OF INTEREST POLICY WILL ANNUALLY DISCLOSE OR UPDATE TO THE

PRESIDENT AND EXECUTIVE DIRECTOR ON A FORM PROVIDED BY THE GAWP THEIR

INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST

OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENTS HOLDINGS, AND

OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES AND OTHER

ORGANIZATIONS OR THOSE OF FAMILY MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES COVERED BY THE CONFLICT
OF INTEREST POLICY WILL ANNUALLY DISCLOSE OR UPDATE TO THE PRESIDENT AND
EXECUTIVE DIRECTOR ON A FORM PROVIDED BY THE GAWP THEIR INTERESTS THAT
COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS,
SUBSTANTIAL BUSINESS OR INVESTMENTS HOLDINGS, AND OTHER TRANSACTIONS OR
AFFILIATIONS WITH BUSINESSES AND OTHER ORGANIZATIONS OR THOSE OF FAMILY

Schedule O (Form 990 or 990-EZ) (2016)

47

Schedule R (Form 990) 2016 (g) Section 512(b)(13) controlled ş Employer identification number OMB No 1545-0047 Open to Public Inspection . × 2016 entity? Direct controlling 23-7170185 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year entry Direct controlling End-of-year assets **e** status (if section Public charity 501(c)(3)) INE 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code ਉ section 501(C)(3) € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. SEORGIA GEORGIA ASSOCIATION OF WATER Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. RAINING PROFESSIONALS, INC. 58-2003250, 1655 ENTERPRISE WAY, MARIETTA Name, address, and EIN (if applicable) GA WATER & WASTEWATER INSTITUTE, INC Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER 30067 (Form 990) Part II Part i GA

GEORGIA ASSOCIATION OF WATER

PROFESSIONALS, INC.

Schedule R (Form 990) 2016

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

23-7170185

Schedule R (Form 990) 2016 General or Percentage managing ownership (i) Section 512(b)(13) controlled entitly? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule 2 Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total Income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ð <u>e</u> Legal domicite (state or foreign country) Direct controlling entity € Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

Page 3 23-7170185

GEORGIA ASSOCIATION OF WATER PROFESSIONALS, INC. Schedule R (Form 990) 2016 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| i i  |
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|  |
| Lease of facilities, equipment, or other assets to related organization(s) |

Page 4 23-7170185

GEORGIA ASSOCIATION OF WATER

Schedule R (Form 990) 2016 PROFESSIONALS, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (b) (c) (d) (e)                  | (4)              | (3)              |                      | (e)                                  | E              | (5)                     | 3                                    | 8   | 9                                  | 8                       |
|----------------------------------|------------------|------------------|----------------------|--------------------------------------|----------------|-------------------------|--------------------------------------|---|------------------------------------|-------------------------|
| Name, address, and EIN of entity | Primary activity | nicile<br>oreign | t income<br>related, | Are all partners sec 501(c)(3) orgs? | Share of total | Share of<br>end-of-year | Dispropor-<br>tonate<br>affocations? | Dispropor- Code V-UBI General or Percentage board amount in box 20 managing ownership allocations? of Schodillo K.1 parine? | General or<br>managing<br>partner? | Percentage<br>ownership |
|                                  |                  | country)         | sections 512-514)    | Yes No                               | income         | assets                  | Yes No                               | (Form 1065)   | Yes No                             |                         |
|                                  |                  |                  |                      |                                      |                |                         |                                      |   |                                    |                         |
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Schedule R (Form 990) 2016