Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2016

Department of the Treasury Internal Revenue Service Open to Public Inspection

		DE SERVICE	10/1/2016	9/30/20	117				
			endar year, or tax year beginning 10/1/2016 , and ending		ntification number				
		applicable	C Name of organization SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEOF	D Employer idei	nuncation number				
₽	ddress o	hange	E0 4500405						
\Box	lame cha	ange		58-1588465					
		_	823 PRADA COURT	E Telephone nun	iber				
	nitial retu	ırn	City or town State ZIP code	(912) 552-4158					
ΠF	inal return.	/terminated	LAWRENCEVILLE GA 30043						
二.			Foreign country name Foreign province/state/county Foreign postal code	C	s 140,095				
□ ′	mended	return		G Gross receipts	140,095				
	pplicatio	n pending	F Name and address of principal officer H(a) is the	nis a group return for su	bordinates? Yes X No				
			TIM EARL 823 PRADA COURT, LAWRENCEVILLE, GA 30043 H(b) Are	e all subordinates ind	cluded? Yes No				
	Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 3 if "No," attach a list (see instructions)								
<u>J_V</u>	vebsite	: > ww		oup exemption numb	per 🖊				
KF	orm of or	rganization	X Corporation Trust Association Other ▶ L Year of forma	ation 1985	M State of legal domicile GA				
Р	art l	Sui	mmary						
	1			environmentally	and economically				
9			nunicipal solid waste management through education, professional development,						
Activities & Governance			n and dissemination of information						
Đ.				o than 25% of it	n not accete				
õ	2		his box I if the organization discontinued its operations or disposed of more	I -	1				
<u>ن</u> مح	3		of voting members of the governing body (Part VI, line 1a)	3					
ģ	4		of independent voting members of the governing body (Part VI, line 1b)	4					
Ξ	5		mber of individuals employed in calendar year 2016 (Part V, line 2a)	- 5					
춫	6		mber of volunteers (estimate if necessary)	6					
Ă	7a	Total un	related business revenue from Part VIII, column (C), line 12	78	0				
	b	Net unre	elated business taxable income from Form 990-T, line 34	7k	0				
-				Prior Year	Current Year				
ø	8	Contribu	itions and grants (Part VIII, line 1h)	8,78	11,036				
Revenue	9	Program	n service revenue (Part VIII, line 2g)	194,36	129,049				
Š	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		9 10				
œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 0				
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203,16	140,095				
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		0 0				
	14		paid to or for members (Part IX, column (A), line 4)		0 0				
10	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		0 0				
Se	16a	· ·	onal fundraising fees (Part IX, column (A), line 11e)		0				
ĕ	1		indraising expenses (Part IX, column (D), line 25)		 				
Expenses	b 17			170.05	70 440 400				
_	1		openses (Part IX, column (A), lines 11a–11d, 11f–24e)	178,87					
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)e less expenses Subtract line 18 from line 12	178,87					
<u>_</u> φ	19	Revenu		24,28 ning of Current Yea	-8,027				
st s	20	Total as		101 400 65					
Sal.	20			108,67					
ž Ę	20 21 222				0 0				
			ets or fund balances Subtract line 21 from line 20	108,67	100,646				
	rt II		nature Block	· }	 				
and	belief it i	ies oi perjur is true como	y, I declare that I have examined this return, including agrompanying schedules and statements, and to the companying schedules and statements, and to the complete. Declaration of which prepare	he best of my knowledge	eage				
4114	<u> </u>	I K	Ven III	1 Has any knowledge					
Sig	ınֱ≤	🕊 /	Signature of officer .		, ,				
Hara# 1 97 . 1 4 1/9/19/19									
	30011 1000								
	المسيا هوليا	17	Type or print name and title						
_	de	Prin	t/Type preparer's name Preparer's signature Dat	te Check	(PTIN				
rai	0 %	DO	NALD G CREWS, CPA Wonald D. Clews 12/		mployed P00232412				
	parer			<u> </u>					
Us	e Oʻğiy	y —		Firm's EIN ► 58	······································				
			's address ► 3924 MAIN STREET, FOLKSTON, GA 31537	Phone no 91	2-496-2587				
B/O	· +ha IE	2 C diam'r	e this ratium with the proparer chown chave? (accomptinistions)		1341 11				

orm 9	90 (2016) SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEORGIA	<u> 58-1588465</u>	Page 2
Pa	'Statement of Program Service Accomplishments		
٠	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>
	Briefly describe the organization's mission		
	education, professional development, research and dissemination of information		
	<u></u>		
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
•	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
	the total expenses, and revenue, if any, for each program service reported	ocations to others,	ı
la	(Code) (Expenses \$ 130,845 including grants of \$) (Revenue	ie \$ 129	,049)
	TEACHING CONTINUIING EDUCATION AND CERTIFICATION FOR LANDFILL AND SOLID WASTE PRO		.
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b	(Code) (Expenses \$ including grants of \$;) (Revenue	ie \$)
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	·		
ŀc	(Code) (Expenses \$ Including grants of \$) (Revenue	ie \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	<b></b>		<b></b>
	:		
	1		
d	Other program services (Describe in Schedule O )		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e	Total program service expenses ► 130,845		

# 0

	IV Checklist of Required Schedules	<u> </u>	<u></u>	age J
ČIĮ.	Checklist of Required Scheddles		Yes	No
1	1s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			"
	complete Schedule A	1	X	L
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		х
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	نـــــا	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	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		Х
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	i	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 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, VII, VIII, IX, or X as applicable		ر د و می	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	۱ -		
а	Schedule D, Part VI	11a		Х
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		Х
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part	X 11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ete		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Ye	·		
	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		Χ_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
D	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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
16		15		_X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	1.0		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		_X
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1/-		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10-		^
	If "Yes," complete Schedule G, Part III	19		Х

	Cheshiot of Required Contaction (Contaction)		V	N-
20-	Did the experience energy was been tall facilities? If "Vee " expendete Cabadyla II	200	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	<del></del>
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	24		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		X
22	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	22		-^-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
4-7G	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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		Ì	
-	disqualified persons? If "Yes," 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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)	1 [		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
р	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		j	
	Schedule L, Part IV	28b		Χ_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	1	
24	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		Χ_
<b>J</b> L	If "Yes," complete Schedule N, Part II	22	ı	~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.	33		_^_
•	III, or IV, and Part V, line 1	34	l	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{1}{X}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1000		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	ì	Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI .	_37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	_x	
		Form	990 (	2016)

Form **990** (2016)

•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		1.	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u>]</u> :	12.	1 -1 -1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		, .	
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return	기 .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del> </del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>.</u> .	۔ ا	- '
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		↓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	١.		١
L	account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country	1	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		- ~	1 😌
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	<del> </del>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del>	+-^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<del>                                     </del>
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Va		<del>  ^</del>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	٠, .	<del>                                     </del>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	- 1		١.
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c_	l	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		↓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		·	
	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a depart depart advance or related parent?	9a		<del> </del>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	9b		<del> </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			Ι.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1 . 1		-
11	Section 501(c)(12) organizations. Enter	<b>-</b>		1
а	Gross income from members or shareholders			.'
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		١,
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	-		<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the 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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

1a Enter the number of voting members of the governing body at the end of the tax year  If there are makenal differences in voting rights among members of the governing body, or  If the governing body delegated broad authority to an executive committee or similar  committee, explain in Schedule O  b. Enter the number of voting members included in line 1a, above, who are independent  D. D. any officer, director, trustee, or key employee have a family relationship or a business relationship with  any other officer, director, trustee, or key employee have a family relationship or a business relationship with  any other officer, director, trustee, or key employee have a family relationship or a business relationship with  any other officer, director, trustee, or key employee and a family relationship or a business relationship with  any other officer, director, trustee, or key employees to a management company or other person?  3	Par	Governance, Management, and Disclosure For each "Yes" response to lines, 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sched			ons.
there are 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  b. Eitler the number of voting members included in line it at, above, who are independent  2 Did any officer, director, trustee, or key employee?  3 Did the origanization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fusitees, or key employees to a management company or other person?  3 Life the governance decision thangs to its givening documents since the prior Form 850 was filed?  4 Did the origanization have members as tockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the origanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the origanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the origanization contemporaneously document the meetings held or written actions undertaken during the year by the following  7 To governance decisions of the origanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the origanization contemporaneously document the meetings held or written actions undertaken during the year by the following  7 To governance decisions of the origanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the origanization have a written policies and procedures governing the activities of such chapters.  7 To governance decisions of the following  8 To governing body?  8 To governing body?  8 To governing body?  8 To governing body?  8 To go	Sect	ion A. Governing Body and Management			
If there are material differences in voting nghts among members of the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0  Did havy officer, director, fustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employee?  Did the organization make any significant changes to its governing documents since the prior form 890 was filed?  Did the organization become aware during the year of a significant charges not the organization sassets?  Did the organization have members or stocholders?  Did the organization have members or stocholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Bid the organization make any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  The governing body?  Bid the organization have a context in the properties of the propertie	10	Enter the number of voting members of the government hady at the and of the toy year.	Γ	Yes	No
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b	10a	Did the organization have local chanters, branches, or affiliates?	100	Yes	
### affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  ### las the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?    Describe in Schedule O the process, if any, used by the organization to review this Form 990    Did the organization have a written conflict of interest policy?   If "No," go to line 13   Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			IUa		^
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c  13 Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  16a X  List the states with which a copy of this Form 990 is required to be filed  List the states with which a copy of this Form 990 is required to be filed  List the states with which a copy of this Form 990 is required to be filed  List the states with which a copy of this Form 990 is required to be filed  List the states with which a copy of this Form 990 is required to be filed  List the states with which a copy	_		10b		
Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c  13 Did the organization have a written document retention and destruction policy?  14 Did the organization have a written document retention and destruction policy?  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?  15a X  15b Other officers or key employees of the organization  16f "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  16d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16a X  16b 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 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 financial statements available to the public	11a			Х	
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13	С				
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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?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Difference of 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?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply  Own website  Another's website  W. Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT  (770) 822-9308		· ·			
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the organization's exempt status with respect to such arrangements?    16b	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		, -	, ,
Section 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) available 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 financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT (770) 822-9308					ا ۔۔۔
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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT  (770) 822-9308					
available 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)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT  (770) 822-9308			s only	· · · · · · · · · · · · · · · · · · ·	
Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT (770) 822-9308		available for public inspection. Indicate how you made these available. Check all that apply	o orny	,	
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT  (770) 822-9308		Own website Another's website X Upon request Other (explain in Schedule O)			
20 State the name, address, and telephone number of the person who possesses the organization's books and records  JOEL SCOTT (770) 822-9308  ■	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli-	y, an	d	
JOEL SCOTT (770) 822-9308	00				
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form 990 (2016)	SOLID WASTE ASSOCIATION OF NORTH AMERICA	GEORG

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Page 7

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A)	(B)	Average box, unless person is both an					ne	(D)	(E)	(F)
Name and Title	Average hours per							Reportable compensation	Reportable compensation	Estimated amount of
	week (list any				<u>~</u>	g Ţ		from	from related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	y en	ghest	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted	함	onal		ploy	8 8		(W-2/1099-MISC)		organization and related
	line)	stee	trust		8	Pens				organizations
	1	}	8			Highest compensated employee				i
(1) TIM EARL	2 00									
PRESIDENT	0 00	X		Х				0	0	
(2) MICHAEL SNIPES	2 00	ĺ				1		1		
VICE PRESIDENT	0 00	Х		Х				0	O	
(3) JOEL SCOTT	2 00							:		
TREASURER	0 00	X	L	X				0	0	
(4) SUKI JANSSON	2 00	1				) )		۾		
SECRETARY	0 00	X		Х				. 0	0	
(5) TERRY DIETSCH	0 50	1				1				
PAST PRESIDENT	0 00	X						0	0	
(6) MURRAY GRIFFIN	0 50				'	i i		_		
CHAPTER DIRECTOR	0 00	<u>X</u>						0	Ü	
(7) DON RICE	0 50	}		1		1				
CORP DIRECTOR	0 00	X		<u> </u>				0	0	
(8) SCOTT ADDISON	0 50	1	İ	1		1				
DIRECTOR	0 00	X						0	0	
(9) LANNIE BRANT	0 50	}	}		'	1 1			1	
DIRECTOR	0 00	X						0	0	
(10) ABBY GOLDSMITH	0 50				'	1				_ <del></del>
DIRECTOR	0 00	X						0	0	
(11) HARVEY LEVITT	0 50			'						
DIRECTOR	0 00	X	_					0	<u>ل</u>	
(12) WILLIAM COOK	0 50			'					_	
DIRECTOR	0 00	X						0	0	
(13) KYLE MCGEE	0 50	}	} '							- — — — — — — — — — — — — — — — — — — —
DIRECTOR	0 00	X						0	0	
(14)		1	1							
	<u> </u>	L		L	<u> </u>				l	

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than obox, unless person is both officer and a director/trust				ıs both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated nount of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr orga	pensation the anization felate	on d
(15)													
(16)													
(17)													
(18)													
(19)													
(20)									<u> </u>				
(21)									_	-			
(22)						-				-			-
(23)													
(24)					_				1	<u> </u>	<del> </del>		
(25)													
1b	Sub-total		<u></u>	<u> </u>	<u></u>	l		<b>&gt;</b>	, 0		<del> </del>		0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)							-	0				0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a		е) w 0	vho	recei	ved	more than \$100	0,000 of	•		
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? If "Yes," complete Sched		•		oye	e, o	r high	nest	t compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual										4	_	×
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo									vidual	5		X
Sec	tion B. Independent Contractors	,				-	<u> p.c.</u>	-	····		T 2 T		
1	Complete this table for your five highest compecompensation from the organization. Report coyear										tax	-	
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compens		
													0
								<u> </u>	<u> </u>	<del></del>			0
													0
													Ō
2	Total number of independent contractors (including than \$100,000 of compensation from the		ed to. ►	tho	se I	ste	d abo 0	ve)	who received				

Form 990 (2016) SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEORGIA 58-1588465 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) (D) Related or Total revenue Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512-514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues 9.536 1c c Fundraising events d Related organizations 1d 0 e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 1,500 Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f 11,036 **Business Code** Program Service Revenue 2a TRAINING 611430 129,049 0 0 All other program service revenue Total. Add lines 2a-2f 129,049 Investment income (including dividends, interest, and other similar amounts) 10 4 Income from investment of tax-exempt bond proceeds. 0 5 ol Royalties (ı) Real 6a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of 0 assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 0 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 Less direct expenses 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 0 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a

All other revenue . Total. Add lines 11a–11d

Total revenue. See instructions

0

0

0

140.095

Part IX . Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must complete all			omplete column (A)	<u></u>
	Check if Schedule O contains a response or note	<del>,</del>	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0		· · · · · · · · · · · · · · · · · · ·	<u> </u>
2	Grants and other assistance to domestic	1	1	•	
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign		i		) , ,
	organizations, foreign governments, and foreign		l	·F*	
	individuals See Part IV, lines 15 and 16	0		<del></del>	***
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				1
	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				1
	persons (as defined under section 4958(f)(1)) and		į.		
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		l		
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0		<del></del>	
11	Fees for services (non-employees)			-	
а	Management	0			
٠b	Legal	0			 
С	Accounting	1,250	0	1,250	<del></del>
d	Lobbying .	0		·	· · · · · · · · · · · · · · · · · · ·
е	Professional fundraising services. See Part IV, line 17	0		· · ·	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	3,295		3,295	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	2,822		2,822	
17	Travel	1,230		1,230	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0		_	
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	1,180		1,180	
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered		, ,		
	above (List miscellaneous expenses in line 24e If		1 1,7	;	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	L			
а	SCHOLORSHIPS	7,500		7,500	
b	TRAINING PROGRAMS	124,034	124,034		
С	TRAILER FOR TRAINING PROGRAMS	6,811	6,811		
d		0			
е	All other expenses	0			<del></del>
25	Total functional expenses. Add lines 1 through 24e	148,122	130,845	17,277	0
26	Joint costs. Complete this line only if the				<u>`</u>
	organization reported in column (B) joint costs	}			
	from a combined educational campaign and	1			
	fundraising solicitation Check here	(	1		
	following SOP 98-2 (ASC 958-720)	[			

#### Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X	, ,		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	108,673	1	100,646
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	, 0	3	0
	4	Accounts receivable, net	. 0	4	0
	5	Loans and other receivables from current and former officers, directors,			
	l	trustees, key employees, and highest compensated employees	,		} , ;
	l	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	3, (2, 1, 1)		7 5 . 4
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1.	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			[ 14 M 25 M 16 16 18]
\$		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
	ļ	other basis Complete Part VI of Schedule D 10a 0			
	b	Less accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	108,673	16	100,646
	17	Accounts payable and accrued expenses	١	17	
	18	Grants payable	,	18	
	19	Deferred revenue	12	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	;		
Liabilities		trustees, key employees, highest compensated employees, and			
ap		disqualified persons Complete Part II of Schedule L .		22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	. 0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
	Ì	parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			)
Çes		complete lines 27 through 29, and lines 33 and 34.	, ,		,
an	27	Unrestricted net assets	108,673	27	100,646
Bal	28	Temporarily restricted net assets .		28	
ַבַ	29	Permanently restricted net assets		29	
בֿן בֿי		Organizations that do not follow SFAS 117 (ASC958), check here			
or Fund Balances		complete lines 30 through 34.	' '	,	
क्ष	30	Capital stock or trust principal, or current funds		20	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	30 31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds	8	32	
Net Assets	33	Total net assets or fund balances .	108,673	33	100,646
	34	Total liabilities and net assets/fund balances	108,673		100,646
			100,010		

Form 9	90 (2016) SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEORGIA	5	8-1588465	Pag	<u>e</u> 12
<b>Part</b>	XI Reconciliation of Net Assets	_			
•	Check if Schedule O contains a response or note to any line in this Part XI.			ſ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		140	,095
2	Total expenses (must equal Part IX, column (A), line 25)	2		148	,122
3	Revenue less expenses Subtract line 2 from line 1	3		-8	,027
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		108	,673
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		100	,646
Part :					
	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 X Cash Accrual Other		_   .	<u> </u>	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	, ;
	Schedule O		,   ¹	` _ }	
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 on a separate basis, consolidated basis, or both			`	ì
	Separate basis Consolidated basis Both consolidated and separate basis		100		۱۱ رنجب و راست
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If-"Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
[	Separate basis Consolidated basis Both consolidated and separate basis			1	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			J	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	- 1	ن
	If the organization changed either its oversight process or selection process during the tax year, explain in				<del></del>
	Schedule O		] ]		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		T		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<del>990</del> (	2016)

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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.

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

Inspection

		ne organization					Employer identification	number
SOL	<u>/</u> DI.	WASTE ASSOCIATION OF NOR	TH AMERICA, GEO	ORGIA			58-15	88465
Pai	rt I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part )	See instructions	
The	org	anization is not a private foundat	ion because it is (F	or lines 1 through 12,	check only	one box	)	
1		A church, convention of church	es, or association of	f churches described in	n <b>section</b>	170(b)(1)	(A)(i).	$\boldsymbol{\alpha}$
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Ē	A medical research organization	n operated in conjur	nction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). En	ter the
		hospital's name, city, and state						
5	Ľ.	An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).	
7		An organization that normally red described in <b>section 170(b)(1)</b> (			m a gove	rnmental ı	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	H )			
9		An agricultural research organiz or university or a non-land-gran university	nt college of agriculti	ure (see instructions)	Enter the	name, city	, and state of the co	llege or
10	X	An organization that normally re receipts from activities related to support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	is, and (2) s section :	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).
а	ı	Type I. A supporting organiz the supported organization(sorganization You must con	s) the power to regunplete Part IV, Sect	larly appoint or elect a ions A and B.	majority	of the dire	ctors or trustees of th	ne supporting
b		Type II. A supporting organization(s) You must c Type III functionally integra	e supporting organi omplete Part IV, Se	zation vested in the sa	me perso	ns that co	ntrol or manage the	supported
Ī		its supported organization(s)						iatea wiiii,
d	1	Type III non-functionally in that is not functionally integr requirement (see instruction	ated The organizati	ion generally must sati	isfy a distr	ibution red	quirement and an att	anızatıon(s) entıveness
е		Check this box if the organiz						e III
		functionally integrated, or Ty	pe III non-functiona	lly integrated supportir	ng organiz	ation	71 7 71 1 31	
f		Enter the number of supported	•					0
g	<u> </u>	Provide the following information  Name of supported organization	n about the support	ed organization(s) (iii) Type of organization	(ne) le the c	organization	(s) Amount ofto-	()
	(1)	Name of supported organization	(ii) Ziiv	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)	_	<del>_</del>						
(D)					ļ	<u> </u>		
(D)					1			
(E)						,		
						1,		
Tota	. I				1	1		

	والمراب			AMERICA, GEO		58-158846	65 <u>Page <b>2</b></u>
Pa	Support Schedule for Orga						
	(Complete only if you checke						ider /
So	Part III If the organization fa etion A. Public Support	ins to quality(ur	ider the tests in	sted below, pie	ase complete i	Part III )	
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	, , , , , ,	(a) 2012 1	(b) 2013	(0) 2014	, (d) 2013	(e) 2010	(1) 10tal
1	Gifts, grants, contributions, and membership fees received (Do not	Ţ	a.			i i	
	include any "unusual grants")	o	0	o	l		0
2	Tax revenues levied for the organization's		1	<u> </u>	<u> </u>	/	
2	benefit and either paid to or expended on		<b>\</b>			/ /	
	its behalf	0	\ o	0	;		0
3	The value of services or facilities	<u>~</u>	<u>"</u>				<u>_</u>
	furnished by a governmental unit to the		1		,		
	organization without charge		1		ļ ,	[	0
4	Total. Add lines 1 through 3	0	1 0	0	/ 0	ol	0
5	The portion of total contributions by each		1/2		/ ,	· · · · · · · · · · · · · · · · · · ·	
	person (other than a governmental unit	•	1	-	11	.	
	or publicly supported organization)		# '		4.	, ,, }	
	included on line 1 that exceeds 2%	,	· // '	. 4.2	. '		
	of the amount shown on line 11,		1,	. 4	-		
	column (f)		. 1	p's	· .		
6	Public support. Subtract line 5 from line 4		Ψ.,.	· /, ·		W 1	0
	tion B. Total Support			1		<del>,</del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	/\(\) (c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0		0	0	- 0	<u> </u>
8	Gross income from interest, dividends,					ĺ	
	payments received on securities loans,			1			
	rents, royalties and income from similar			1			
	sources	0	0	<u></u> 0	1 0	<u> </u>	0
9	Net income from unrelated business				,		
	activities, whether or not the business is	N	,		j		_
40	regularly carned on			<del>-</del>	<u> </u>	<del> </del>	0
10	Other income Do not include gain or loss from the sale of capital assets			, v			
	(Explain in Part VI)		u ·				0
11	Total support Add lines 7 through 10			·	"	<del> </del>	0
12	Gross receipts from related activities, etc. (se	ee instructions)			<u> </u>	12	
13	First five years. If the Form 990 is for the or	rganization's first	second third fourth	h or fifth tax vear a	as a section 501(c)		
	organization, check this box and stop here	. 94		ii, or mir tax your o	15 d 300(10)1 301(c)	(3)	▶□
Sec	ction C. Computation of Public Su	port Percenta	age			·	
14	Public support percentage for 2016 (line 6, c			f))		14	0 00%
15	Public support percentage from 2015 Schedi			••	//	15	0 00%
16a	33 1/3% support test—2016. If the organization			, and line 14 is 33	1/3% or more.		
	and stop here. The organization qualifies as	a publicly support	ed organization		, //	1	▶□
b	33 1/3% support test—2015. If the organization	ation did not check	a box on line 13 o	r 16a, and line 15	ıs 33 1/3% or more	check this	
	box and stop here. The organization qualifie	es as a publicly sup	ported organizatio	n		. //	▶□
17a	10%-facts-and-circumstances test-2016	. If the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 1	4	
	is 10% or more, and if the organization meet	s the "facts-and-cii	cumstances" test,	check this box and	stop here. Expla	ın ın 🖔	
	Part VI how the organization meets the "facts	s-and-circumstance	es" test. The organ	ization qualifies as	a publicly support	ed 🔪	F
1_	organization					,	▶ 📗
Q	10%-facts-and-circumstances test—2015 15 is 10% or more, and if the organization m	o. If the organizatio	n did not check a b	ox on line 13, 16a,	, 16b, or 17a, and I	ine	
	Part VI how the organization meets the "facts	s-and-circumstance	es" test. The organ	isi, check this box i iization qualifies as	and stop nere. E: a publick	cpiain in	
	supported organization				pubo.,	1	
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b	17a, or 17h, check	this box and see	\	- []
_	instructions		, , , , , , , , , , , , , , , , , , , ,			`	<b>▶</b> □

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 qualify under the tests listed below, please complete Part II.

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		i				
	received (Do not include any "unusual grants")	119,546	119,557	118,463	146,273	203,152	706,991
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						0
3	Gross receipts from activities that are not an		Ĭ				
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	]			j	Ì	
	its behalf						0
5	The value of services or facilities		ļ				
	furnished by a governmental unit to the					ļ	
	organization without charge						0
6	Total. Add lines 1 through 5	119,546	119,557	118,463	146,273	203,152	706,991
7a	Amounts included on lines 1, 2, and 3			+			
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received				,		
	from other than disqualified persons that		Ì		Ì	Ì	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
C	Add lines 7a and 7b	- 0	0	. 0	0	0	0
8	Public support (Subtract line 7c from		- 1		٠,	, ,	
	line 6)	·		<u>`</u>			706,991
	tion B. Total Support	(=) 2012	(b) 2012 T	(-) 0044 T	(-1) 2045	(-) 2040	(D. T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	119,546	119,557	118,463	146,273	203,152	706,991
10a	Gross income from interest, dividends,		İ				
	payments received on securities loans,	44	40	40	40		4.4
	rents, royalties and income from similar sources	11	10	10	10		41
D	Unrelated business taxable income (less			1		1	
	section 511 taxes) from businesses					i	0
_	acquired after June 30, 1975 Add lines 10a and 10b	11	10	10	10	0	<u>0</u> 41
			<del></del>	10		<del></del>	41
11	Net income from unrelated business						
	activities not included in line 10b, whether		ļ				0
12	or not the business is regularly carried on Other income Do not include gain or		<del></del>	<del></del>		<del></del>	0
12	loss from the sale of capital assets				1		
	(Explain in Part VI )				ı		0
13	Total support. (Add lines 9, 10c, 11,						0
13	and 12)	119,557	119,567	118,473	146,283	203,152	707 022
14	First five years. If the Form 990 is for the or						707,032
	organization, check this box and stop here	gamzation 5 mst, st	scond, tillia, loaiti	i, or militiax year a	s a section sor(c)(	3)	▶□
Sec	tion C. Computation of Public Sup	port Percenta	ae	· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2016 (line 8, c					15	99 99%
16	Public support percentage from 2015 Schedu	•				16	99 69%
_	tion D. Computation of Investmen			<del>-•</del>			00 00 70
17	Investment income percentage for 2016 (line			olumn (fi)		17	0 01%
18	Investment income percentage from 2015 So		=			18	0 31%
	33 1/3% support tests—2016. If the organiz			4, and line 15 is mo	ا :		00170
	not more than 33 1/3%, check this box and s						<b>▶</b> X
b	33 1/3% support tests—2015. If the organic					33 1/3%, and	نين -
	line 18 is not more than 33 1/3%, check this						▶ [_]
20	Private foundation. If the organization did r	not check a box on l	line 14, 19a, or 19i	b. check this box a	nd see instructions	•	▶□

#### 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)

Section A. A	i Sur	porting	Organi	izations
--------------	-------	---------	--------	----------

- 1 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
- 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
- **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
- 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
- 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
- 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
- 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
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 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)
- 8 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)
- 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**.
- **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**.
- 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**.
- 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
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b 9c 10a			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		•		, ,
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		1		~ - '
2 3a 3b 3c 4a 4b 5b 5c 6 7 8 8 9a 9b 9c 10a				:
3a		2		
3a				-
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		3a		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
3c				
3c		3b		
3c   4a   4b   4c   5a   5b   5c   6   7   8   9a   9b   9c   10a	,		,	
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		3с		-1
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c				
4b  4c  5a  5b  5c  6  7  8  9a  9b  9c		4a		
4b 4c 5a 5b 5c 5c 7 8 8 9a 9b 9c 10a				1
4c. 5a 5b 5c 6 7 8 9a 9b 9c				l ` ,
4c. 5a 5b 5c 6 7 8 9a 9b 9c		4b	-	- '
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Sched Part	ule A (Form 990 or 990-EZ) 2016 SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEORGIA 58-158840	65	F	Page <b>5</b>
rail	. Supporting Organizations (continued)	<del></del>	Yes	No
11	·Has the organization accepted a gift or contribution from any of the following persons?		103	<del>  100</del>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sect	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	ŀ	}	Ì
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	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	_	ļ	
_	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		ءَ `` · · ·	30
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1 3	(``	7
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	44		
<u> </u>	supervised, or controlled the supporting organization	2		<u> </u>
Sect	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	Γ	res	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		l	١.
	or management of the supporting organization was vested in the same persons that controlled or managed	1	٠.	1
	the supported organization(s)	1		<u> </u>
Sect	tion D. All Type III Supporting Organizations			<b></b> -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l '
	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		,	
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			·
	supported organizations played in this regard	3		L
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	ruction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instruc	ctions	)
2	Activities Test Answer (a) and (b) below.		Yes	No
· a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			٠.
	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		٠ نــ د	
	that these activities constituted substantially all of its activities	2a		
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		
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		
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		

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

2

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4

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Section C - Distributable Amount

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

2 Enter 85% of line 1

1 Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

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Current Year

0

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Part	V . Type III Non-Functionally Integrated 509(a)(3	) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			0
8	Distributions to attentive supported organizations to which t	he organization is resp	onsive	
	(provide details in Part VI) See instructions		1	
9	Distributable amount for 2016 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount		•	0 000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distribution	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	·	0
	Underdistributions, if any, for years prior to 2016		ł	T 1
2	(reasonable cause required—explain in Part VI) See			
	instructions	<u> </u>		
3	Excess distributions carryover, if any, to 2016	` '		'(
a	<u> </u>	'	( ) , , , , , , , (	<u> </u>
b		Parama day or ay an		عاص والإنا أن ما ما
С	From 2013 0			
d	From 2014 0	,	,	
е	From 2015 0		1	
f	Total of lines 3a through e		0	, ,
g	Applied to underdistributions of prior years		C	
	Applied to 2016 distributable amount	,	1	0
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f		0 .	,
4	Distributions for 2016 from			
	Section D, line 7 \$ 0		•	
a	Applied to underdistributions of prior years		0	
	Applied to 2016 distributable amount		,	0
	Remainder Subtract lines 4a and 4b from 4		0	† <del></del>
5	Remaining underdistributions for years prior to 2016, if			<del>                                     </del>
	any Subtract lines 3g and 4a from line 2 For result	1 .		
	greater than zero, explain in Part VI See instructions	,		
6	Remaining underdistributions for 2016 Subtract lines 3h	<u> </u>	<u>-</u>	<del> </del>
	and 4b from line 1 For result greater than zero, explain in	İ		
	Part VI See instructions			0
7	Excess distributions carryover to 2017. Add lines 3	<del></del>	•	<del> </del>
•	and 4c		0	1
8	Breakdown of line 7	-	<del></del>	<del> </del>
	1	<del> </del>	4 4 4 4	<del> </del>
<u>a</u> b	Excess from 2013 0	<del> </del>	+	<del>                                     </del>
<u>_</u>	Excess from 2014	<del> </del>	<del>                                     </del>	1
<u>c</u>	Excess from 2015	<del></del>	<del>'</del>	<del> </del>
	Excess from 2016	<del> </del>		<del> </del>
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Schedule A (Fe	orm 990 or 990-EZ) 2016	SOLID WASTE ASSOCIATION	OF NORTH AMERICA, GEORGIA	58-1588465 _ Page <b>8</b>
Part VI .	Supplemental Info III, line 12, Part IV, S B, lines 1 and 2, Pa	rmation. Provide the explanations Section A, lines 1, 2, 3b, 3c, 4b, 4c rt IV, Section C, line 1, Part IV, Sec	required by Part II, line 10; Part II, line , 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, ction D, lines 2 and 3, Part IV, Section art V, Section D, lines 5, 6, and 8, and	e 17a or 17b, Part Part IV, Section E, lines 1c, 2a, 2b,
			onal information (See instructions)	
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Schedule A (Form 990 or 990-EZ) 2016

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

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

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

OMB No 1545-0047

▶ 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEORGIA 58-1588465 Form 990, Part VI, Line 11 FORM 990 IS GIVEN TO ALL BOARD MEMBERS AT THEIR FIRS MEETING AFTER BEING PREPARED FOR THEIR REVIEW AND APPROVAL Form 990, Part VI, Line 19 ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE OFFICE IN LAWRENCEVILLE, GEORGIA

Schedule O (Form 990 or 990-EZ) (2016)	Page Z
• · · · · · · · · · · · · · · · · · · ·	Employer identification number
SOLID WASTE ASSOCIATION OF NORTH AMERICA, GEORGIA	58-1588465
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Schedule O (Form 990 or 990-EZ) (2016)