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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

2008

me			organization may have to use a cop	by or uns return to s	sausty state report	ing requirements.		in to rubile ilispection
	Fort	he 2008 calendar year, or tax ye	ear beginning 10/01	, 20	008, and endin	ig 9/30		, 2009
В	Check	if applicable				D Er	nployer ident	ification Number
	\Box	ddress change Please use Mid-A	Atlantic Regional	Air Manag	gement	4	1-2207	612
	\square	ame change or print ASSOC	ciation, Inc.	•			lephone numi	
	\vdash	See 8600	LaSalle Road, Su	ite 636		ر ا	43/901	-1882
	H	Instruc- TOWSC	on, MD 21286			²	43/ 301	1002
	\vdash	ermination tions.				ام		1 204 544
	\vdash	mended return					oss receipts	
		pplication pending F Name and address	•			H(a) is this a group H(b) Are all affiliate		₽™₽™
		Same As C A				If 'No,' attach		tructions) Yes No
<u></u>		c-exempt status X 501(c) (3) ◀ (insert no)	4947(a)(1) or	527			
<u>J</u>	We	bsite: ► www.marama.or	g			H(c) Group exempt	on number 🏲	•
<u>K_</u>	Тур	e of organization Corporation	Trust Association Other	er >	L Year of Format	tion	M State of I	egal domicile
Pa	nt l	Summary						
_	1	Briefly describe the organizatio	n's mission or most signifi	cant activities:	The Mid-	Atlantic H	Regiona	l Air
Ф		Management Associat	ion, Inc. works t	o_strengt	hen the s	kills and	capabi	ilities of
Ĕ	[member agencies and	help them work t	logether t	o prevent	and redu	ce air	pollution
Ě	l	impacts in the Mid-	Atlantic region.	_Activiti	es includ	le trainin	a works	shops.
Š	2	Check this box ► If the org						
Q.	3	Number of voting members of t			•		3	10
တ္	4	Number of independent voting		body (Part VI,	line 1b)	•	4	10
ij	5	Total number of employees (Pa	art V, line 2a)				5	10
Activities & Governance	6	Total number of volunteers (es					6	0
∢	ı	Total gross unrelated business		•	C)		7a	0.
	b	Net unrelated business taxable	income from Form 990-T,	line 34	·		7b	0.
	1					Prior Y	ear	Current Year
a)	8	Contributions and grants (Part	VIII, line 1h)			84	0,965.	1,372,078.
ž	9	Program service revenue (Part	20	0,534.	12,204.			
Revenue	10	Investment income (Part VIII, c		294.	88.			
œ	11	Other revenue (Part VIII, colum					-3.	
	12	Total revenue - add lines 8 thr	ough 11 (must equal Part	VIII, column (A)), line 12)	86:	1,790.	1,384,370.
	13	Grants and similar amounts par	id (Rant-IX-optyrpny (A), In	es (1-3)				
	14	Benefits paid to or for members						
	15	Salaries, other compensation,	38	7,388.	461,220.			
Ses	16a	Professional fundraising fees						
Expenses		Total fundraising expenses (Pa	3 8 1		1			
ž								
		Other expenses (Part IX, colum	48:	927,769.				
	18	Total expenses. Add lines 13-1	•	ımn (A), line 25	()		3,416.	1,388,989.
_	19	Revenue less expenses. Subtra	ct line 18 from line 12			- (5,626.	<u>-4,619.</u>
0.00						Beginning	of Year	End of Year
Net Assets or Fund Balancos	20	Total assets (Part X, line 16)				268	3,693.	509,469.
d A	21	Total liabilities (Part X, line 26)				24	5,900.	491,295.
S.	22	Net assets or fund balances. St	ubtract line 21 from line 20	1		23	2,793.	18,174.
Pa	rt II	Signature Block					-7.55.1	
	•	Under penalties of perjury. I declare the	at I have examined this return, inclu	iding accompanying	schedules and stat	ements, and to the h	est of my kno	wledge and belief, it is
		Under penalties of perjury, I declare the true, correct and complete Declaration	n of preparer (other than officer) is	based on all informat	tion of which prepa	rer has any knowled	ge	Though and bollon, it is
Sig	ın	► Xusand H 1	Dierman			18/5	12010	
He		Signature of officer	21.21.2.12.12.13.13.13			Date		
		► Susan S.G. Wierm	ian			Executiv	e Direc	rtor
		Type or print name and title				DACCUCIV	C DIIC	
					Date	Check if	Pre	eparer's identifying number
Pai	d	Jun 124	Ramord, CAA			self- employed	(T)	eė instructions)
Pre		Tricparers	edmond, CPA		\$5/10	employed	<u> </u>	/A
	er's	Suc A. Re	edmond		1 1-1 . 8		11/	
Us	е	vours if self.					N7 / 7	
On	ly	address, and	ngate Drive			EIN ►	N/A	1) 762 0245
		ZIP+4 Camp H111				Phone no	<u>► (717</u>	
_		RS discuss this return with the p				· · · · · · · · · · · · · · · · · · ·		X Yes No
BA	A FO	Privacy Act and Paperwork Re	auction ACT Notice, see th	e separate insti	ructions.	TEEAC	0112L 12/22/	os Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)	<u> </u>
Briefly describe the organization's mission	
See Schedule 0	
D. H	
Did the organization undertake any significant program services during the year which were in Form 990 or 990-EZ? See Schedule 0	· 🙃 🗀
Form 990 or 990-EZ? See Schedule O If 'Yes,' describe these new services on Schedule O.	X Yes No
Did the organization cease conducting, or make significant changes in how it conducts, any p	orogram services? Yes X No
If 'Yes,' describe these changes on Schedule O.	orogram services? Yes X No
Describe the exempt purpose achievements for each of the organization's three largest progrand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount expenses, and revenue, if any, for each program service reported.	am services by expenses. Section 501(c)(3) of grants and allocations to others, the total
a (Code) (Expenses \$ 237,833. Including grants of \$ The Mid-Atlantic Regional Air Management Association, Inc. supported members attending 28 training events during the two offerings of an Advanced Permits Workshop (86 attended Estimates Conference (82), EPA's Clean Air Act Lessons Lea offerings of the Diesel Boot Camp (62), MARAMA's State Imp Workshop (53), the MARAMA Monitoring Committee Meeting (51 Meeting focused on Total Reduced Nitrogen (50).	year. The events included es), a Regional Emissions erned Workshop (67), two elementation Planning
b (Code) (Expenses \$ 526,397. including grants of \$ 344 Fiscal Year 2009 was a landmark year for MARAMA efforts to from the construction, goods movement, school bus and urba completed focused on the installation of diesel oxidation engines, installation of diesel particulate filters on 10 trucks, and replacement of 5 older diesel-powered school b compliant propane powered buses.	reduce diesel emissions n fleet sectors. Projects catalysts on 77 fire waste haulers and 7 dray
c (Code) (Expenses \$ 209,361. including grants of \$ MARAMA's has always placed a strong emphasis on preparing support regional air quality modeling efforts. During the	emissions inventories to
a workshop to identify ways to improve regional emissions	
the development of the 2007 stationary point source and no	
emissions inventories using data MARAMA obtained from Mid-	
agencies; led regional efforts to meet new US Environmenta	
requirements; and promoted consistency of emissions calcul	acton mechods.
Other program services. (Describe in Schedule O) See Schedule O	
	Revenue \$)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	3	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and IL	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
	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		
25 a	Section 501(c)(3) and 501(c)(4) 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		х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		х
BAA			990 ((2008)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
;	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.	28a		_X_
١	have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
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		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		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

BAA

Form 990 (2008)

Form 990 (2008) Mid-Atlantic Regional Air Management

Part V | Statements Regarding Other IRS Filings and Tax Compliance

1:	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S		Yes	No				
•	Information Returns Enter -0- if not applicable . 1a 7							
1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ĺ				
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X					
2;	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							
21	of fat least 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 this return. (see instructions)			=				
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х				
ł	o If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b						
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
t	If 'Yes,' enter the name of the foreign country		7	,				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х				
C	: If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c						
6 a	Did the organization solicit any contributions that were not tax deductible?	6a		Х				
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
a	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?							
Ł	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х				
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	i,		ž - š				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7е		<u>.</u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х				
h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х				
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?							
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		,				
	Did the organization make any taxable distributions under section 4966?	9a		<u></u>				
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b						
	Section 501(c)(7) organizations. Enter:			1				
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	`.		,				
11	Section 501(c)(12) organizations. Enter	ĩ		-				
а	Gross income from other members or shareholders 11a	·	.	8° 1 *				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		<u>'</u>					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a						
$\overline{}$	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							
BAA		Form	990 (2008)				

Form 990 (2008) Mid-Atlantic Regional Air Management 41-2207612 Page
Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u> </u>	ction A. Governing Body and Management									
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the processes, or changes in Schedule O See instructions	e circumstances,		Yes	No					
1	a Enter the number of voting members of the governing body	10								
	b Enter the number of voting members that are independent	10								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee or key employee?	vith any other	2		X					
3		rect supervision	3		Х					
4	Did the organization make any significant changes to its organizational documents	ŀ	4		X					
	since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		Х					
6	Does the organization have members or stockholders?	Ī	6		Х					
7	a Does the organization have members, stockholders, or other persons who may elect one or more memb governing body?	ers of the	7 a		Х					
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons	5? .	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following:	ng the year by	ų		•12					
	a The governing body?		8a	Х						
	b Each committee with authority to act on behalf of the governing body?	. [8ь	Х						
9	a Does the organization have local chapters, branches, or affiliates?		9a		Х					
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with those of the organization?	iters, affiliates,	9Ь							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organ describe in Schedule O the process, if any, the organization uses to review the Form 990 See .Schedule O the process.	izations must dule 0	10	х						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O See Schedule	ched at the dule 0	11	х						
Sec	ction B. Policies									
		-		Yes	No					
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	Ļ	12a	Х						
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could to conflicts?		12b	х						
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes Schedule O how this is done See Schedule O .	,' describe in	12 c	х						
	Does the organization have a written whistleblower policy?	. [13	Х						
	Does 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	independent								
	a The organization's CEO, Executive Director, or top management official?	Ļ	15a	Х						
ļ	b Other officers of key employees of the organization? See Schedule 0	_	15Ь		X					
	Describe the process in Schedule O. (see instructions)	}		İ						
16:	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangementity during the year?		16a		X					
1	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organiz status with respect to such arrangements?	ts participation ation's exempt	161	·	, , , , i					
Sec	ction C. Disclosures		16 b							
17										
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50 inspection. Indicate how you make these available. Check all that apply)1(c)(3)s only) ava	alable	e for p	ublic					
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict statements available to the public See Schedule O	ct of interest polic	y, an	d fina	ncıal					
	State the name, physical address, and telephone number of the person who possesses the books and re									
	► Susan Wierman, Exec Dir 8600 LaSalle Road, Suite 636 Towson MD 2	_								
BAA				990 (2	20087					
	-		J. 111	(/	/					

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no	ot compen	sate a	any (offic	er, o	directo	or, tr	ustee, or key employ	ee.	
(A)	(B)		(c)					(D)	(E)	(F)
Name and Title	Average hours	1	Position (check all that apply)		Reportable	Reportable	Estimated amount of other			
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Susan S. G. Wierman										
Sec & Exec Dir	40	ļ	<u> </u>	Х			<u> </u>	95,820.	0.	0.
James E. Thompson]									
Director	1	X			L			0.	0.	0.
Ali Mirzakhalili										
Director	1	X				<u> </u>	L	0.	0.	0.
Cecily Beall]									
Treasurer	1.5	ļ		Х		ļ		0.	0.	0.
George S. Aburn, Jr.										
Director	1	X					<u> </u>	0.	0.	0.
William O'Sullivan		ļ						_		_
Chairman	1.5			Х				0.	0.	0.
Joyce E. Epps			.	1				_		_
Director	1	X	_				_	0.	0.	0.
Thomas Huynh								_		_
Director	1	X						0.	0.	0.
B. Keith Overcash Vice-Chair	1.5			х				0.	0.	0.
Michael E. Dowd	İ									
Director	1	Х						0.	0.	0.
John A. Benedict										
Director	1	Х					<u> </u>	0.	0.	0.
										_
										-
					ш_					

Part VII Section A. Officers, Directors, Trus	tees, k	۲еу	En	nplo	oye	es,	an	d Highest Con	npensated Em	oloyees (cont.)
· (A)	(B)		(c)					(D)	(E)	(F)
Name and Title	Average hours			(checl	k all t	that a			Reportable	Estimated
•	per week	or pr	Inst	Officer	Key	音音	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
	Ì	rect.	nstrutional trustee	Ĕ	employee	Highest compensated	μĒ	(VV-2/1059-WISC)	(W-2/1099-MISC)	from the organization
	1	2 5	<u> =</u>		ğ	6 CO	Ì			and related organizations
		stee	rust		Ä	pens				
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										4
1 b Total							•	95,820.	0.	0.
2 Total number of individuals (including those in 1a) w	vho rece	ived	l mo	re tl	han	\$10	0,00	00 in reportable co	ompensation from	
organization ► 0										
										Yes No
3 Did the organization list any former officer, director	or truste	e. k	ev e	emol	love	e o	r hi	obest compensate	d employee	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the	oortable	con	nper	sati	on .	and	oth	er compensation f	rom	
individual	ian \$15	0,00	U? I	TYE	es c	:om	piete	e Schedule J for s	uch	4 X
5 Did any person listed on line 1a receive or accrue co		_4							•	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	edule J	for s	ı iro such	m a 1 pei	ny i rsor	ınre 1	iate	a organization for	services	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensate	ed indep	end	ent	cont	rac	tors	that	t received more th	an \$100,000 of	
compensation from the organization.							—-т		· · · · · · · · · · · · · · · · · · ·	
, (A)								_ (B)		(C)
Name and business address	<u> </u>						-	Description o	Services	Compensation
None ,							\dashv			
							\dashv		-	
							\dashv			
							-+			
							\dashv			
2 Total number of independent contractors (including	hose in	11 14	vbo	reco	111/0		ore	than \$100 000 :-		
compensation from the organization ► 0	036 111	1,7 4	*110	, GCE	.100	u 111	U1 C	a.a.r ψ100,000 III		-

Pa	rt VIII Statement of Revenue				
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 1,157,193				
	f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contribus included in lins 1a-1f: h Total. Add lines 1a-1f	1,372,078.		and the second s	A region community of the contractions
ICE REVENUE	2a Workshop Registrations b	12,204.	12,204.		
PROGRAM SERVICE REVENUE	d e f All other program service revenue				
P.	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and	12,204. 262.			262.
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	202.			202.
	(i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other		, , , , , , , , , , , , , , , , , , ,	÷ - , ,	
	b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	-174.	-174.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		The state of the s	""	
	9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b		,*		
	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b		M- 31 H- 31		
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			, , , , , , , , , , , , , , , , , , , ,	1 11
	b c d All other revenue				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,384,370.	12,030.	0.	262.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (**D**) Fundraising (A) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Total expenses Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 95,820 <u> 26,732</u> 69,088 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 0 0 0. 275,182 220,579 Other salaries and wages. 54,603 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 39,652 31,129 8,523 9 Other employee benefits. 22,356 13,865 8,491 Payroll taxes 28,210 22,241 5,969 Fees for services (non-employees) a Management **b** Legal 59,780 c Accounting 59,780 d Lobbying e Prof fundraising svcs. See Part IV, In 17 f investment management fees **g** Other 12 Advertising and promotion 209 209 14,504 64 13 Office expenses 14,440 14 Information technology 15 Royalties 55,308 16 Occupancy 43,012 12,296 17 Travel 22,313 21,200 1,113 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. 142,477 19 141,694 783 Conferences, conventions, and meetings. 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 7,086 7,086 23 Insurance 3, 268 3,268 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 a Technology deployment 428,425. 428,425 b Studies/analyses 76,233. 76,233 c Training providers 63,036. 63,036 d Project assistance <u>34</u>,556. 34,556 e Computer services 5,459. 5,459 15,115. f All other expenses 1,998 13,117 Total functional expenses. Add lines 1 through 24f 388,989 221,869 0. 25 1,167,120 Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

		Bulance Sheet			(A)		(B)								
					Beginning of year		(B) End of year								
	1	Cash — non-interest-bearing.				1									
	2	Savings and temporary cash investments			64,986.	2	148,761.								
	3	Pledges and grants receivable, net		•	166,361.	3	339,390.								
	4	Accounts receivable, net			9,411.	4	58.								
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	rs, trus L	stees, key employees,		5									
	6	Receivables from other disqualified persons (as defin	der section 4958(f)(1))												
	ŀ	and persons described in section 4958(c)(3)(B) Com	ersons described in section 4958(c)(3)(B) Complete Part II of Schedule L												
A S E T S	7	Notes and loans receivable, net				7									
S E	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·												
Š	9	Prepaid expenses and deferred charges .			10,555.	9	11,140.								
	10 a	Land, buildings, and equipment cost basis .	10 a	84,685.		7.7	1								
	Ь	Less accumulated depreciation Complete Part VI of				1									
		Schedule D	10ь	79,043.	12,902.	10 c	5,642.								
	11	Investments — publicly-traded securities				11									
	12	Investments – other securities See Part IV, line 11		•		12									
	13	Investments - program-related. See Part IV, line 11		***************************************	13										
	14	Intangible assets			14										
	15	Other assets See Part IV, line 11 .			4,478.	15	4,478.								
	16	Total assets Add lines 1 through 15 (must equal line	34)		268,693.	16	509,469.								
	17	Accounts payable and accrued expenses	205,907.	17	426,716.										
	18	Grants payable .			38,116.	18	64,579.								
	19	Deferred revenue .				19	3373750								
Ļ	20	Tax-exempt bond liabilities	·		20										
Å	21	Escrow account liability. Complete Part IV of Schedul	e D			21									
A B I L I	22	Payables to current and former officers, directors, trus	stees.	key employees,		V . 53									
T		highest compensated employees, and disqualified per	Complete Part II												
- 1		of Schedule L		22											
S	23	Secured mortgages and notes payable to unrelated the	urd pa	irties		23									
	24	Unsecured notes and loans payable		•		24									
	25	Other liabilities Complete Part X of Schedule D			1,877.	25									
	26	Total liabilities. Add lines 17 through 25.	T1		245,900.	26	491,295.								
E		Organizations that follow SFAS 117, check here	X ar	nd complete lines		ر الموراط ر الموراط و									
_		27 through 29 and lines 33 and 34.													
₹ SSE	27	Unrestricted net assets			22,793.	27	18,174.								
E S	28	Temporarily restricted net assets		•		28									
O R	29	Permanently restricted net assets .		r	Carlar Care and a second	29									
		Organizations that do not follow SFAS 117, check he lines 30 through 34.	re >	and complete											
עבכי	30	Capital stock or trust principal, or current funds .			<u> </u>	30									
	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31									
B4-1420年 の	32	Retained earnings, endowment, accumulated income,				32									
Ñ	33	Total net assets or fund balances.	0, 00	ici idilas	22,793.	33	18,174.								
Š	34	Total liabilities and net assets/fund balances .		' '	268,693.	34	509,469.								
Pa	rt XI	Financial Statements and Reporting		• •	200,055.	<u> </u>	303, 403.								
×	,. ,	Therefore Cutomones and Reporting			.,		Yes No								
1	Acc	ounting method used to prepare the Form 990:	ash	X Accrual	Other		R. 17. 203								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?2b Were the organization's financial statements audited by an independent accountant?.c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.															
								review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single							2c X
								3	a As Aud	a result of a federal award, was the organization requil lit Act and OMB Circular A-133?	rea to	undergo an audit or au	idits as set forth in the	Single	3a X
_	b lf 'Y	es,' did the organization undergo the required audit or	audit	s? .			3b X								
BA							Form 990 (2008)								

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Total

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Mid-Atlantic Regional Air Management

Association. Inc 41-2207612 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 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(bX1)(A)(vi). (Complete Part II.) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type I **b** | Type II d Type III— Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (iii) Type of organization (described on lines 1-9 (vii) Amount of Support (iv) Is the (vi) Is the nization in co organization in col (i) listed in your governing document? above or IRC section (see instructions)) (i) organized in the No Yes Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,222,175.	1,089,572.	852,539.	840,965.	1,372,078.	5,377,329.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	1,222,175.	1,089,572.	852,539.	840,965.	1,372,078.	5,377,329.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4	7 (AM) - 1954 A		, manus 11 67 -			
Sec	tion B. Total Support	a side as	<u> </u>				5,377,329.
Cale	ndar year (or fiscal year nning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
-	Amounts from line 4	1,222,175.	1,089,572.	852,539.	840.965.	1,372,078.	5,377,329.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	250.	250.	317.	294.	262.	1,373.
9	Net income form unrelated business activities, whether or not the business is regularly carried on	230.	230.	317.	234.	202.	0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10		· ·· · · · · · · · · · · · · · · · · ·			, ,	5,378,702.
12	Gross receipts from related activ	ities, etc. (see ins	structions)		,	12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, c	or fifth tax year as	s a section 501(c)	(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	08 (line 6, column	n (f) divided by lir	ne 11, column (f)		14	100.0%
15	Public support percentage for 20	07 Schedule A, P	art IV-A, line 26f			15	100.0%
16 a	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a put	not check the bo olicly supported o	x on line 13, and rganization.	the line 14 is 33	-1/3 % or more, cl	heck this box ► X
b	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a rganization.	, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstance:	s' test, check this	box and stop her	e. Explain in Part	IV how
	or more, and if the organization is organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organi	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in Part rted organization.	IV how the . ►
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					50	ileuule A (Form 9)	90 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Mid-Atlantic Regional Air Management 41-2207612 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 (e) 2008Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line Companya wala a kalenda wasa ka 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) TO SHEET STATES OF THE PARTY OF **不知為**人。 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19 a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

b 33-1/3 support tests – **2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A	A (Form 990 or 990-EZ) 2008	Mid-Atlantic	Regional Air	Management	41-2207612	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b	ation. Complete this	s part to provide	the explanation re	equired by Part II, line	10;
	raitii, iiile 17a 0i 17t	o, or Part III, line 12	2. I TOVIGE arry of	ner additional lino	imation. (see instruction	JI15)
		- 				
				,		
 _		· 	·			
- -		· 				
		· 				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization		Employer Identification number			
Mid-Atlantic Regional Air Manage	41-2207612				
Part I Organizations Maintaining Dono the organization answered 'Yes' to	r Advised Funds or Other Similar Funds Form 990, Part IV, line 6.	ids or Accounts Complete if			
	(a) Donor advised funds	(b) Funds and other accounts			
1 Total number at end of year					
2 Aggregate contributions to (during year).					
3 Aggregate grants from (during year)					
4 Aggregate value at end of year					
,	nor advisors in writing that the access hold in				
5 Did the organization inform all donors and do funds are the organization's property, subject	to the organization's exclusive legal control?	Yes No			
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No					
Part II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.			
1 Purpose(s) of conservation easements held b	y the organization (check all that apply).				
Preservation of land for public use (e.g., i	recreation or pleasure) Preservation	of an historically important land area			
Protection of natural habitat	Preservation	of certified historic structure			
Preservation of open space	_				
Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	n of a conservation easement on the last da			
		Held at the End of the Year			
a Total number of conservation easements .	•	. 2a			
b Total acreage restricted by conservation ease	ments	2b			
c Number of conservation easements on a certi	fied historic structure included in (a)	2c			
d Number of conservation easements included in	n (c) acquired after 8/17/06	2d			
3 Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the taxable			
year ►					
4 Number of states where property subject to co	onservation easement is located >	_			
5 Does the organization have a written policy re enforcement of the conservation easement it	garding the periodic monitoring, inspection, vid holds? .	olations, and Yes No			
6 Staff or volunteer hours devoted to monitoring					
7 Amount of expenses incurred in monitoring, in	nspecting, and enforcing easements during the	year ► \$			
8 Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No			
9 In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.					
Part III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Similar Assets 8.			
1a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	lic exhibition, education, or research in furthers				
b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in further	ent and balance sheet works of art, historica ince of public service, provide the following			
(i) Revenues included in Form 990, Part VIII,	line 1 .	. > \$			
(ii) Assets included in Form 990, Part X		*\$ *\$			
2 If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items				
a Revenues included in Form 990, Part VIII, line	: 1	►\$			
b Assets included in Form 990, Part X		. ▶\$			

Schedule D (Form 990) 2008 Mid-					41-22		Page 2
Part III Organizations Mainta	ining Collect	tions of Art, His	torical	Treasures, o	or Other Similar As	sets (conti	nued)
3 Using the organization's accessing that apply):	on and other red	_				llection items	(check all
a Public exhibition		d Loar	າ or excl	hange programs			
b Scholarly research		e [_] Othe	er				
c Preservation for future gener							
4 Provide a description of the organization of						ose in	
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or re rather than to be	ceive donations of a maintained as part	art, histo t of the a	orical treasures, organization's co	or other similar ollection?	Yes	□No
Part IV Trust, Escrow and Cu	ıstodial Arraı	ngements Comp	olete if	organization			
IV, line 9, or reported	an amount o	n Form 990, Pa	rt X, lır	ne 21.		,	
1a Is the organization an agent, true included on Form 990, Part X?	stee, custodian,	or other intermedia	ry for co	ntributions or ot	her assets not	☐ Yes	□No
b If 'Yes,' explain the arrangement	in Part XIV and	 I complete the follow	wing tah	 le	•	☐ 163	
2 m v co, emplem the emanagement	iii air air		Ting tab			Amount	
c Beginning balance .					1c	Amount	
d Additions during the year					1 d		
e Distributions during the year.	·			• •	1 e		
f Ending balance .	·				16		
2a Did the organization include an a	mount on Form	990. Part X. line 21	?	•	. [Yes	No
b If 'Yes,' explain the arrangement			-	·			
Part V Endowment Funds Co		anization answe	red 'Ye	es' to Form 9	90. Part IV. line 10		
	(a) Current yea			(c) Two years bac			ears back
1 a Beginning of year balance		ಮ್ಲೀ ಬಿ	13,	-			
b Contributions .		22, 1 ~6,	y (1.7)	· î			
c Investment earnings or losses							
d Grants or scholarships		S 184 4	-1 .1	., J., .,			
 Other expenditures for facilities and programs 				, 3 de	,	ر با	· 5
f Administrative expenses .		الله المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة المرافعة	The wife s	. er Vita 1, ska	by 81 (3 2, 1	, 4 d.
g End of year balance			. ::		, , ,		, ,,
Provide the estimated percentage	e of the year end	d balance held as					
a Board designated or quasi-endov	/ment ►	%					
b Permanent endowment ►	8						
c Term endowment ►	%						
3a Are there endowment funds not a organization by:	n the possession	n of the organization	າ that ar	e held and adm	inistered for the	Yes	No '
(i) unrelated organizations .						3a(i)	
(ii) related organizations					•	3a(ii)	
b If 'Yes' to 3a(II), are the related of	rganizations list	ed as required on S	chedule	R?		3b	
4 Describe in Part XIV the intended	luses of the org	anization's endown	nent fund	ds.		<u></u>	
Part VI Investments-Land, B	uildings, and	Equipment. Se	e Form	n 990, Part X	, line 10.		·
Description of investment	(a)	Cost or other basis (investment)		Cost or other isis (other)	(c) Depreciation	(d) Book	Value
1a Land					** (· . · . · . · . · . · · . · · · ·		
b Buildings							
c Leasehold improvements							
d Equipment .		· · · · · · · · · · · · · · · · · · ·		55,704.	53,474.		2,230.
e Other				28,981.	25,569.		3,412.
Total. Add lines 1a-1e (Column (d) sho	ould equal Form	990, Part X, column	າ (B), lin	e 10(c))	►		5,642.

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Mid-Atlantic Region	onal Air Manager	nent	41-22	207612	Page 3
Part VII Investments—Other Securities See Fo					
(a) Description of security or category (including name of security)	(b) Book value	Cost o	c) Method of value r end-of-year ma	lation	
Financial derivatives and other financial products		0031 0	r cha-or year mi	arret value	
Closely-held equity interests					
Other					
					 -
					·····
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12)					- , .
Part VIII Investments-Program Related (See I	orm 990, Part X, In	ne 13) N/A			
(a) Description of investment type	(b) Book value	0) Method of valu	lation	
		Cost o	r end-of-year ma	arket value	
			···		
		<u> </u>			
					
		<u> </u>			
Total Column (b)(should equal Form 990 Part X. Col. (B) line 13.)		2 1 5	,		- 3
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13.) Part IX Other Assets (See Form 990, Part X,	line 15)	<u> </u>		<u> </u>	,
	scription			(b) Book	value
Security deposit			<u> </u>	4,47	
				17.17	
				<u> </u>	
				 	
				 	
					
			· · · · · · · · · · · · · · · · · · ·	 	
	<u></u>				<u> </u>
Total. Column (b) Total (should equal Form 990, Part X, co.	l (B), line 15)		•	4,47	8
Part X Other Liabilities (See Form 990, Part)	X, line 25)				
(a) Description of Liability	(b) Amount		*		······································
Federal Income Taxes			\$	- 1350 TH	
			•	7	٠,٠'
		_		-	-
			,		· 'A\"
					
			- 7	٠	
		- 	ı	, ''	
					
			e	, ,	:
		- ` '			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<u> </u>	,			
In Part XIV, provide the text of the footnote to the organizar	ion's financial statemen	ts that reports the o	rganızatıon's lıal	oility for uncert	aın tax
positions under FIN 48.					

Schedule D (Form 990) 2008 Mid-Atlantic Regional Air Management	41-2207612	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		1,384,370.
2 Total expenses (Form 990, Part IX, column (A), line 25)		1,388,989.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	. [-4,619.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		_ _
9 Total adjustments (net). Add lines 4-8		
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-4,619.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1 Total revenue, gains, and other support per audited financial statements	1	1,384,370.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	r' ·	
b Donated services and use of facilities 2b	1 ·	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1.	3	1,384,370.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a	. 44	
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,384,370.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1 Total expenses and losses per audited financial statements		1,388,989.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities.		
b Prior year adjustments . 2b		
c Losses reported on Form 990, Part IX, line 25		
d Other (Describe in Part XIV) . 2d	7 *	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	1,388,989.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
a Investments expenses not included on Form 990, Part VIII, line 7b 4a	` `	
b Other (Describe in Part XIV) . 4b		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	1,388,989.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	IV, lines 1b and	l 2b, Part V,

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Schedule **D** (Form 990) 2008

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Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization Mid-Atlantic Regional Air Management Association, Inc.	Employer identification number 41-2207612
Form 990, Part III, Line 1 - Organization Mission	
The Mid-Atlantic Regional Air Management Association, Inc.	c. works to strengthen the
skills and capabilities of member agencies and help them	work together to prevent
and_reduce_air_pollution_impacts_in_the_Mid-Atlantic_regi	Lon. Activities include
training workshops, technical studies, and coordination.	
Form 990, Part III, Line 2 - New Services	
New to fiscal year 2009, Mid-Atlantic Regional Air Manage	ement Association, Inc.
has been awarded over \$8.5 million to support projects in	the Mid-Atlantic Region to
reduce diesel emissions. The grant period for these awa	ards will extend into future
years. Projects completed during 2009 focused on the inst	callation of diesel
oxidation catalysts on 77 fire engines, installation of d	liesel particulate filters
on 10 waste haulers and 7 dray trucks, and replacement of	5 older diesel-powered
school buses with 2010 emissions compliant propane powere	ed buses.
Form 990, Part III, Line 4d - Other Program Services Description	
The Mid-Atlantic Regional Air Management Association, Inc.	. provides a forum and
basis for cooperation among member agencies through activ	vities that promote
inter-agency communication, assist agencies in understand	ding and meeting applicable
requirements, and enhance the use of up-to-date scientifi	.c methods.
Form 990, Part VI, Line 10 - Form 990 Review Process	
The Executive Director, at the instruction of the Board of	of Directors, reviews the
Form 990. The process includes a comparison of informati	on reported on the Form
with her knowledge of the agency, the audited financial s	tatements, employment and
information returns filed with Federal and state governme	ents, reports filed with
funding sources, and agency policies.	

MARAMA

Mid-Atlantic Regional Air Management Association, Inc.



8600 LaSalle Road ~ Suite 636 ~ Towson, MD 21286

Allegheny County Health Dept., Air Quality Program, Pittsburgh, PA.
District of Columbia Dept. of the Environment, Air Quality Division
Delaware Dept. of Natural Resources & Environmental Control, Air Quality Mgmt. Section
Maryland Dept. of the Environment, Air & Radiation Management Admin.
New Jersey Dept. of Environmental Protection, Division of Air Quality
North Carolina Dept. of Environment & Natural Resources, Division of Air Quality
Philadelphia Dept. of Public Health, Air Management Services
Pennsylvania Dept. of Environmental Protection, Bureau of Air Quality
Virginia Dept. of Environmental Quality, Air Division
West Virginia Dept. of Environmental Protection, Division of Air Quality

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MARAMA Board of Directors September, 2009

Name Agency Board Position

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Allegheny County

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ALI MIRZAKHALILI

Delaware

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Program Administrator
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GEORGE S. (TAD) ABURN, Jr. Maryland

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